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**Dancing with the Anima:
An exploratory study on the
effects of Dance/Movement
Therapy (DMT) on Female
Sexuality**

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“ Dance is the hidden language of the soul. ”

- Martha Graham

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RESUMO

Objetivo: Este estudo preliminar e exploratório visa investigar se, e de que forma, a Dança/Movimento Terapia (DMT) é benéfica para o processo de desenvolvimento pessoal da sexualidade feminina.

Método: A amostra é composta por 13 mulheres, com idades compreendidas entre os 20-48 ($M= 30.85$, $DP= 8.14$) anos de idade, que participaram em 12 sessões grupais de DMT com a duração de 1 hora e meia. A análise quantitativa contém avaliações pré e pós intervenção dos seguintes factores: Função Sexual (FSFI), Conexão Corporal (SBC), Empowerment (PP) e Mindfulness (FFMQ). A análise qualitativa compõe uma análise temática dos resultados obtidos num grupo focal realizado pós-tratamento.

Resultados: Ambas as escalas de Consciência Corporal ($p \leq .001$) e de Função Sexual ($p \leq .05$) aumentaram significativamente pós intervenção, particularmente as dimensões de excitação, lubrificação e diminuição de dor. Apesar de não haver uma melhoria significativa para as escalas de Empowerment e Mindfulness, os valores destas escalas também aumentaram pós-intervenção. A análise temática revelou 9 temas principais, na seguinte ordem de vezes mencionados: Empowerment Feminino (21), Consciência (15), Momentos Mindful(12), Encontro da Beleza e Unidade na Diversidade (6), Aceitação (6), Relaxamento e Bem-estar (6), Maternidade (5), O Arquétipo Feminino (3), e o Grupo (3).

Conclusão: A DMT demonstrou ser uma ferramenta terapêutica benéfica para trabalhar a sexualidade feminina, abordando este tema a um nível físico, emocional, socio-cultural, e arquetípico. No entanto, é realçada a necessidade de mais estudos qualitativos e quantitativos de boa qualidade metodológica para aprofundar este tema.

PALAVRAS-CHAVE: Dança/Movimento Terapia, Desenvolvimento Pessoal, Sexualidade Feminina, Função Sexual, Consciência Corporal, Empowerment, Mindfulness

ABSTRACT

Aim: This pilot study investigates whether, and in what ways Dance/Movement Therapy (DMT) is a beneficial personal development approach for female sexuality.

Method: The sample consisted of 13 women with ages ranging from 20 to 48 ($M=30.85$, $SD=8.14$) that participated in 12 DMT group sessions of 1 and a half hours duration. Quantitative analysis consisted of pre and post intervention evaluation of the following measures: Sexual Function (FSFI), Body Connection (SBC), Empowerment (PP) and Mindfulness (FFMQ). Qualitative analysis comprised a thematic analysis from a post-intervention focus group.

Results: Body awareness ($p \leq .001$) and Sexual Function ($p \leq .05$) significantly increased post DMT intervention, particularly Arousal ($p \leq .05$), Lubrication ($p \leq .05$) and a decrease in Pain ($p \leq .05$). Although Empowerment and Mindfulness results showed a mean increase, this difference wasn't statistically significant. Thematic analysis yielded 9 main themes in the following order of times mentioned: Feminine Empowerment (21), Awareness (15), Mindful Moments (12), Finding Beauty and Unity in Diversity (6), Acceptance (6), Relaxation and Well-being (6), Motherhood (5), The Archetypal Feminine (3), and The group (3).

Conclusion: DMT has shown to be a beneficial therapeutic tool for female sexuality, working at a physical, emotional, socio-cultural and archetypal level, but which warrants future qualitative and quantitative research with methodological sound studies for a deeper understanding of this topic.

KEYWORDS: Dance/Movement Therapy, Personal Development, Female sexuality, Sexual Function, Body awareness, Empowerment, Mindfulness

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1. Introduction

1.1 The importance of Sexuality in our Sexually Repressed Sociocultural Context

Sexual repression persists for women globally at a sociocultural, political and religious level, resulting in a significant lack of research in this field, particularly regarding the efficiency of the therapeutic methods used to treat sexual dysfunction and sexual-related problems (Bancroft & Graham, 2011; Osterud, 2014). It is estimated that 40 to 45% of the female population has a sexual dysfunction (Lewis et al., 2010). Sexual health is not merely the absence of dysfunction or disease, but a state of physical, emotional, mental and social well-being as stated by the World Health Organization (2006). Sexuality is intimately related to creative expression, body awareness, body image, health and well-being (Kierr, 2011; Pujols et al., 2010). A repressed sexuality may have consequences that range from more severe (i.e. sexual dysfunctions) to less severe problems (i.e. stress, low self-esteem, unhealthy relationships) (Lewis et al., 2010; Pereira et al., 2013).

Several authors (e.g., Freud, 2014, Reich, 1980; Kaylo, 2009) agree that sociocultural repression is one of the main factors, if not the main culprit, resulting in an inhibited, repressed, and unhealthy sexuality (mind and body) highly limiting the expression of the authentic self of an individual. It is argued that human beings have created an alienating and hostile attitude towards expressing their sexuality (love and living) as a result of the development of a patriarchal social order (Reich, 1980; Baker, 1982). Since we have been living in a Patriarchal society for thousands of years, the extent of the consequences this has had on women's sexuality is serious and demands not only a thorough investigation on the present situation of women's sexuality, but also on ways in which it can be expressed, transformed and healed. Nonetheless, recent evidence has shown that sexual repression has gradually decreased over the past 30 years (Carvelheira & Leal, 2013), resulting in great variability on how women live their sexuality (Bancroft & Graham, 2011), therefore requiring evaluation as well as treatment through new therapeutic methods. A recent literature review (TS; Pereira et al., 2013) shows that the most common type of therapy used in clinical sexual problems is Sex Therapy, and that it has not been consistent in demonstrating that it is the best treatment option. It is therefore

important to investigate the extent to which socio-cultural sexual repression is still influencing women's sexuality, consciously and unconsciously.

It could be argued that sexuality is experienced at four hierarchical and interacting levels. Firstly, at a physical level concerning our own personal experiences of sexuality and sexual function. Secondly, at an emotional level, in which initial attachments to our caretakers (emotional resonance, attunement, empathy, contact, and warmth) are fundamental in our own construct and experience of sexuality. It has been shown that there is a close association between early attachment issues and sexual dysfunction (see Kierr, 2011). Thirdly, at a socio-cultural level (as demonstrated above), concerning values, morals, behaviours, religion and repression towards sexuality (Kierr, 2011). Finally, at an archetypal level (animus and anima), in which interactions with others affirms a person's sense of femininity and masculinity (Jacobs, 1997). This view can elucidate how sexuality is a complex, multi-dimensional construct.

1.2 Sexuality: Bringing the Body Back to the Psyche

Freud explored Sexuality, but maintaining it at a verbal and psychic level with the libidinal developmental theory and concept of psychic energy. Reich furthered Freud's theory and brought it back to the body, highlighting the role of sociocultural repression as the main factor that inhibits the development of a healthy sexuality. Contrary to Freud, who believed that the baby is born with both libidinal and destructive drives, Reich (founder of Body Psychotherapy) believed that the baby is born with only a primary libidinal drive, a life force that he coined 'orgone', which allows the baby to self-regulate if allowed to function naturally. Reich claims that the destructive force comes from society's repression of this natural libidinal drive, which results in all neurotic and irrational behavior. He further defends that from infancy onwards, our patriarchal society is concerned with repressing all true sexual freedom, with every effort to inhibit and repress any sexual manifestation. This highlights the importance of sexual and libidinal health ('orgastic potency'), as according to Reich this is the foundation for all psychic health (Reich, 1980; Baker, 1982).

Reich defended that sociocultural repression results in the built up of energy in the body through tension and pressure, resulting in deep muscular contraction (a muscular armour) that tends to restrict and immobilize the body, becoming the somatic core of neuroses and making full orgastic discharge impossible. When the

energy does not flow through the body this creates a ‘stasis’, a blockage of energy, which prevents the body from self-regulating in a balanced movement between expansion and contraction (like in breathing), allowing the energy to flow freely. This energy (*orgone*) that has been retained in the body must therefore be released through body movement exercises, so that a full orgasmic discharge occurs and the body is able to self-regulate and one again experience pleasure, health and love (Reich, 1980; Baker, 1982). In other words, this enables one to experience a healthy sexuality. This reinforces the idea of sexuality not being restricted to sexual function, but being an expression of life energy in its most essential form. It further highlights the importance of working to re-establish a healthy sexuality from a psychophysical perspective, in which body and mind are interrelated and co-dependent. Furthermore, it emphasizes that movement may be a vehicle through which blocked energy in the body can be released.

1.3 Role of women: the power of the feminine female

1.3.1 Animus and Anima in Women

Jung believed that both men and women have female and male energies within them, called Anima (maternal Eros: earthiness, passivity, darkness, femininity) and Animus (Paternal Logos: activity, decisiveness, logical thinking) respectively. These are archetypes (primordial images) that belong to the collective unconscious of all people (Kaylo, 2007), in which common female archetypes include the Virgin, the Goddess, and the Divine Mother (Karaban, 1992). Becoming conscious of the different qualities of energy, and archetypes within a woman is part of her individuation process and crucial to the understanding and awareness of undeveloped and unconscious parts of herself and her sexuality.

Kaylo (2007) highlights that if subjectivity can be observed through corporeality, that characteristics of Jung’s Animus and Anima Archetypes can be explored as movement expression. He examines how we can use movement in oppositional terms to defend against anxiety and conflict that can arise from these unconscious opposing forces. In addition, this allows for the recognition of gender-related and culturally specific limitations with which we still live and move, but which can be expanded and challenged through awareness and practice (Kaylo, 2007). Repetitive or continuous movement sequences, combinations of that movement and

individual's tendencies of movement, have shown to reveal affective tendencies as well as modes of coping with conflict or challenge (Davis, 1990 in Kaylo, 2007).

For women living in an Animus ego-driven culture, that is rational, penetrating, precise and directional, in which preferred modes of expression are of binding, dissecting, insisting and focus, any movement qualities of receiving, opening, vulnerability or exposing are seen as less powerful (Kaylo, 2007; Douglas, 2000). Thus, women have to get in contact with, embody and reclaim their feminine qualities, energy and empower.

By bringing awareness to women's movement predispositions, it is possible for them to identify potential unconscious animus-driven movement tendencies, which likely demonstrate culturally influenced modes of thinking, being, and living induced by our patriarchal society. By being able to experience and perceive anima movement qualities as equally powerful, women have the chance of reconnecting with their embodied sense of knowing and a more intuitive and soulful way of being.

1.4 Dance/Movement Therapy

1.4.1 Healing and Expression through Art: From Active Imagination to Dance

The origin of all creative arts can trace its roots back to Jung's Active Imagination (Chodorow, 1997). Jung furthered Freud's concept of free association and described this process of active imagination, as an inherent psychic function that allows us to get in contact with our deep unconscious, as well as a method of self-healing that can be taught (Chodorow, 2006). The process consists of mobilizing the psyche within one's imagination, to an image and to observe the development of this image through a chain of associated images (Schaverien, 2007). This image producing function of the psyche (Chodorow, 1997) is a way of expressing one's inner world in a symbolic manner, whilst keeping contact with a self-reflective point of view. Each individual expresses his or her own unconscious in a way that is personal and particular to him/her, and which is also a result of cultural influence. This allows for the expression and transformation of emotions in a way that permits the re-creation of one's personality (Chodorow, 2006). These findings allowed for psychotherapy to evolve in a way that integrates creativity, expression, integration, play and fantasy as part of the healing function, as seen in Dance/Movement Therapy (DMT) (Chodorow,

2006). DMT utilizes the concepts of active imagination given to us by Jung but through movement and dance.

Recent studies have shown that expressive therapies have a beneficial effect in diverse clinical problems, including sexual function in women (ex. Meston et al., 2013). Expression through different types of dance and movement practices have shown to be crucial in healing processes (ex. Leseho & Maxwell, 2010; Carbonell-Baeza et al., 2010; Rogers et al., 2012). The results emphasize the importance of the body-mind relationship regarding female sexuality whilst suggesting the possibility that a therapeutic practice that embraces both these aspects in an integral way, would be most efficient.

Dance is one of the oldest forms of healing (Chodorow, 1982) and has a positive socio-cultural influence on a person's well being (Mala et al., 2012). Dancing rituals have been a sacred language and a form of connection to the spiritual realm for thousands of years, having its roots among the indigenous (Chodorow, 1982; Kiepe et al., 2012). Dance/Movement Therapy (DMT) is inserted within body-oriented therapies (Rohricht, 2009) and is utilized to strengthen and integrate the individual at an emotional, cognitive, physical, social and spiritual level (ADTA, 2013; EADMT, 2013). There are increasingly more studies, including literature reviews and Randomized Controlled Trials's (RCT's) demonstrating the efficacy and efficiency of DMT for treating several health related issues. However, systematic evaluations of research evidence are scarce, resulting in very few Cochrane Review's in DMT literature, with very limited number of studies.

1.4.2 Dance/Movement Therapy and its clinical outcomes

DMT has also shown to be an effective treatment intervention for several clinical issues, such as schizophrenia and psychiatric treatment (Erfer & Ziv, 2006; Rochrichet & Priebe 2006), anxiety (Erwin-Grabner, et al., 1999) autism (Hartshorn et al., 2001; Mateos-Moreno & Atencia-Dona, 2013), breast cancer (Dibbell-Hope, 2000, Sandel et al., 2005; Kiepe et al., 2012), obesity and eating disorders (Muller-Pinget et al., 2012; Meekums, Vavernice et al., 2012), trauma (Lee et al., 2013; Pierce, 2014; Ho, 2015), medically unexplained symptoms (Payne, 2009) and stress management (Brauninger, 2012). Among the most studied treatments, is that of depression (Koch et al., 2007; Mala et al., 2012; Punkanen et al., 2014; Akandere & Demir, 2011; Jeong et al., 2005; Gunther & Holter, 2006), in which DMT has shown

to improve well-being, body and self perception, perception of relationships and biography (Gunther & Holter, 2006). One of the first indications of adult depression is frequently loss of sexual desire (Hutcherson, 2006, p.320 in Kierr, 2011). Therefore, if DMT is efficient in treating depression and increasing sexual desire, this may be a good indicator that it will be beneficial in dealing with sexual health issues.

There are two meta-analyses (Ritter & Low, 1996; Koch et al., 2014) that further demonstrate DMT's effectiveness in treating several clinical issues, demonstrating a positive effect regarding subjective well-being, mood, affect, quality of life, interpersonal competence and body image. Importantly, these are all relevant dimensions to women's sexuality. Therefore, although these studies do not refer specifically to issues regarding female sexuality, they demonstrate how DMT is effective in dealing with aspects related to it, such as body image (Muller-Pinget et al., 2012; Goldov, 2011; Koch et al., 2007; Kiepe et al., 2012), body awareness (Pierce, 2014), embodiment, self awareness, self-esteem, safety, trust, touch, empowerment, gender role (Koch et al., 2007), resistance and authenticity, and quality of life (Kiepe et al., 2012).

However, literature clearly articulates the need for further research in this area, highlighting the lack of methodological sound studies and heterogeneity of the data. In turn, this makes it difficult to be able to reach conclusive findings and to be able to generalize these to the larger population. Koch et al., (2014) recommend that mixed method designs be applied in order to attain a more holistic and integrated understanding of the effects of DMT in clinical applications. Qualitative research is crucial and appropriate for exploring creative and expressive arts therapies, in which the subjective experience is highly valued. On the other hand, Randomized Controlled Trials (RCT's) as well as the use of standardized measurements are also of utmost importance in order to establish meaning, consistency, and to guarantee comparability of results. The aim is to create an inter-relation between research and practice, in that research findings inform clinical practice and vice-versa, in which evidence-based practice (EBP) is achieved (Mala et al., 2012). For this, clinical interventions must be well described so that replication is possible (Koch et al., 2014).

1.4.3 Dance/Movement Therapy and Female Sexuality

The two meta-analyses performed on DMT treatments don't include any study regarding sexual function in women, suggesting that these didn't meet the inclusion criteria due to methodological shortcomings. The only studies that are directly related to female-specific problems concern breast cancer (ex. Sandel et al., 2005; Goldov, 2011) and eating disorders (ex. Meekums et al., 2012), where in both cases DMT intervention was crucial in improving self-esteem, body image and body awareness (Koch et al., 2014).

Although literature is clearly lacking research on the effects of DMT on female sexuality, a few studies have revealed positive effects (Mills & Daniluk, 2002; Leseho & Maxwell, 2010; Kierr, 2011). Leseho & Maxwell (2010) enquired 29 women from several countries through open-ended interviews, about how dance/creative movement has aided them through difficult life struggles such as trauma from abuse, relationship breakups, community violence, loss of self and connection to the sacred. Another qualitative study also utilizing largely in-depth unstructured interviews (Mills & Daniluk, 2002) investigated how dance therapy was helpful in the psychological healing process of 5 women who had been sexually abused as children. Their results yielded 6 overarching themes: sense of spontaneity, permission to play (sense of carefree youth), struggle, freedom, intimate connection and bodily reconnection.

From the several themes reported in the two studies, both studies share the following subthemes and common factors regarding the benefits of DMT in female sexuality: (a) using their bodies to ground themselves into a sense of presence (the 'here and now' both in time and space), (b) a transformation from a sense of insignificance to reclaiming their own sense of worth, (c) moving past the restriction that culture has imprinted on them leading them to believe they could not occupy too much space and finding the freedom and self permission to reclaim it back, (d) an ability to trust and feel supported by others and themselves, (e) a way of getting connected with themselves and appreciating the sacred within, (f) a sense of 'wholeness', of becoming a more 'whole' person, (g) becoming more aware and in contact with inner strength, such as trusting their body as their main source of wisdom and power, (h) moving out of mental defenses and inhibitions and contacting their natural body rhythm and bodily sensations, feeling and impulses, as well as (i) respect, appreciation, acceptance and care for their own bodies and themselves.

Both these studies also identify additional aspects from which female sexuality benefitted from dance therapy intervention. Leseho & Maxwell (2010) mention women's ability of gaining 'insights' into themselves, an 'openness' to experiencing life, the letting go of stress and tensions in the body, being able to go beyond the mind or ego into the body or spirit, dancing as an expression of spirituality, embracing their own bodies and femininity, and a shift of focus from comparing themselves to others to viewing themselves as beautiful and sacred. Mills & Daniluk (2002) also distinguish dimensions such as freedom of choice, entitlement to reclaim one's own right to be in charge of their body and experience, the importance of the group as a safe and sharing environment, inter and intra-personal acceptance, and the importance of taking care of themselves. Furthermore, Kierr (2011) has also demonstrated how DMT exercises help women reduce their sexual fears and build a healthier relationship with their sexuality, by highlighting the importance of utilizing therapy as an opportunity to practice awareness and letting go of judgments. Proposed exercises from this study (Kierr, 2011) include: sensory integration, body awareness, assertiveness training, guided imagery, breath awareness and 'here and now' exercises. This paper will use exercises and activities based on the recommendations made by Kierr (2011) in its own therapeutic intervention.

1.5 This study

Considering existing research (Mills & Daniluk, 2002; Meseho & Maxwell, 2010; Kierr, 2011) on the several factors of DMT intervention identified in the studies as being beneficial for female sexuality, this study proposes there are at least three overarching themes: body awareness/body connection, *empowerment* and mindful-based practice. Besides research evidence, all these themes are intuitively of importance to women's sexuality and therefore a preliminary and exploratory study of its effectiveness should be made. Thus, with the aim of quantitatively exploring how the already identified factors of DMT intervention are in fact mediating the beneficial effects on female sexuality, this study proposes to examine the effectiveness of body connection, *empowerment*, and mindfulness on female sexuality.

Taking into account that research evidence on the effects of DMT intervention on female sexuality is limited, and recognizing the advantages of qualitative research methods in creative arts therapies, this study proposes that exploratory qualitative evidence is needed in order to further understand the scope to which this treatment

intervention can be beneficial to female sexuality. This can subsequently lead to the development of more standardized measures to be able to establish consistency, to quantitatively compare results and evaluate the extent of their effectiveness. For this purpose, the second aim of this study is to qualitatively explore subject's subjective perception of the benefits of DMT on female sexuality, through open-ended enquiry and thematic analysis.

2. METHOD

2.1 Study design

This study is a pre and post-test within-subjects design utilizing mixed methodology of quantitative and qualitative nature. The independent variable is the treatment condition (DMT), whereas the dependent variables consist on the scores of Sexual Function, Empowerment, Body Connection and Mindfulness. These scores were compared pre and post condition.

Qualitative evaluation of the treatment condition consisted on a post-test focus group interview (*See transcription in Appendix C*), from which a thematic analysis was conducted (*Appendix F*).

2.2 Participants

The sample consisted of 13 female participants who took part in this study whose ages ranged from 20 to 48 ($M= 30.85$, $SD= 8.14$). The inclusion criteria required women to be over 18 years of age, have an interest and openness to explore their femininity and sexuality, be able to read and write and have a minimum level of mobility. The exclusion criteria excluded women who were in the care of a consultant psychiatrist in the past 6 months or had a psychiatric condition, had a diagnosis of a psychosis, dementia, a severe personality disorder or psychiatric condition, as well as women who were taking psychiatric medication.

All women in this study showed interest in participating in a self-development process through Dance Movement Therapy with the theme "the feminine" and made a donation of €5 per session. This was used as a way of remunerating the therapist who facilitated the group and to ensure a degree of commitment to the process.

2.3 Procedure

Participants became aware of this study via social media and ISPA university institute through flyers and notice boards where the study was advertised. A ‘taster day’ was organized so that interested individuals were able to attain further information on the purpose of this study, what it would entail and what is DMT. They were also informed on the conditions for participation of the study, inclusion criteria, the set dates and times for the sessions, the importance of committing to the process, attendance and session fees. It was highlighted that this study was investigating whether, and in what ways, DMT can be beneficial in dealing with issues related to this ‘feminine’ theme as well as female sexuality, through a self-development process. After this information was discussed, individuals were able to experience a couple of DMT exercises that demonstrated the type of work this therapeutic process would entail.

There were a total of 12 individuals attending this ‘taster day’, 8 of which participated in the study. There were 9 participants who weren’t able to attend the ‘taster day’ but who joined the process on the first session. The first session comprised of 17 participants. However, a total dropout of 4 participants occurred throughout the process, leaving a total number of 13 participants in the study by the 4th session. The reasons for withdrawal were due to job loss, incompatible schedules and inability to make a commitment to all sessions. The researcher participated in the group as a passive facilitator, participating in the exercises and helping the therapist when needed. The therapist facilitating the sessions is a registered clinical psychologist and accredited Dance/Movement Therapist.

Overall the process consisted of 12 weekly sessions of 1 and half hours, which extended over a period of three months. The pre-condition evaluation was a questionnaire (*Appendix B*), which all participants had to complete before entering the room for the first session. The post-condition evaluation was the same questionnaire, which participants had to complete after the last session, as well as a focus group, in which the following two questions were made: a) What has this process given you/What did you receive from this process? b) What did you receive from this process as a woman, regarding your femininity? (*See transcription in Appendix C*).

2.4 Intervention

The structure of the sessions were based on the Marian Chace approach which has been showed to be a DMT intervention associated with client's improvement in quality of life, as well as a leadership style which combined both a directive and non-directive approach (Brauninger, 2014). The "Chacian circle" was used in every session, and the structure of the sessions comprised of a warm-up, process and closure (Brauninger, 2014), in which participants made a verbal sharing of their experience at the end of the session. Sessions were organized and structured so that dimensions related to sexuality were addressed implicitly/indirectly using DMT techniques, in which participants had the opportunity to relate their movement/dance experiences to their sexuality and femininity, and share this with the group. The table below demonstrates the structure of the 12 sessions, with a short description.

Table 1. Session structure and content of DMT intervention

Session	Content
1	Introduction session - Getting to know each other, getting to know the space, getting to know their body in that space.
2	Creating a group – Interacting with each person in the group, group games, classifying the group, following each other's movement and being followed by each other's movement.
3	Relationship and empathy in the group – Circle exercises, exercises in pairs: imitating, mirroring, following and being followed in dance without touch, dance improvisation with touch.
4	Spontaneity and playfulness, the inner child – Team games, ball games, stealing balls, playing with object, object separation.
5	Empowerment - Strength/affirmation vs letting go, pushing/pulling, heavy/light – experimenting which they feel least/most comfortable with.
6	Body awareness and grounding - Individual kinesphere, awareness of one's own space, the space I occupy, polarities (with images), how to get from one point to the other, the journey or the inbetween using movement (working in pairs).
7	Mindfulness - Awareness of our breath work, my breath dance, self-awareness of the present moment, expanding/contracting, self-regulation, breathing with the other, dancing our breath with the other.
8	Body Image/body awareness - drawing our idea of our own body before and after dancing with the other, how the other influences our body image, our body as a little girl, dealing with negative feedback on our body.
9	Authentic movement session – drawing our experience, learning to observe and being observed without judgment ('witnessing').
10	Trust – eyes closed, trusting the other to lead you, trusting the group to support you as you fall into their arms, letting yourself go, being supported and nurtured by others, changing between groups: being accepted and accepting others.
11	Female sexuality and intimacy - activating pelvis exercises, feeling the movement of the other's pelvis, letting the other follow and support your movement of the pelvis, women dancing in circle with each other, dancing with balloon in between their pelvis in a circle, 'me as a woman' movement phrase sharing in pairs.
12	Integration and closure – Recall of all sessions, their everyday movement vs. their movement here, moving as a group recalling the different sessions, drawing own process in a big paper as a group, one word to describe what you take and what you leave with from the process.

2.5 Instruments

2.5.1 Scale of Body Connection (SBC)

The Scale of Body Connection (Price, C. & Thompson, EA., 2007; Translated and adapted by Carvalheira, 2014) is a 20 item scale which can be used to measure body connection as a whole or two separate and uncorrelated dimensions: body awareness consisting of 12 items ($\alpha = .85$) and body association made up of 8 items ($\alpha = .79$). Items are scored on a 5-point scale ranging from 0 (“not at all”) to 4 (“all of the time.”) Body awareness measures conscious attention to sensory cues that indicate bodily states (i.e. tension, nervousness, peacefulness), and body dissociation evaluates connection or separation from body, including emotional connection (i.e. ease or difficulty in attending to emotion). The body awareness scale showed a Cronbach’s alpha of .83, the body dissociation scale yielded a Cronbach’s alpha of .78. This scale has demonstrated construct validity through exploratory and confirmatory factor analysis (Price & Thompson, 2007).

2.5.2 Five Facet Mindfulness - Short Form

The five Facet Mindfulness Short Form Questionnaire (FFMQ-SF, Bohlmeijer et al., 2011; translation and adaptation by Pinto Gouveia, J. & Gregório, S., 2007) measures five facets of mindfulness: observing (8 items), (8 items, e.g., I notice the smells and aromas of things), describing (8 items, e.g., I’m good at finding the words to describe my feelings), acting with awareness (8 items; e.g., I am easily distracted), nonjudging (8 items, e.g., I criticize myself for having irrational or inappropriate emotions), and nonreactivity (7 items; e.g., I watch my feelings without getting lost in them). Items are scored on a 5-point Likert-type scale ranging from 1 (“never or very rarely true”) to 5 (“very often or always true”), with higher scores indicating higher mindfulness. The scale indicates good reliability of the different facets, with all alpha coefficients remaining greater than .70.

2.5.3 The Female Sexual Function Index (FSFI)

The Female Sexual Function Index (FSFI; Pechorro et al., 2006; Rosen et al., 2000) is a multidimensional self-report measure used in both clinical and non-clinical populations, which besides yielding an overall sexual functioning scores, evaluates six key dimensions of sexual functioning in women: desire (2 items), subjective

arousal (4 items), lubrication (4 items), satisfaction (3 items) and pain (3 items). This questionnaire has a total of 19 items, with a 5 to 6 options reply (0-5 or 1-5). A high degree of internal consistency was observed for individual domains (Cronbach's alpha values were between .88 and .93), as well as for the total FSFI score (.93).

2.5.4 Personal Progress Scale- Revised

The Personal Progress Scale-Revised (PPS-R; Worell & Chandler, 1998) measures overall empowerment in women. This scale is derived from the four principles of the Empowerment model (Worell & Remer, 2003) and evaluates the ten broad outcomes of feminist therapy (Worell, 1996). This questionnaire has a total of 28 items rated on a 7-point scale ranging from "almost never" to "almost always". The scale consists of seven factors assessing: self-nurturance and resource access, interpersonal assertiveness, awareness of cultural discrimination, expression of anger and confrontation, autonomy, personal strength and social activism. It shows good internal validity of ($\alpha = .88$) and concurrent validity (r 's= .57-.77) (Worell et al., 2004).

However, this scale is not validated for the Portuguese population, and thus it will not be used in its total as the results wouldn't be reliable. This study chose only a few items that are considered important for its purpose, with a sole exploratory aim, and that tap into each of the seven factors. These items were translated and verified by a second translator and include items: 1, 3, 4, 5, 8, 9, 10, 14, 15, and 16.

3. Results

3.1 Descriptive statistics

Table 2 – Socio-demographic characteristics of participants

		N	%
Age	20-24 years	3	23,1
	25-29 years	3	23,1
	30-34 years	3	23,1
	35-39 years	2	15,4
	> = 40 years	2	15,4
	Total	13	100,0
		<i>Mean = 30,85</i>	<i>Std = 8,14</i>
		<i>Min = 20</i>	<i>Max = 48</i>
Schooling	Didn't answer	1	7,7
	Bachelor degree	6	46,2
	Masters	6	46,2
	Total	13	100,0
Profession	Professionals and scientists	7	53,8
	Administrative and related workers	1	7,7
	Unemployed	1	7,7
	Student	4	30,8
	Total	13	100,0
Nationality	Brazilian	1	7,7
	Portuguese	12	92,3
	Total	13	100,0
Marital status	Divorced	1	7,7
	Single	10	76,9
	Cohabitation/registered partnership	2	15,4
	Total	13	100,0

This sample consists of 13 women with ages ranging from 20-48 ($M= 30.85$, $SD= 8.14$), in which the majority (69.3%) is below 35 years of age. All women have a bachelor degree, and most of their professions belong to the group of ‘Professionals and scientists’ of the National Portuguese Classification of Professions (IEFP, 2010), in which 2 are Psychomotricists, 2 psychologists, 2 higher-education teachers, 1 doctor, 1 administrative worker/yoga teacher/artist and 4 students. All participants were Portuguese, except one of Brazilian nationality. The majority of women were single (76,9%).

A total of 85% of participants reported having previous experience with dance, but only 3 participants claimed having done this for more than 3 years. However, only 38% stated to be practicing some sort of dance at the initial moment of intervention. There were 62% of participants who claimed to have had experience with psychotherapy, in which all psychotherapeutic processes had a duration above 2 years of age: 23% with Psychoanalysis, 23% with Psychoanalysis and Bioenergetics body psychotherapy, and 15% didn't specify. However, only 31% of participants reported undergoing psychotherapy at the moment of pre-treatment evaluation: 15%

Bioenergetics body psychotherapy, 8% Humanistic psychotherapy, 8% Transpersonal psychotherapy. Furthermore, 69% of participants disclosed having some previous experience with meditation, in which duration ranged from 2 days to 7 years. Nonetheless, only 15% were practicing some form of meditation at pre-treatment evaluation.

3.2 Data analysis

For descriptive statistics, frequency analysis was performed for qualitative measurement items (nominal and ordinal), and means and standard deviations were calculated for quantitative variables (*See Appendix E*).

Regarding inferential statistics, parametric paired samples t-test for dependent samples were performed to compare pre and post test intervention results for all measurement scales. For the Personal Progress scale only a few items were compared using individual item analysis. According to Gajero & Pestana (2005), by verifying the requirements of parametric tests (normality and/or homogeneity of variance), non-purist mathematicians accept to treat numeric values associated to likert-type ordinal variables, as if these were obtained through a metric scale of normal distribution. This is particularly relevant if the likert-type scale has more than 5 points. The Personal Progress scale response items range from 1 to 7 and all items revealed normal distribution or minor/moderate sized deviations from normality, thus permitting the use of parametric statistics (t-test for dependent samples).

Parametric tests were utilized being that most scales revealed a normal distribution in the Shapiro-Wilk normality test (*See Appendix D*). For items, dimensions and totals of measurement scales that didn't reveal a normal distribution, minor or moderate deviations (Skewness < 3 , Kurtose < 7) were observed (*See Appendix D*), which according to Kline (1998) allows for the use of parametric tests. The items and dimensions for which the Shapiro-Wilk test had minor or moderate deviations but didn't reveal a normal distribution were the following: 'describe' from the FFMQ scale; desire (post), lubrication (post) and pain (pre and post) from the FSFI scale, and items 1 (pre and post), 15 (pre and post), 10 (post), 14 (post) and 16 (post) from the PP scale.

3.3 Qualitative Analysis

For the qualitative analysis, a thematic analysis was performed on the transcription of the focus group interview (*See Appendix F*), which was held 2 days post-treatment intervention. This particular method was chosen, as it does not need to be subscribed to a particular pre-existing theoretical theory (Braun & Clarke's, 2006). The thematic analysis process was done according to Attride-stirling, (2001) and Braun & Clarke's (2006) description, using a realist or essentialist approach in which participant report their own reality, experiences, and meanings. Furthermore, due to the fact that the research area in question is under-researched and it hasn't yet been clearly established women's views on the topic, a rich thematic description of the whole set was chosen, as opposed to a detailed account of one particular aspect. This was so that the reader attains an overall sense of the predominant and important themes.

An inductive and data-driven approach was used, in which the data was not driven by the researcher's theoretical interest in the topic or by trying to fit the data into a pre-existing coding frame. The data was collected specifically for the purpose of this study. A semantic approach was used, in which the themes were identified according to the explicit or surface meanings of the data, organized to show patterns in semantic content, and summarized to interpretation in an attempt to signify the patterns and their broader meaning and implications (Braun & Clarke, 2006). The process was done according to Braun & Clarke's (2006) step-by-step guide, including the transcription of verbal data, generating initial codes, searching for themes, reviewing themes, defining and naming these themes, and producing the report.

3.4 Quantitative Results

Table 3. Pre and post test means, standard deviations and paired sample t-tests for SBC, FSFI, FFMQ scales and PP scale items

	Pre		Post		t	p
	M	SD	M	SD		
SBC						
Body Awareness (BA)	2,35	0,36	3,67	0,48	-14,37	0,000***
Body Dissociations (BD)	2,17	0,38	2,09	0,38	0,879	0,397
SBC Total	2,86	0,42	2,96	0,39	-1,225	0,244
FSFI						
Desire	6,08	1,19	6,69	1,60	-1,860	0,088ST
Arousal	10,31	6,89	14,67	2,66	-2,537	0,026*
Lubrication	7,54	5,17	11,15	2,99	-2,512	0,027*
Orgasm	7,38	2,02	7,46	1,39	-0,132	0,897
Satisfaction	9,30	2,58	9,40	3,70	-0,084	0,935
Pain	8,46	3,59	5,61	5,15	2,165	0,050*
FSFI Total	49,06	9,97	54,90	10,42	-2,726	0,018*
FFMQ						
Describe	16,92	2,90	16,92	2,87	0,000	1,000
Observe	15,69	2,81	15,92	2,22	-0,524	0,610
Actaware	16,84	4,61	17,30	3,96	-0,344	0,737
Nonjudge	14,46	3,38	15,92	3,32	-1,536	0,150
Norreact	13,00	2,08	13,46	2,43	-1,251	0,235
PP						
PP1-I have equal relationships with important others in my life	5,61	1,56	5,31	1,89	1,171	0,264
PP3- It is difficult for me to be assertive with others when I need to be	3,61	1,89	3,54	1,71	0,119	0,907
PP4 – I can speak up for my needs instead of always taking care of others people’s needs.	4,61	1,26	4,15	1,21	0,971	0,351
PP5 – I feel prepared to deal with the discrimination I experience in today’s society	4,31	1,60	4,69	1,03	-1,00	0,337
PP8 – I now understand how my cultural heritage has shaped who I am today	5,23	1,74	5,31	,95	-0,173	0,866
PP9 – I give into others so as not to displease or anger them	3,77	1,48	3,15	1,46	1,477	0,165
PP10 – I don’t feel good about my self as a women	3,07	1,75	2,38	1,19	1,322	0,211
PP14 – In defining for myself what it means for me to be attractive, I depend on the opinions of others	3,85	1,34	3,08	1,49	1,477	0,165
PP15 – I can’t seem to make good decisions about my life	3,23	1,96	3,08	1,89	0,413	0,687
PP16 – I do not feel competent to handle the situations that arise in my everyday life.	2,85	1,46	2,85	1,62	0,000	1,000

*** $p < .001$

* $p < .05$

Results for the Body Awareness (BA) dimension of SBC showed a significant difference ($t= 14,37$, $p \leq .001$) pre and post intervention. Although there was an increase in the mean results of the Body Dissociation (BD) dimension and Total SBC score, this difference wasn't significant. For the FSFI scale, dimensions of Arousal ($t= -2,537$), Lubrication ($t= -2,512$) and Pain ($t= 2,165$), as well as the FSFI Total ($t= -2,726$) also demonstrated a significant difference between pre and post treatment intervention ($p \leq .05$). Furthermore, the 'Desire' dimension of this scale revealed an increase in mean results from pre to post intervention, whose difference is at the significance threshold ($p= .088$). The other dimensions of this scale (Orgasm and Satisfaction) also showed an increase in results, although these weren't of significance. Both the remaining scale of FFMQ and the items of PP didn't reveal any significant differences from pre to post intervention. However, both scales in general demonstrate an increase in mean results. In the FFMQ scale, dimensions 'Observe', 'Nonjudge', 'Nonreact' and 'FFMQ Total' show a mean increase from pre to post-test condition, the dimension 'Describe' shows no difference, and the dimension 'Actaware' decreases'. The great majority of the PP items showed an increase of mean in the post-condition. However, two items revealed a mean decrease (items 1 and 4), and item 16 showed no difference. The greatest pre to post difference was observed in items 9 and 14 ($p= .165$) of this scale.

3.4 Qualitative results

The thematic analysis yielded 9 main themes which, according to the order of frequency mentioned are the following: Feminine Empowerment (21), Awareness (15), Mindful Moments (12), Finding Beauty and Unity in Diversity (6), Acceptance (6), Relaxation and Well-being (6), Motherhood (5), The Archetypal Feminine (3), and The Group (3).

The most frequently mentioned theme of 'Feminine Empowerment' has 8 sub-themes, with self-worth and self-recognition regarding oneself and own female sexuality as being the most frequently mentioned (7), in which the value of their 'feminine' side is "valuable and not to be wasted". A related, although distinct, subtheme of self- appreciation and self-recognition of oneself and own sexuality was also highly mentioned by participants (4). Other subthemes include self-respect, power, sensuality and seduction, connecting with the woman within, expansion, change and body image acceptance and empowerment.

The theme 'Awareness' was another broad main theme, in which participants reported having gained awareness into themselves in several different aspects. This yielded 7 subthemes related to: body awareness, being present in the body and not the mind, respect for the body, awareness of things that influence them, of female patterns, of giving and receiving, and of the 'whole' in them. Body awareness was of particular prominence in this main theme, being the most frequently mentioned subtheme.

Furthermore, participants frequently referred to experiences throughout the process as 'moments', making up the third most frequently mentioned theme: 'Mindful moments'. These moments most frequently referred to instances of *insight* (7), although 'good moments' and 'present moments' were also reported.

The remaining three main themes were mentioned in equal frequency (6): 'Finding Beauty and Unity in Diversity', 'Acceptance', and 'Relaxation and Well-being'. The subthemes of 'Finding Beauty and Unity in Diversity' refer to appreciating, recognizing and valuing the difference, the beauty in other women, as well as a change of attitude and open-mindedness towards each other and their differences. It seems like there is an implicit understanding that there is no need for women to compete with other women, to judge each other on their differences, but rather to recognize that they are all equal (all women) and appreciate the beauty in that. That they can be inspired and 'elevated' by others uniqueness/difference which creates a sense of unity, rather than trying to bring them down and distance/separate themselves from each other through comparison and criticism. The main theme of 'Acceptance' includes two sub-themes concerning acceptance of the other and oneself, as well as acceptance of the possibility that one can see and be seen by others in a non-judgmental manner. The 'Relaxation and Tranquility' main theme, on the other hand, refers to the experience of 'serenity and tranquility' regarding different aspects of one's life, as well as of 'comfort and pleasure'.

'Motherhood' constituted another main theme, which despite not being as frequently mentioned as other themes, seems to be an important one due to the emotional impact it had on these women, helping them overcome distressing issues related to it. This theme embraced 4 sub-themes: Women revealed thinking more often about this issue during and after sessions, and to feel a sense of 'nurturing' among the female group. They also shared how the process aided them at overcoming

anguish towards the idea of being pregnant, as well as of accepting the possibility of being a mother without anxiety.

The theme of ‘Archetypal female ancestry’ has two sub-themes. The first one regards ‘Transpersonal connection with female ancestors and the collective unconscious’, and concerns the experience of feeling the presence of female ancestors within. It also relates to the understanding that different female archetypes were being lived within the collective unconscious of the group. The second sub-theme ‘Going beyond age: we are all women irrespective of age’ addresses the idea that although women can be of different ages and stages in life, such as being mothers or daughters, they all share the higher experience and archetype of being a woman.

In the final theme ‘The group’, with the sole subtheme of ‘the importance of the group’, women acknowledged the ‘greatness’ of the energy created between them as a group, and the importance this had for them.

4. Discussion

4.1 Quantitative results

The first aim of this study was to (1) quantitatively evaluate the effectiveness of DMT intervention in improving Body Connection, Empowerment, Mindfulness and Sexual Function. Quantitative results demonstrated that Sexual Function (Total) significantly improved post DMT intervention. More specifically, the dimensions of Arousal, Lubrication and Pain showed a significant improvement. Furthermore, Body Awareness (BA) also showed to increase at a very significant level post DMT intervention. Although there was an increase in Mindfulness and in Empowerment, these differences weren’t statistically significant.

An improvement in body awareness has shown to be intimately associated with sexuality (Kierr, 2011; Pujols et al., 2010). This study confirms previous studies showing that an increase in body awareness, specifically in women, is associated to greater sexual responsiveness (Rui et al., 2016), such as increased sexual arousal (Rui et al., 2016; Brooke & Cindy, 2007; Handy & Meston, 2016) and reduced pelvic pain (Haugstad et al., 2006). Previous studies have shown that individuals who experience different types of pelvic-related pain have disturbances in body perception (Beales et al., 2016; Haugstad et al., 2006), revealing a dissociative pattern with lack of contact and control of large body regions, as well as specific patterns of pain, posture, movement and muscle pathology, and reduced body awareness. Therefore, it may be

that by improving body awareness through DMT exercises and becoming aware of these specific postures, movements and muscle tensions associated with pain, participants have the opportunity of exploring new and more pleasurable postures, movements and muscle actions, thus reducing the experience of pain. Furthermore, the pelvic exercises proposed in one of the DMT sessions may have had a particularly beneficial contribution to these positive results, as it may have had an effect of relaxation of pelvic floor, supporting Hsia-Tsu et al., (2015) findings that pelvic floor muscle exercises positively affect sexual function. As awareness and control of these muscles is developed (amongst other factors), sexual enjoyment, body image, self-confidence and sexuality are improved. Importantly, as highlighted by Thomtén (2014), sexual pain is associated with several sexual dysfunctions and symptoms of anxiety, it is not limited to the sexual context and negatively influences several aspects of women's lives. Therefore, it may be that the self-reported outcomes from the DMT intervention of 'Relaxation and well-being', 'serenity and tranquility' as well as 'comfort and pleasure' may further account for the significant decrease of sexual pain, as well as increased arousal and lubrication experienced by women post intervention.

The increase in mean differences of the Mindfulness (FFMQ) and Empowerment (PP) scales, although not statistically significant, may be due to the short-time span of the intervention. Evidence has shown that prolonged intervention times report higher effect sizes (Koch et al., 2014). However, qualitative results indicate improvements in both these areas, through the main themes of 'Feminine Empowerment', 'Awareness' and 'Mindful Moments'. The theme 'Feminine Empowerment', relates to an increase regarding participants sense of own worth, value, appreciation, recognition, and respect regarding oneself, one's own body and sexuality. Importantly, it also regards empowerment through body image acceptance. The reported increase in sexual functioning, as well as the subjective increase in body image acceptance and empowerment, may confirm previous findings demonstrating that a positive relationship with one's body image positively affects sexual function (Quinn-Nilas et al., 2016), and predicts or increases arousal (Stefan et al., 2015). Furthermore, the reported empowering experience of embodying power, sensuality and seduction may have resulted in an increase of sexual sensation seeking levels, which have also been previously associated with higher levels of arousal and lubrication (Burri, 2016).

Although levels of mindfulness weren't statistically significant, qualitative results demonstrate an increase in mindful-related practice through the theme 'mindful moments', which refers to moments of presence and insight that were beneficial for participants. The fact that participants refer to this mindfulness experience as 'moments', demonstrates that participants were focused in the 'here and now', observing the present moment and aware of what was occurring in their body and breathe. Furthermore, a mindfulness attitude is demonstrated by how participants experienced 'acceptance', described as a sense of possibility, through which everything is possible and accepted, and in which observation of oneself and the other ("this observer thing") can be done in a neutral way. Acquiring this ability of observing oneself and others in a non-judgmental way was "really powerful" and important. Mindfulness practice has shown to be very effective in improving female sexual health, exactly due to the present moment non-judgmental awareness that it brings (Brotto et al., 2012; Brotto et al., 2008; Silverstein et al., 2011). Further research should investigate how DMT increases mindful awareness by applying longer interventions, and analyze how this may contribute to female sexual health. This study's results therefore confirm previous research findings demonstrating that DMT increases body awareness, empowerment, and mindfulness, which have been shown to be beneficial for female sexuality and sexual health, as well as for improving overall female sexual function, specifically arousal, lubrication and a decrease in perceived sexual pain.

However, sexuality is not limited to sexual function. Sexual function serves as an indicator of sexual health and of general health and well-being, but female sexuality is a broader experience that encompasses the expression of life energy at a physical level, but also at an emotional, social (World Health Organization, 2006) and archetypal level. To more fully evaluate DMT's effectiveness as a therapeutic intervention regarding this theme it is important to discern its benefits for female sexuality at all these levels, which is what the qualitative analysis of this study proposed to investigate.

4.2 Qualitative analysis

The thematic analysis of the focus-group discussion yielded 9 overarching themes in the respective order (of frequency mentioned): Feminine Empowerment (21), Awareness (15), Mindful moments (12), Finding beauty and Unity in Diversity (6),

Acceptance (6), Relaxations and Well-being (6), Motherhood (5), The Archetypal Feminine (3) and The group (3). All these themes relate to dimensions which have previously been shown to improve with DMT interventions for treating several clinical outcomes, such as well-being, quality of life, mood, affect, interpersonal competence, self-esteem and body Image (Koch et al., 2014), as well as body perception, self-perception and perception of relationships (Gunther & Holter, 2006). More importantly, results relate to some of the findings from the two main previous studies (Leseho & Maxwell, 2010; Mills & Daniluk, 2002) investigating the effects of creative dance therapy on issues concerning female sexuality. To achieve evidence-based practice existing evidence should be considered together so that important patterns may be identified, adding consistency to results and thus inform future practice and research. This study supports Leseho & Maxwell (2010) and Mills & Daniluk (2002) findings in aspects related to: (a) a sense of presence, (b) reclaiming sense of worth and value, (c) the importance of the group, (d) being able to trust and feel supported by others and themselves, (e) feeling respect, appreciation, acceptance and care for their body, (f) moving past cultural restrictions to reclaim their own space, (g) self permission and freedom, (h) becoming more connected with their inner self, (i) getting in contact with their inner strength, (j) trusting their body as a source of wisdom and power, (k) moving out of mental defenses and inhibitions (ego) to connect with their natural body rhythm and bodily sensations, feelings and impulses, as well as (l) a sense of 'wholeness'. Furthermore, in accordance with Leseho & Maxwell (2010), findings also emphasized women's ability to gain 'insights' into themselves, to experience an expansion (or openness) to life, of embracing their own femininity, as well as a shift of focus from comparing themselves to others to viewing themselves as beautiful and sacred. This study's results also support Mills & Daniluk (2002) findings of intra and inter personal acceptance, as well the importance of 'nurturing' themselves.

4.3 This study's contribution to literature and practice

In addition to the aforementioned themes that conform and are in agreement with previous findings, this study seemed to have surfaced two broad aspects as an additional contribution to DMT intervention and practice. By considering the themes of 'Awareness', 'Acceptance' and 'Mindful moments' together, the value of DMT as a therapeutic intervention is highlighted. The ongoing 'active imagination process'

that occurs during the DMT process allows individuals to symbolically express their inner world through movement, by concurrently witnessing and observing their own process without judgment but with ‘acceptance’ and a self-reflective point of view. In turn, this permits for unconscious issues to surface, mindful and ‘insightful’ moments to occur and offers the possibility for one to simply become aware of these issues, and/or transform them.

As Kierr (2011) has mentioned, therapy is an opportunity to practice awareness and let go of judgments. In this study, acceptance is related to “a sense of possibility, here everything is possible and all is accepted”. This, in turn “created an environment which allowed for some things to evolve and take a few steps forward”. As a result of this intra and inter personal acceptance, participants learnt how to observe and be observed with a “free look in a free way”, a seeing that “can be neutral”. As these unconscious issues surface one is able to not only ‘observe’ them but also to, through movement, explore different possibilities, options, solutions, ranges, and oppositions in search for the one that feels most appropriate for that particular situation. These are usually issues that have been experienced in the past, at a very young age in which one didn’t have the tools, experience or maturity to be able to deal with them. By being able to embody and revisit these issues through movement with awareness, mindfulness and acceptance, one is able to gain ‘insight’, re-shape, transform, and integrate them, emphasizing DMT’s value as an expressive and therapeutic tool.

This group of women experienced this in relation to different aspects and dimensions of themselves, particularly regarding their femininity and female sexuality: (a) their relationship with their own body, (b) their worth and value, (c) power and sensuality, (d) awareness what that influences them, (e) their need to expand, (f) the relationship between giving and receiving, (g) wishes and fears of becoming a mother, (h) accepting their differences in relation to other women, (i) their beauty, (j) common female patterns, (k) connection with female ancestors and the female archetype, (l) the woman within and their ‘wholeness’, (m) with acceptance and without judgment. With the potential to transform and integrate these feminine-related self-reported aspects, the value of DMT as a therapeutic intervention specifically for female sexuality is evident.

The second broad aspect that this study has dealt with regards the Feminine Woman. This dimension arose in at least four different levels: physical, emotional, social and archetypal. The first was at a physical level, regarding body awareness,

body image acceptance, body respect, empowerment and presence. Secondly, at an emotional level, women developed their sense of value, worth, appreciation, recognition, and power, as well as libidinal aspects such as sensuality and seduction regarding their own femininity and female sexuality. They became aware of the interconnectedness between their sexuality and femininity: “my sexuality affirms my feminine side and that is valuable and is not to be wasted”. Their sexuality mirrored and confirmed their own femininity, empowering them to affirm themselves as ‘valuable’, as women. Thirdly, at a social and interpersonal level, women reported having gained the awareness of not depending on the other to attribute value to themselves: “I have sexuality within me, independently of being in relation with the other”, this gives (me) “a huge stability and a great thing came out of it, which is appreciating my own company”.

The belief that women are dependent on men could be attributed to the socio-cultural patriarchal order, in which women have been submissive and dependent on men for many years, and in some cases still are. This, as well as the idea that women’s value is dependent of men’s attribution to it, seems to remain somewhat unconsciously present in women psyches.

Correspondingly, Stoeber & Harvey (2016) have shown that if someone has the belief that their partner imposes their perfectionist standard on them, predicts sexual anxiety and decreases sexual esteem, arousal and lubrication over time, contributing to women’s negative sexual self-concept and female sexual dysfunction. Thus, the fact that women affirm their sexuality, irrespective of being sexually involved with a partner, could explain how these women built on and empowered their sexual self-concept and sexual health. Furthermore, the relationship between women was also developed, in which participants started to connect with other women and began appreciating and recognizing the beauty and difference in each other, empowering one another, and attributing a sense of value to the other rather than diminishing them to compete: “I started recognizing value and beauty in all women, and that started changing the way I understood and dealt with women in my day-to-day. Now I pass on the street and see and recognize this in women. To a certain point, I even start questioning myself about this ‘adversary’ thing (...) Why?! Right?!”. The all-female group served as a mirror that allowed for all different possible types of female relationships to occur, with the openness to question and transform it. The other woman’s attributes, qualities and differences would amplify and add to oneself, rather

than confront and take from each other. This emphasizes the value of mirroring exercises in DMT, which activate the mirror neuron system (MNS) and allows for empathic relationships to occur (Mc Garry & Russo, 2011; Berrol, 2006).

The fourth level concerns the ‘The Archetypal Female’ which is also represented in the themes ‘Feminine Empowerment’, and ‘Motherhood’. This level relates to women’s connection with the ageless, ever living, always present woman within, in all its expressions. It regards the connection to female ancestors, the realization that irrespective of age they are all women, as well as the experience of the nurturing Mother Archetype (Divine Mother; Karaban, 1992) and of the collective female (anima) unconscious. Participants experienced the different women in the group as every and all meaningful women of their lives: “I felt here all the women that we are in our lives, from the mother to the daughter, to the sister to the friend, to the... I don’t know, the most beautiful thing that you have ever wanted to be”. This emphasizes the importance of this experience to participants’ individuation process as women, by gaining awareness and access to their anima energy: “awareness of me, feminine, woman... as a whole”. These insightful moments are demonstrative of their embodied and intuitive sense of knowing.

The sub-theme ‘expansion’ recognized the embodied movement gender-related tendencies and cultural specific limitations of being a woman in our society. Repression, according to Reich, leads to a contraction that remains blocked in our bodies, not allowing energy to flow freely, resulting in an unhealthy sexuality. By recognizing these unconscious animus-influenced movement tendencies, women have the opportunity to exercise an expansion into being, of breathing into their whole body, connecting with their primary libidinal drive (orgone), experienced as a child and repressed by society. By unblocking this energy blockage through movement and allowing the body’s natural self-regulation rhythm to occur, participants experienced pleasure (Well-being and Relaxation) and health.

4.4 Implications of findings

These findings have important clinical and non-clinical implications. Firstly, results have clearly demonstrated that DMT is an effective and beneficial therapeutic intervention for self-development processes regarding female sexuality and therefore should be more frequently used for female sexual-health related issues and for female sexuality in general. Specifically, DMT interventions should be utilized for improving

sexual function in women, namely arousal, lubrication and for decreasing sexual pain. Moreover, DMT should be utilized for clinical issues benefitting from improved levels of body awareness (Pierce, 2014; Koch et al., 2014), as well as from feminine empowerment. However, being that sexuality is a multidimensional construct that influences the individual at a physical, emotional, social and archetypal level, interventions to promote sexual health should approach the individual holistically at all these levels, as in the case with DMT.

Regarding clinical practice, DMT interventions on female sexuality should benefit from focusing on the themes yielded from this study and previous studies in its clinical application. It should also take into account the influence that socio-cultural sexual repression still has on female sexuality at all levels, as well the importance of mobilizing the body so that repressed and blocked energy can be released (Reich, 1980; Baker, 1982). Furthermore, this study supports the use of DMT exercises that Kierr (2011) proposes to be beneficial for female sexuality (use of sensory integration, body awareness, assertiveness training, guided imagery, breath awareness and 'here and now' exercises) and further suggests the use of child play games, imitating and mirroring exercises, circle exercises, polarity work, movement phrases, drawing (pictorial) exercises, trust exercises, and pelvic exercises.

Findings support the use of expressive and alternative therapeutic methods for self-developmental processes (Leseho & Maxwell, 2010; Carbonell-Baeza et al., 2010; Rogers et al., 2012) and for treating clinical problems (Meston et al., 2013). Particularly, the use of body-mind approaches such as DMT (Rohricht, 2009) that help bypass the rational mind and access blocked information, energy and emotions stored in the body (Leseho & Maxwell, 2010). DMT has shown to empower women to learn how to self-regulate and give them the support they need to manage their own psychological issues, a main aim of any therapy.

4.5 Limitations and future research

This study was the first, to the author's knowledge, to explore the benefits and effectiveness of a DMT intervention, with a mixed methods approach as a self-development process concerning female sexuality. However, it was a preliminary exploratory study and thus has inherent limitations. The sample size was small for quantitative results and, due to the scope of this study there was no control group. Therefore, interpretation of results should be done cautiously, and further research

should include greater samples, so that significance can be attributed to results. Furthermore, all participants from this study had a higher degree education (or were attending a bachelor degree), and their educational/professional area was related to either physical, mental health-care or education, suggesting the sample isn't representative of the general population. Another limitation was that some participants didn't attend all DMT sessions, which can potentially question the reliability of results. Also, the researcher that interviewed the focus group participated in the DMT process as a passive facilitator, indicating lack of blinding from the assessor.

Furthermore, the lack of significant results for the mindfulness and empowerment measures can be attributed either to the short-time span of the intervention yielding small effect sizes or to the measurement scales not being the best measure to assess these dimensions regarding a creative and expressive therapeutic intervention. However, the use of these scales is due to the absence of a more appropriate measurement tool, as a result of the lack of quantitative research in this area, specifically investigating female sexuality. Future research should further investigate or develop measurement tools to quantitatively evaluate aspects embraced by female sexuality, and not merely sexual function. Furthermore, building on Koch et al.'s (2014) recommendation, it is further suggested that future research focuses on developing measurement tools that are designed to assess expressive arts interventions. These should be more focused on the body, movement expression and non-verbal communication, so that greater effect sizes are attained, instead of relying solely on verbal intervention tools for non-verbal interventions. Study methodology should also be improved, by utilizing mixed methods approach, control groups and larger, more diverse samples.

Moreover, future research should further investigate the effects of this therapeutic approach, at a quantitative and qualitative level (using mixed methodology) on all dimensions of female sexuality (physical, emotional, social and archetypal), to further understand how to focus interventions to be more efficient and effective. Future studies should also quantitatively evaluate the effectiveness of themes yielded in current and previous research in mediating improvement of female sexual health with DMT, so as to increase reliability and robustness of findings. In addition, regarding the 'Motherhood' theme that this study yielded and the importance this had for

women, it is suggested that future research investigates how DMT can be beneficial for other sexual-related issues concerning infertility and pregnancy.

4.6 Conclusion

DMT is a creative, expressive and alternative therapeutic approach that is beneficial as a self-developmental tool for women who wish to work on their sexuality. It allows for sexuality to be handled indirectly by developing aspects comprised in it, as well as embracing all the levels through which sexuality is experienced: physical, emotional, social and archetypal. DMT offers the possibility for female sexuality to be embodied, accepted, re-shaped and transformed. Through this body-mind oriented approach, socio-cultural patriarchal repression towards female sexuality and feminine qualities surfaces in women's movements, giving them the opportunity to reclaim back their inner embodied strength. It allows for women to re-connect with their feminine and intuitive essence, through a group/tribal and archetypal experience, and take a step forward in bringing a soul (anima) connection back into this ego-driven world.

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APPENDIX A (*Consent form*)

Declaração de Consentimento informado

Cara participante,

No âmbito do Mestrado Integrado em Psicologia Clínica, estou a realizar um estudo com o tema “Terapia pela Dança e o Movimento no Feminino”, cujo objectivo principal é compreender de que forma esta abordagem terapêutica pode ser benéfica para o processo de desenvolvimento pessoal nas mulheres, relativamente às questões do feminino.

Neste sentido, solicito a sua colaboração para o preenchimento deste questionário. O mesmo será anónimo e confidencial, os dados recolhidos serão tratados, analisados e divulgados de acordo com as regras de investigação científica. Os dados são convertidos em número e utilizados apenas para fins estatísticos, de forma que as suas respostas não a identificam de forma alguma.

O questionário demora por volta de 20 minutos a completar. É importante realçar que é livre de abandonar o estudo a qualquer momento.

Assim:

- Declaro que todos os procedimentos relativos à investigação em curso foram claros e responderam de forma satisfatória a todas as minhas questões.
- Compreendo que tenho o direito de colocar, agora e no desenvolvimento do estudo, qualquer questão sobre o estudo e os métodos a utilizar.
- Percebo as condições e procedimentos, vantagens e riscos em participar neste estudo.
- Asseguraram-me que os processos que dizem respeito ao estudo serão guardados de forma confidencial e que nenhuma informação será publicada ou comunicada, colocando em causa a minha privacidade e identidade.
- Compreendo que sou livre de abandonar o estudo a qualquer momento.

Depois de devidamente informada autorizo a participação neste estudo.

Data: ____/____/2016

Assinatura da Participante:

Se tiver alguma questão, não hesite em contactar através do email: almacroft@hotmail.com
Muito obrigada!

Questionário: Dança Movimento Terapia no Feminino

Investigadoras:

Alma Croft, aluna Mestrado Psicologia Clínica, ISPA- Instituto Universitário

Ana Carvalheira, PhD, William James Center for Research, ISPA - Instituto Universitário

Informação Socio-Demográfica

Idade: _____

Ano escolaridade: _____

Profissão: _____

Nacionalidade: _____

Estado civil: _____

Experiência prévia em dança ou outra prática do movimento (indique o tipo de prática/dança e durante quanto tempo a praticou)

Neste momento pratica alguma dança ou prática do movimento?

Sim ___ Não ___

Se sim, indique qual: _____

Experiência prévia com qualquer forma de psicoterapia (indique o tipo de terapia e duração da mesma)

Está de momento a fazer Psicoterapia? Sim ___ Não ___

Se sim, indique o tipo de terapia: _____

Experiência prévia com meditação ou outra prática meditativa:

Neste momento faz alguma prática de meditação? Sim ___ Não ___

Se sim, indique o tipo de prática meditativa: _____

Escala de Conexão Corporal

Instruções:

As perguntas deste questionário são sobre a sua consciência corporal. Para cada afirmação por favor escolha a opção que melhor traduz o que sente na generalidade. Não há respostas corretas, por favor responda mais sinceramente possível.

Há duas perguntas sobre atividade sexual; por favor considere todo o tipo de atividade sexual, incluindo autoestimulação. Se não realize/participa em atividade sexual, por favor deixe estas questões em branco.

Por favor considere os últimos dois meses como um intervalo de tempo para as suas respostas.

	Nunca	Poucas vezes	Metade das vezes	A maior parte das vezes	Sempre
1. Se o meu corpo estiver tenso, tenho consciência disso					
2. É difícil para mim identificar as minhas emoções					
3. Dou-me conta que a minha respiração se torna mais superficial quando estou nervosa(o)					
4. Dou-me conta da minha emoção quando me tocam de forma carinhosa					
5. Sinto o meu corpo gelado ou dormente, em situações desconfortáveis.					
6. Noto como o meu corpo muda quando sinto raiva					
7. Sinto-me a olhar para o meu corpo como se estivesse fora dele					
8. Estou consciente das sensações internas durante atividade sexual					
9. Consigo sentir a minha respiração a viajar pelo meu corpo quando expiro profundamente					
10. Sinto-me separada do meu corpo					
11. É difícil para mim expressar certas emoções					
12. Eu leio o meu corpo para perceber o que sinto					
13. Quando estou fisicamente desconfortável, eu penso sobre o que poderia ter causado o desconforto					
14. Oiço o meu corpo para perceber o meu estado emocional.					
15. Quando estou stressada, noto o stress no meu corpo					
16. Não me dou conta do desconforto físico.					
17. Quando estou tensa, dou-me conta onde a tensão está localizada					
18. Reparo que o meu corpo fica diferente depois de um experiência de calma e paz.					
19. Sinto-me separada do meu corpo durante a atividade sexual					
20. É difícil para mim prestar atenção às minhas emoções.					

Escala das Cinco Facetas de Mindfulness

Instruções:

Por favor avalie cada uma das afirmações seguintes de acordo com a escala. Assinale com uma cruz o número que melhor descreve a sua opinião sobre o que considera ser geralmente verdadeiro para si

Nunca ou
muito
raramente
verdadeiro

Raramente
verdadeiro

Algumas
vezes
verdadeiro

Frequentemente
verdadeiro

Muito
frequentemente
ou sempre
verdadeiro

1-----2-----3-----4-----5

1. Encontro facilmente as palavras para descrever os meus sentimentos.	1	2	3	4	5
2. Consigo traduzir facilmente as minhas crenças, opiniões e expectativas em palavras.	1	2	3	4	5
3. Observo os meus sentimentos sem me “perder” neles.	1	2	3	4	5
4. Digo a mim próprio(a) que não devia sentir-me como me sinto.	1	2	3	4	5
5. Tenho dificuldade em encontrar palavras para descrever o que penso.	1	2	3	4	5
6. Presto atenção às sensações, tais como o vento no meu cabelo ou o sol no meu rosto.	1	2	3	4	5
7. Faço julgamentos sobre se os meus pensamentos são bons ou maus.	1	2	3	4	5
8. É-me difícil permanecer focado no que está a acontecer no presente.	1	2	3	4	5
9. Quando tenho pensamentos ou imagens muito perturbadores distancio-me e torno-me consciente do pensamento ou imagem sem ser “apanhado” por este(a).	1	2	3	4	5
10. Presto atenção a sons, tais como o bater do relógio, o chilrear dos pássaros ou os carros a passar.	1	2	3	4	5
11. Quando tenho uma sensação no meu corpo é-me difícil descrevê-la porque não consigo encontrar as palavras certas.	1	2	3	4	5
12. Parece que funciono em “piloto automático” sem muita consciência do que estou a fazer	1	2	3	4	5
13. Pouco tempo depois de ter pensamentos ou imagens perturbadoras,	1	2	3	4	5

sinto-me calmo(a).					
14. Digo a mim próprio(a) que não devia pensar do modo como estou a pensar.	1	2	3	4	5
15. Noto o cheiro e o aroma das coisas.	1	2	3	4	5
16. Mesmo quando estou profundamente triste ou terrivelmente perturbado consigo encontrar uma forma de colocar isso em palavras.	1	2	3	4	5
17. Faço as actividades sem estar realmente atento(a) às mesmas	1	2	3	4	5
18. Quando tenho pensamentos ou imagens perturbadores consigo aperceber-me deles sem reagir.	1	2	3	4	5
19. Penso que algumas das minhas emoções são más e inapropriadas e que não as devia sentir.	1	2	3	4	5
20. Noto elementos visuais na arte ou na natureza, tais como cores, formas, texturas ou padrões de luz e sombras.	1	2	3	4	5
21. Quando tenho pensamentos e imagens perturbadores, apenas me apercebo deles e “deixo-os ir”.	1	2	3	4	5
22. Realizo trabalhos ou tarefas automaticamente sem estar atento ao que estou a fazer.	1	2	3	4	5
23. Dou por mim a fazer coisas sem prestar atenção.	1	2	3	4	5
24. Desaprovo-me quando tenho ideias irracionais.	1	2	3	4	5

Índice de Funcionamento Sexual Feminino (FSFI)

Coloque uma cruz na resposta que mais se adequa à sua situação tendo em conta as **últimas quatro semanas**.

1. Com que frequência sentiu desejo ou interesse sexual?

- Quase sempre/sempre
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

2. Como classifica o seu nível de desejo ou interesse sexual?

- Muito elevado
- Elevado
- Moderado
- Baixo
- Muito baixo/nenhum

3. Com que frequência se sentiu sexualmente excitada durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Quase sempre/sempre
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

4. Como classifica o seu nível (grau) de excitação sexual durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Muito elevado
- Elevado
- Moderado
- Baixo
- Muito baixo/nenhum

5. Qual a sua confiança em conseguir excitar-se durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Confiança muito elevada
- Confiança elevada
- Confiança moderada
- Confiança baixa
- Confiança muito baixa/nenhuma

6. Com que frequência se sentiu satisfeita com a sua excitação sexual durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Quase sempre/sempe
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

7. Com que frequência ficou lubrificada (molhada) durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Quase sempre/sempe
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

8. Qual a dificuldade que teve em ficar lubrificada (molhada) durante qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Extremamente difícil ou impossível
- Muito difícil
- Difícil
- Ligeiramente difícil
- Nenhuma dificuldade

9. Com que frequência manteve a sua lubrificação até ao fim da actividade ou relação sexual?

- Não tive actividade sexual
- Quase sempre/sempe
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

10. Qual a dificuldade que teve em manter a sua lubrificação até ao fim de qualquer actividade ou relação sexual?

- Não tive actividade sexual
- Extremamente difícil ou impossível
- Muito difícil
- Difícil
- Ligeiramente difícil
- Nenhuma dificuldade

11. Quando teve estimulação sexual ou relações sexuais, com que frequência atingiu o orgasmo (clímax)?

- Não tive actividade sexual
- Quase sempre/sempre
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

12. Quando teve estimulação sexual ou relações sexuais, qual a dificuldade que teve para atingir o orgasmo (clímax)?

- Não tive actividade sexual
- Extremamente difícil ou impossível
- Muito difícil
- Difícil
- Ligeiramente difícil
- Nenhuma dificuldade

13. Qual foi o seu nível de satisfação com a sua capacidade para atingir o orgasmo (clímax) durante qualquer actividade sexual?

- Não tive actividade sexual
- Muito satisfeita
- Moderadamente satisfeita
- Igualmente satisfeita e insatisfeita
- Moderadamente insatisfeita
- Muito insatisfeita

14. Qual foi o seu nível de satisfação com o grau de proximidade emocional entre si e o seu parceiro durante a actividade sexual?

- Não tive actividade sexual
- Muito satisfeita
- Moderadamente satisfeita
- Igualmente satisfeita e insatisfeita
- Moderadamente insatisfeita
- Muito insatisfeita

15. Qual foi o seu nível de satisfação com o relacionamento sexual que mantém com o seu parceiro?

- Muito satisfeita
- Moderadamente satisfeita
- Igualmente satisfeita e insatisfeita
- Moderadamente insatisfeita
- Muito insatisfeita

16. Qual o seu nível de satisfação com a sua vida sexual em geral?

- Muito satisfeita
- Moderadamente satisfeita
- Igualmente satisfeita e insatisfeita
- Moderadamente insatisfeita
- Muito insatisfeita

17. Com que frequência sentiu dor ou desconforto durante a penetração vaginal?

- Não tentei ter relações sexuais
- Quase sempre/sempr
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

18. Com que frequência sentiu dor ou desconforto após a penetração vaginal?

- Não tentei ter relações sexuais
- Quase sempre/sempr
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

19. Como classifica o seu nível de dor ou desconforto durante ou após a penetração vaginal?

- Não tentei ter relações sexuais
- Muito elevado
- Elevado
- Moderado
- Baixo
- Muito baixo/nenhum

20. Com que frequência a contracção dos músculos da sua vagina dificultou ou impediu a penetração do pênis durante qualquer relação sexual?

- Não tentei ter relações sexuais
- Quase sempre/sempr
- A maior parte das vezes (mais de metade das vezes)
- Algumas vezes (cerca de metade das vezes)
- Poucas vezes (menos de metade das vezes)
- Quase nunca/nunca

Escala de Progresso Pessoal – Revista e traduzida

As seguintes afirmações identificam sentimentos ou experiências que algumas pessoas utilizam para se descreverem. Por favor responda a cada questão, tendo em conta como essa afirmação é importante para a sua identidade pessoal enquanto mulher, como por exemplo ao seu género, raça, etnicidade, cultura, nacionalidade, orientação sexual, historial familiar, etc. Escolha a sua resposta, circulando a opção que lhe faz mais sentido.

Por exemplo, para a primeira questão “Eu tenho relacionamentos de igualdade com as pessoas significativas da minha vida”, circule a opção 1 se esta afirmação nunca é verdade para si de momento.

Não há respostas certas ou erradas.

Quase nunca Geralmente não é verdade É verdade às vezes É frequentemente verdade Quase sempre

1-----2-----3-----4-----5-----6-----7

Question	Response Options						
Q1. Eu tenho relacionamentos de igualdade com as pessoas significativas da minha vida.	1	2	3	4	5	6	7
Q2. É importante para mim ser financeiramente independente.	1	2	3	4	5	6	7
Q3. É-me difícil ser assertiva com os outros quando tenho que ser.	1	2	3	4	5	6	7
Q4. Eu consigo manifestar as minhas próprias necessidades ao invés de estar sempre a cuidar das necessidades dos outros.	1	2	3	4	5	6	7
Q5. Eu sinto-me preparada para lidar com a discriminação que noto na sociedade de hoje.	1	2	3	4	5	6	7
Q6. É-me difícil reconhecer quando estou zangada.	1	2	3	4	5	6	7
Q7. Eu sinto-me confortável em confrontar o meu chefe/orientador/supervisor quando temos visões divergentes.	1	2	3	4	5	6	7
Q8. Agora compreendo como a minha herança cultural me moldou naquilo que sou hoje em dia	1	2	3	4	5	6	7

Q9. Eu dou aos outros para não os desagradar ou enraivecer	1	2	3	4	5	6	7
Q10. Eu não me sinto bem comigo própria enquanto mulher.	1	2	3	4	5	6	7
Q11. Quando sou criticada pelos outros, não confio em mim para decidir se eles estão certos, errados ou se deveria ignorar os seus comentários.	1	2	3	4	5	6	7
Q13. Compreendo que dada a minha situação, estou a lidar da melhor forma que posso.	1	2	3	4	5	6	7
Q13. Sinto-me em controlo da minha vida.	1	2	3	4	5	6	7
Q14. Na definição para mim mesma do que significa ser atraente, eu dependo da opinião dos outros.	1	2	3	4	5	6	7
Q15. Parece que não consigo tomar boas decisões sobre a minha vida.	1	2	3	4	5	6	7
Q16. Não me sinto competente para lidar com as situações que surgem no meu dia-a-dia.	1	2	3	4	5	6	7
Q17. Estou determinada a tornar-me numa pessoa completamente funcional.	1	2	3	4	5	6	7

APPENDIX C (*Transcription of focus group discussion*)

TRANSCRIÇÃO GRUPO FOCAL

Entrevistadora: O que é que isto vos trouxe, o que é que este processo vos trouxe?

G: Eu estou-me sentindo mais mulher... não sei se tem a ver só com isto ou não mas... especialmente estes últimos exercícios, da activação da Pélvis, e de... não me lembro qual é que foi exactamente mas...

K: Foi aquele exercício que fizemos em conjunto..

G: Exacto, sim. A K me observava... tínhamos que fazer uma frase.

Entrevistadora: Era uma frase “Eu enquanto mulher”.

G: Isso, eu me senti... sei lá! Entrando mais nesse âmbito. E muito conectada com a minha avó, a mãe do meu Pai. Também a figura dela esta sendo explorada em terapia agora, pronto porque também é uma questão em terapia. E sim, me sinto assim agora. Estou-me conhecendo cada vez mais... nesse papel, nessa dimensão... e é bom.

E: Bom, eu não sei se tem a ver com este processo ou se tem a ver com o tempo a passar. Não sei se está só relacionado com isto, porque eu faltei a algumas sessões que já percebi que foram muito importantes mas eu sinto-me de alguns tempos para cá com mais respeito por mim. É umas coisa que eu estava aqui um bocadinho a perder, o respeito por mim enquanto mulher, e a valorização. Eu sei que houve aqui determinadas alturas em que isto me apareceu aqui na minha cabeça, eu sei que tenho valor não é?! e que a minha sexualidade é valiosa, não me vou entregar.... porque eu tive algumas relações pontuais com algumas pessoas, nomeadamente quando faço o primeiro questionário. E desde ai deixei de ter percebes? E estou confortável com a ideia de não ter ninguém, de sexualmente não estar activa mas porque eu percebo que sou valiosa e respeito isso.

H: Aho!

E: Não, sem duvida. E que só vou entregar a minha sexualidade a alguém que mereça. Eu estava completamente desnorteada... bora e tal... e agora. Não. Não sei se tem a ver, mas eu acho que sim porque eu lembro-me de pensar nisto aqui. E depois tem a ver com o passar do tempo e crescimento, não é? Mas esta coisa de vir para um grupo de mulheres, agora talvez voltando à expectativa, também foi isto... o procurar voltar a resgatar enquanto mulher, de me valorizar, e perceber que nós mulheres temos muitos padrões em comum, que não são maus de todo mas que nós temos que ganhar consciência deles porque se não é muito complicado. Mas sim basicamente de entre uma data de outras coisas, maternidade veio-me muito à cabeça aqui, era uma coisa que me vinha antes, depois parou, e houve aqui dois exercícios que me veio outra vez esta questão da maternidade e que mexeu comigo, mas é mais isto: a valorização enquanto mulher, a sexualidade afirma o meu lado feminino e isso é valioso e não é para ser desperdiçado. Ou seja, tem valor, não é para qualquer um, tem que ser alguém que mereça, eu só vou entregar isso a alguém que mereça. E eu acho que foi isso que isto me trouxe.

H: Yeahhhh!!

J: Bem, eu, quero dizer, já venho a fazer desde outubro, mas eu estava a fazer um curso de escuta activa, que é da abordagem Centrada na Pessoa, Rogeriana, etc. Portanto pode também ter sido disso, mas era só uma vez por mês... mas agora eu sinto-me mais congruente, e que me aceito melhor. Porque há bué aquela cena, porque eu sou mais gordinha e sou mais alta.... e isso para mim, já não me apetece estar a lidar mais com isso sabem?! (ri) Por acaso a minha madrasta, ela veio de lá, ela é polaca e disse: “Tu estás mais gorda, e parece que não te importas!!” (risos) Mas ela assim com uma ar muito tipo chocado e eu “Pois...”. (risos) E pronto, eu acho que isso foi aqui. Agora estou a falar, mas eu acho que era só isso que eu tinha para dizer... mas também qualquer coisa eu volto a falar.

A: Eu também tenho alguma dificuldade em isolar, dizer que foi daqui ou de outras coisas, porque também estou num processo psicoterapêutico. Mas há coisas, e estava a ouvir a E e achei piada, porque às vezes temos estes *insights* a ouvir os outros. E há uma coisa que eu acho que foi daqui, porque quando ela dizia “Ok, agora não estou com ninguém, e portanto a minha sexualidade está parada, mas sei que... e veio-me um *insight* já desde a primeira sessão, porque eu não estou com ninguém desde à por aí dois anos, se eu pensasse nisso há algum tempo atrás pensaria “que horror!”

E: (Ri) Exacto...

A: Mas não é, é um resgate do nosso valor e duma estabilidade enorme e tem sido uma coisa bestial que é apreciar a minha própria companhia, isto porque sai dum relacionamento que me perturbou bastante, portanto não envolveu nada de muito complicado, mas era uma pessoa que estava muito desequilibrada, e apelou à minha cuidadora, e de facto entreguei-me completamente.. a cuidar, a cuidar, a cuidar... e agora tenho estado nesse processo, mas pensava um bocadinho como tu a pensar “Isto agora é uma chatice! É uma monotonia, tenho que esquecer esta parte... vamos lá esquecer, não se pode esquecer, não se pode ignorar, mas pronto, vamos lá esquecer!”. E achei piada porque quando estavas a dizer isso eu lembro me de um exercício qualquer que estávamos a fazer aqui, logo nas primeiras sessões, e eu lembro me de estar no chão e de estar a movimentar-me dum lado para o outro e estar a pensar “hmm... isto é bom! E realmente sou só eu... e estar atenta ao movimento, e acho que aí fiquei mais atenta ao movimento e mais atenta que eu tenho sexualidade dentro de mim, independentemente de eu estar em relação com o outro, e tenho que a reconhecer e isso é, que é honrar um bocado, e acho que neste processo todo estou muito mais preparada para estar com alguém, e é curioso dizer-se isto aos 48 anos, não é? Quando já se teve um casamento, um relacionamento de 20, mas é curioso, eu acho que isto teve um bocado a ver com este processo aqui, se calhar também com a participação em círculos de mulheres, com outras coisas mas aqui se eu conseguisse isolar é muito isso, era: o reconhecer que tenho sexualidade mesmo quando não estou em relação com o outro e que eu tendia a pensar “tipo isto agora é um tipo stand by” Quando estiver com alguém, volto a carregar no botão, mas ... e descobri “ups, afinal não há botão, não há standby” e isso foi espetacular. Acho que faltei a algumas sessões que se calhar foram importantes, por aquilo que agora ouvi, porque agora tenho que falar um bocadinho sobre as minhas expectativas e aquilo que houve. Se calhar por estar a participar em alguns círculos de mulheres, aqui não senti que fosse muito trabalhado o feminino. Não senti, portanto tenho que dizer isto das sessões. Acho que às vezes era mais o movimento, mas não tanto o feminino. Talvez porque isto ... eu vou ser completamente honesta, sei preconceitos nem estar a dizer mal de ninguém, é só mesmo o reconhecer, para trabalhar o feminino acho que a figura da S, para mim... não é a figura, a presença da S (*terapeuta*) não é uma presença que me inspire para trabalhar o feminino. Digo isto, porque

tenho trabalhado noutros sítios, realmente com mulheres que penso “Wow!”, porque durante muito tempo eu não quis aceitar o feminino, achava que era uma chatice, que era fraco, que era... ser mulher que chatice! Ah que mariquinhas! Ah tão frágil! Então queria era aquela energia masculina “vamos para objetivos, vamos para ali, não vamos-nos desviar do caminho. Portanto e agora para resgatar isso preciso de modelos, e não acho que a S nesse aspecto seja um bom... ah que horror, isto é horrível dizer bom, mas que seja um modelo que me apele ao feminino.

C: Ou um modelo suficientemente feminino para ti.

A: Sim. Sim... e portanto às vezes eu ficava assim. E até aqui na roda, quando se falava, não se puxava muito isso, não é? Então, tal como a E senti que às vezes não deu para integrar coisas que às vezes saltavam. Mas também estou a fazer a psicoterapia...

E: Estavas a falar desta coisa do feminino, eu senti que ele foi trabalhado na dança, eu consegui perceber claramente que ao dançar aparecia a minha parte sexual e feminina, e de sedução, e de poder pela dança. Mas era uma coisa espontânea, lá está, não era uma indicação tipo “isto é para..”. porque em mim aparece assim, se calhar noutras aparece doutra forma. A dança em mim promove a sensualidade, o feminino a coisa do poder e ...

(32 mins)

J: Eu tenho a dizer outra coisa fantástica que aconteceu, portanto nós sabemos o que é usar um soutien. E eu andava assim já há alguns meses para aí desde outubro ou assim, e eu já estava a pensar que era um grande chatice, e eu já uso desde os 13 ou 12 ou assim. Pronto, e aquilo começou a ser uma grande chatice e comecei a achar que se calhar não me apetecia mais fazer aquilo, usar aquilo. E pronto desde que vim para aqui, tenho tido mais... não é tipo tenho cuidado mais com as roupas e isso, a sobrepôr, mas.. até porque não são pequeninas. Mas quase que o deixei por completo, e espero um dia deixar, e espero que ele fique lá.. algures numa caveta a apodrecer. Mas pronto, era isso que eu queria partilhar.

C: Aquilo que elas estavam a falar... é engraçado, eu senti que nas semanas em que vinha me lembrava muito mais da questão que estavas a falar... da maternidade. Há uns anos atrás eu era altamente angustiada com a imagem de uma barriga grávida, era um coisa que me angustiava assim numa forma que eu não vos consigo explicar. Para mim ver uma barriga grávida era igual a começar a chorar. Era uma angustia que eu não conseguia explicar. E depois há uns tempos para cá a minha irmã teve duas gravidezes e impunha um bocado para cá aquilo... “olha aqui! Está aqui...”, “Já chega Catarina!” “Não, olha, sente...” “uhhh...”, fazia-me sempre um bocado confusão, mas o facto de ela também dizer “vá, não ignores, é a minha barriga, vem cá, toca, mexe...”, hmmm... porque ela gostava disso e tinha prazer nesses mimos. E foi engraçado que o último bebe, o segundo bebe que ela teve (risos), como se tivesse bués... mas que foi o ano passado em outubro, o facto da barriga ter ficado um bocado mais flácida, ela começou a falar um pouco mais disso... e sei lá, é fofo, é outra textura, é outra textura... e outra coisa que foi falado aqui, foi sentir-me mais à vontade. Por exemplo, o facto de serem só mulheres, eu não me preocupava com “se isto fica à mostra, se aquilo fica à mostra, e tenho que levar aquelas calças porque aquelas são um bocado coisas”, tipo era a primeira coisa que me aparecesse e que eu estivesse confortável em casa eu vinha assim e pronto, não sentia que houvesse “ahhh, não sei que”, porque eu faço aulas de dança, e as vezes pronto... está aquele pessoal não sei que e pronto, vem-se cá para trás que é para nem olharem para uma pessoa. E aqui não havia isso e isso era super fixe. E era verdade que nessas semanas eu pensava mais nisso... e é engraçado.... isso vir.

H: Eu não consigo definir o que é que me trouxe... como eu disse ontem? Na terça.... foram momentos que eu me dei conta, mas no geral também não posso dizer, como estou a fazer psicoterapia e tomo florais, etc. Não posso dizer “olha daqui retirei isto..”, . sei que naquele momento, quando estávamos sei lá na parte da criança, aquela que tu fizeste da parte daqui (pélvica) também... mas era como se fosse um toca e foge. Então no geral acho que não consigo dizer nada em específico ou não me vem ou.... Porque foram momentos, sim toquei mas não é algo que eu possa dizer no fim “sim, isto fez-me, agora sou assim”... ainda não percebi muito bem, ainda não conclui nada, se calhar não era para concluir mas não sinto uma coisa específica.

I: Sim, eu senti isso também. Tive mesmo bons momentos, e gostei muito e sinto que realmente há momentos que foram importantes, mas acho que é muito cedo para dizer “sim foi isto” ou.. acho que há tantas coisas nas nossas vidas...na minha vida, nas vossas vidas. Mas acho que não dizer nada assim... estou impressionada como vocês conseguem dizer coisas muito fortes assim. Para mim é difícil chegar assim a uma conclusão tão clara, tão nítida. Mas sei que me trouxe realmente também momentos muito bons e muito profundos que penso que me vão voltar no pensamento e que me vão ajudar talvez a reflectir e aprofundar mais.. enquanto pessoa, enquanto mulher talvez também mas não sei dizer especificamente mais mulher ou não, mas este momento da criança, este momento do encontro com o seu próprio corpo também. Mas não te consigo dar uma conclusão assim tão específica. Mas pronto, coisas boas sem duvida.

F: No meu caso eu acho que um dos meus problemas é pensar demasiado e aqui eu só resolvi... na próxima é que eu vou conseguir não pensar em nada, e que eu vou conseguir estar assim... e quando isso acontecia em algum momento nalguma sessão eu dizia “finalmente, agora não pensei foi mesmo momento branca..”, pronto acho que consegui pensar menos, um bocadinho, ser menos racional. E outra das questões é a consciência de que somos mesmo diferentes uma das outras. Às vezes pronto olhava para elas e percebia “como é que é possível ela ter feito aquele movimento ali ou ali”, tomei mesmo consciência de que somos mesmo diferentes, aqui especificamente, e isso fez-me abrir horizontes, gostei... tomar consciência dessa parte.

D: Eu também não sei o quê, lá está, nunca sabe o que é que é de onde, porque há outras coisas que vão acontecendo, mas mesmo assim eu acho que isto foi uma coisa que foi acontecendo mais do que outras que possam estar... não não faço ideia, não sei... isto foi ainda muito tempo, apesar de tudo ainda foram uns meses (3 meses). Mas bem acho que foi assim algumas coisas, mais no geral que foram acontecendo, que tipo houve claramente aqui um sentimento, mesmo um sentimento de possibilidade: tipo tudo é possível e tudo é aceite. E eu sentir-me assim de uma forma constante, não num processo em que eu sou o centro do processo, porque num processo terapêutico assim estrito tu estás lá porque é o teu... e tu a minha vida porque é o teu... não! Aqui não, aqui não és tu o personagem principal, mas está-se bem na mesma, não tem toda a gente que ser para paga te ouvir e te aceitar, aqui as pessoas só te aceitam porque sim, estás a ver?! E então eu acho que isso teve alto poder, e acho que isso criou um alto ambiente que permitiu que algumas outras coisas por cima disso tivesses acho que dado alguns passos... não sei se grandes ou pequenos mas muito no caminho que eu tenho tentado fazer de vir da cabeça para o corpo, e tornar-me mais consciente do corpo e... tipo um exemplo muita pequenino na minha vida, mas que é relevante, tipo eu tive a estudar para um exame terça feira e muitas vezes quando estamos a fazer essas coisas tu permaneces em posições intoleráveis durante imenso tempo porque não estás atento, e eu dava por mim,

chegava a casa estava a fazer qualquer coisa e “não, não estou confortável” e mudava de posição e continuava a fazer essa coisa. E isso é mínimo, mas não era meu, eu não tomava consciência do que no meu corpo não estava bem e que eu precisava de mudar alguma coisa. Então houve pequenas coisas desse género e mais momentos em que eu estava bem, pronto e depois outras coisas... e consegui também estar mais serena, e tipo “não não quero ir ali, e não vou, é aqui que eu quero estar” e mais tranquila com as escolhas. Acho que de alguma forma estou a habitar progressivamente mais o corpo, e um pouco mais tranquila ou segura disso... não é segura, calma.. (risos), mas por um lado isso. E acho que em relação da questão do feminino eu senti aqui uma coisa muito bonita e ‘nurturing’, eu não sei dizer, eu sei que é ridículo eu ter que utilizar uma palavra que não é nossa mas senti aqui todas as mulheres que passam na nossa vida, e que nós somos na nossa vida, desde a mãe à filha, à irmã, à amiga, à sei lá, a coisa mais bonita que tu queres ser, houve espaço para todas elas! E isso teve muito presente eu acho que naturalmente porque o grupo era, este independentemente do que foi trabalhado e isso também foi um acrescento, mas essa coisa de poder ver os outros e de poder estar com os outros na diferença e nas coisas mais parecidas, acho que foi muito libertador. E dessa parte não sei o que é que virá, e tipo aí não tenho uma coisa formada do que surgiu em mim, mas pelo menos essa maior presença a mim e maior, acho que sim, acho que essa... acho que sim... não sei se falei muito para não dizer quase nada, mas esta coisa mais tipo... se eu me lembrar do resto eu digo.

A: Eu gostava de reforçar aqui uma coisa que aquilo que a **D** disse e que me avivou, que foi a importância do grupo e o grupo em si, que logo desde a primeira sessão para mim foi importantíssimo, todas de facto tão diferentes não é?! E que também há uma coisa que ultimamente me tem incomodado um bocadinho, as vezes sem grande consciência, que é a idade. Porque de facto a pessoa às tantas começa a pensar o tempo está a passar, o tempo está... e sobretudo chegar aos 48, qualquer dia são 50 “ahhhh, 50?!?!?!”. E eu nem dei por ter passado pelos 30 ou 40. Foi tudo tão rápido e eu às vezes ainda me sinto uma miúda. E aqui foi muito giro porque acho que aqui consegui integrar muito isso porque de facto havia... eu lembro me quando fizemos aquilo (exercício de por em ordem por idades) “eu vou ficar na ponta de certeza, agora deixa-me lá ver quem é que vai ficar na outra ponta que era a **T** que tinha 18, não podia ser 18... 19!” e pensei que giro, há aqui miúdas que podiam ser minhas filhas mas que aqui somos mulheres! E isso foi muito giro! E acho que foi o grupo em si, acho que foi espectacular... criou-se logo uma coisa muito boa, todas tão diferentes mas tão bom. E portanto gostava de reforçar essa parte do grupo.

J: E era disso que eu tinha medo, porque pronto eu tenho um bocado dificuldade de inserir-me em grupos e não sei, tipo eu sinto-me confortável aqui e sempre me senti confortável aqui, e tipo esse era o único medo que eu tinha. E não aconteceu nada... (risos) estou viva! Mas sim, acho que o grupo... não sei porque é que foi mas acho que o grupo foi mesmo... (perfeito!). Ya.

G: Uma outra coisa enquanto a **D** estava a falar que também me veio foi, não sei dizer exactamente o nome, mas reconhecer valor e beleza em todas as mulheres, e depois eu comecei “pronto isso mudando a forma de perceber e lidar com as outras mulheres no dia-a-dia” e passo pela rua e vejo e reconheço isso nas mulheres, e a certo ponto até começo a pensar que essa coisa de “adversária” também é uma coisa que não faz sentido até, de olhar as outras mulheres como adversárias eventuais... porquê?! Não é?! Sei lá, talvez seja uma invenção... dos homens, ou da sociedade. Para que a gente se fique aqui disputando, disputando entre nós e pronto. Mas para eles estarem bem. Mas sim, também me veio isto enquanto você estava falando, esta outra coisa que certamente veio daqui.

D: Ai, agora esta coisa do feminino... agora que ela falou, foi muito esta cena de ver a beleza nos outros e aceitar que os outros possam ver a nossa, porque isso era também um exercício aqui, porque tinhas não só que observar mas... tinhas que seguir mas ser seguida, tinhas que ser observado e aceitar isso e acho que isso foi um exercício mesmo... que deu pulmão à ideia de nos aceitar... eu tipo de te fazer isso em espelho, de OK, é tão possível!. Eu lembro-me de fazer no da Movimento Autentico, eu percebi que a forma como eu olhava para a **I**, eu podia ser olhada tipo, eu podia fazer... eu estava muita bem no outro lado desse olhar. E isso foi muito importante, permitir-me estar do outro lado de um olhar livre, de uma forma livre... que é muito raro. Tipo a cena do observador para mim é muito forte. E treinar esse olhar, o nosso olhar para o outro, devolve-nos imenso. Pelo menos a mim devolveu-me imenso na perspectiva porque Ok eu posso ser olhada porque o olhar pode ser neutro, e isso foi muito importante e acho que a cena de, mesmo nos exercícios de toque e tudo mais, isso foi muito... o dar e receber foi uma coisa assim muita forte e que eu acho que depois trouxe um pouco para mim, acho isso sim. E uma coisa só por causa da maternidade porque eu me lembrei porque eu tive... o meu exame foi de pediatria e ginecologia obstetrícia, aquilo não dava mais. Então quando eu estava a estudar o desenvolvimento do puto, desde pequenino, aquilo tinha tipo guias sobre o que fazer e o que estimular desde o zero. E eu dei por mim, ineditamente, e eu não sinto que esteja preparada para ser mãe ainda porque acho que ninguém tem culpa mas, eu senti “vai ser tão bom fazer isto!”, directamente eu disse “vai ser tão bom fazer isto!”, eu nunca tinha posto uma frase tipo em que eu vou fazer isto. Não, eu acho que quero vir a ser mãe, não é essa a coisa, mas tipo quase sentir-me calma com a perspectiva de vir a fazer aquilo, sem uma ansiedade logo a seguir tipo “QUANDO EU FOR MÃE!!”, não, foi tipo “ah eu quero! Isto é fácil, pode vir a acontecer, é só fazer isto..” Eu pensei “Wow!” uma parte de mim está preparada, outra enorme parte não (risos), mas essa parte afirmou-se e foi giro isso... e foi há tipo 3 dias.

H: A grande já não é assim tão grande, então...

D: Não sei... (risos)

Entrevistadora: É engraçado que a minha próxima pergunta era “o que é que isto vos trouxe enquanto mulheres, ou no feminino...” e pronto, e vocês já acabaram por ir lá, não sei se querem acrescentar alguma coisa mais...

K: Eu posso partilhar uma coisa gira que descobri e que tomei consciência, que eu senti-me muito confortável e que foram muito prazerosas quando fizemos aquelas brincadeiras, quando abordamos a infância e tudo mais. E depois na sessão que fizemos o tal exercício que estávamos a falar há pouco, que eu fiz com a **G**, e que era para fazer aquela frase corporal (Eu enquanto mulher), eu lembro-me do comentário da **G** ser que eu pareço uma menina, e eu fui para casa a pensar que realmente eu passo o dia inteiro com muitas crianças e pensei “bem, o meu corpo e a minha expressão corporal é um bocadinho ainda, não é ainda, pronto, é as minhas características, mas tomar consciente de que realmente da forma como expresso aquilo que sinto e tudo mais, e ter consciência de que aquilo que eu faço também... não é contaminar, mas que também me influencia enquanto ser humano, não é?!”

G: (para K) Posso te fazer uma pergunta, mas te incomodou?

K: Não, não, não, de todo... foi muito, sim claro que sim, não foi muito bom! Foi muito positivo! Claro que sim, porque tu até disseste “foi muito bonito!”. Sim, de forma nenhuma... (Sorrisos...). Acho que é uma coisa positiva e pela qual posso reflectir... foi ótimo!

B: Eu ainda não respondi à segunda pergunta, acho que durante todo o processo houve uma série de tomadas de consciência em mim. Pequenas activações que foram, sobre as quais de repente eu vou reflectir sobre isto... Uma delas foi sobre a respiração... “Epa! Eu nem sequer estou a respeitar o meu corpo, eu só estou a respirar com um bocadinho... e respirar é vital! (Risos, muitos) É vital! Eu vou morrer se não... a sério... (risos...) WHAT?!?!” De repente é, “só estás a cuidar duma parte, o resto do corpo não precisa de oxigénio elementar para sobreviver?! Não, é o todo, de repente, vamos lá ligar-nos ao resto, liga-te lá ao resto do corpo!” O que estava a acontecer era isso, eu antes de estar aqui, era como se estivesse num processo de fechar. Era como se estivesse a fazer uma contenção até ao limite, ao mínimo. E de repente, pensei bem tem que haver aqui um processo qualquer, tenho que fazer qualquer coisa que contrarie esta tendência que eu estou a fazer. E então a consciência disto, especificamente essa sessão, houve vários momentos e outras, mas esse foi assim um boom, em que me fez raciocinar: Olha lá! eu tenho muito esta coisa de falar comigo... “Olha lá, (risos) não pode ser! Então como é que é?!” Pronto, e depois “vamos mudar? Então vamos refazer as coisas, ou fazer de novo, criar caminho, criar um caminho novo ou uma situação nova, se calhar o que tens vindo a fazer até aqui não era o que eu queria, e o que estava a acontecer é que me estava a desviar daquilo que eu sou e de repente pá, eu não sou isto... sou... mais! E estar aqui permitiu-me outras coisas, essa consciência do todo. E foi muito bom... mesmo... foi muito bom. À 3ª pergunta, acabou por activar uma consciência, não total no pleno mas de consciência de Eu, **B**, feminina, mulher... no todo. Não consigo explicar isto de uma outra forma. Mas é como se isto fizesse tudo parte do processo, é a consciência do todo, não activou mais isto ou mais aquilo. Claro que houve questões aqui muito ligadas a situações de movimento específicos, que me fizeram tomar consciência duma postura mais sensual, mais disponível, consciência duma relação de dar e receber, o que me faz estar mais confortável ou não, tudo aqui foi fazendo ter consciência disso. E foi realmente bom, pronto basicamente acho que é isso.

A: Em relação a essa só queria acrescentar, é porque eu, isto foi curioso e se calhar potenciou porque eu às terças-feiras antes de vir para aqui estava na psicoterapia. Portanto isto era tudo, as terças eram fortíssimas. E acho piada que hoje veio-me assim uma coisa que se calhar também teve a ver com isto, porque eu às tantas estava ... e às tantas disse assim “Que grande mulher que eu sou!!!” (risos, muitos) A sério! E ela olhou e disse “acho que sim”, e eu “claro que sou!”, e grande ‘mulher’, porque eu não gosto de falsas modéstias e sei que fiz um grande trabalho enquanto ser humano e cheguei aos 48 e gosto de ser quem sou mas desta vez foi muito especificamente “Epa que grande mulher!” e vim para a rua e pensei “Ehhhh!” (risos)... e ainda me estou a sentir assim!! (mais risos).

Entrevistadora: Bom, acho que acabamos em grande! Obrigada...

APPENDIX D (*Shapiro-Wilk normality tests and Skewness and Kurtosis tests of measurement scales*)

Table 1. Shapiro-Wilk normality test for Scale of Body Connection (SBC)

	Shapiro-Wilk		
	Statistic	df	Sig
Body Awareness (BA) - Pre	,961	13	,762
Body Dissociations (BD) - Pre	,905	13	,159
SBC Total - Pre	,931	13	,356
Body Awareness (BA) - Pós	,949	13	,581
Body Dissociations (BD) - Pós	,975	13	,944
SBC Total - Pós	,983	13	,991

Table 2. Shapiro-Wilk normality test of the Female Sexual Function Index (FSFI)

	Shapiro-Wilk		
	Statistic	df	Sig.
FSFI_Desire_pre	,929	13	,329
FSFI_Desire_pos	,719	13	,001
FSI_Arousal_pre	,877	13	,064
FSI_Arousal_Pós	,939	13	,445
FSI_Lubrication_Pre	,926	13	,301
FSI_Lubrications_Pos	,865	13	,044
FSI_Orgasm_pre	,977	13	,959
FSI_Orgasm_pos	,887	13	,090
FSI_Satisfaction_pre	,907	13	,167
FSI_Satisfaction_Pos	,927	13	,316
FSI_pain_pre	,828	13	,015
FSI_pain_pos	,825	13	,014
FSI_Total_pre	,893	13	,106
FSI_Total_Pós	,979	13	,973

Table 3. Skewness and Kurtosis tests of the Female Sexual Function Index (FSFI)

	Statistic	
	Skewness	Kurtosis
FSFI_Desire_pre	,182	-,361
FSFI_Desire_pos	-2,284	6,500
FSI_Arousal_pre	-,564	-1,075
FSI_Arousal_Pós	-,394	,132
FSI_Lubrication_Pre	-,250	-,772
FSI_Lubrications_Pos	,287	-1,365
FSI_Orgasm_pre	,162	-,579
FSI_Orgasm_pos	-,345	-1,236
FSI_Satisfaction_pre	-,088	,368
FSI_Satisfaction_Pos	,089	-1,049
FSI_pain_pre	-1,258	,997
FSI_pain_pos	,020	-1,880
FSI_Total_pre	,337	-1,399
FSI_Total_pos	,391	-,379

Table 4. Shapiro-Wilk normality test of the Five Facet Mindfulness Questionnaire (FFMQ)

	Shapiro-Wilk		
	Statistic	df	Sig.
FFMQ_Describe_pre	,856	13	,035
FFMQ_Observe_pre	,935	13	,399
FFMQ_actaware_pre	,937	13	,417
FFMQ_Nonjudge_pre	,892	13	,104
FFMQ_Nonreact_pre	,922	13	,265
FFMQ_Describe_pós	,894	13	,111
FFMQ_Observe_pós	,934	13	,386
FFMQ_Actaware_pós	,956	13	,692
FFMQ_Nonjudge_pós	,878	13	,067
FFMQ_Nonreact_pós	,961	13	,769
FFMQ_Total_pós	,904	13	,150
FFMQ_Total_pós	,977	13	,959

Table 5. Skewness and Kurtosis tests of the FFMQ

	Statistic	
FFMQ_Describe_pre	Skewness	,456
	Kurtosis	,517
FFMQ_Observe_pre	Skewness	,051
	Kurtosis	-1,056
FFMQ_actaware_pre	Skewness	,581
	Kurtosis	-,361
FFMQ_Nonjudge_pre	Skewness	-,133
	Kurtosis	-1,690
FFMQ_Nonreact_pre	Skewness	-,066
	Kurtosis	-,462
FFMQ_Describe_pós	Skewness	-,032
	Kurtosis	-,316
FFMQ_Observe_pós	Skewness	-,592
	Kurtosis	1,567
FFMQ_Actaware_pós	Skewness	,175
	Kurtosis	1,183
FFMQ_Nonjudge_pós	Skewness	1,059
	Kurtosis	,597
FFMQ_Nonreact_pós	Skewness	-,435
	Kurtosis	-,670
FFMQ_Total_pós	Skewness	-,881
	Kurtosis	-,216
FFMQ_Total_pós	Skewness	-,234
	Kurtosis	-,619

Table 6. Shapiro-Wilk normality test of the Personal Progress (PP) Scale items

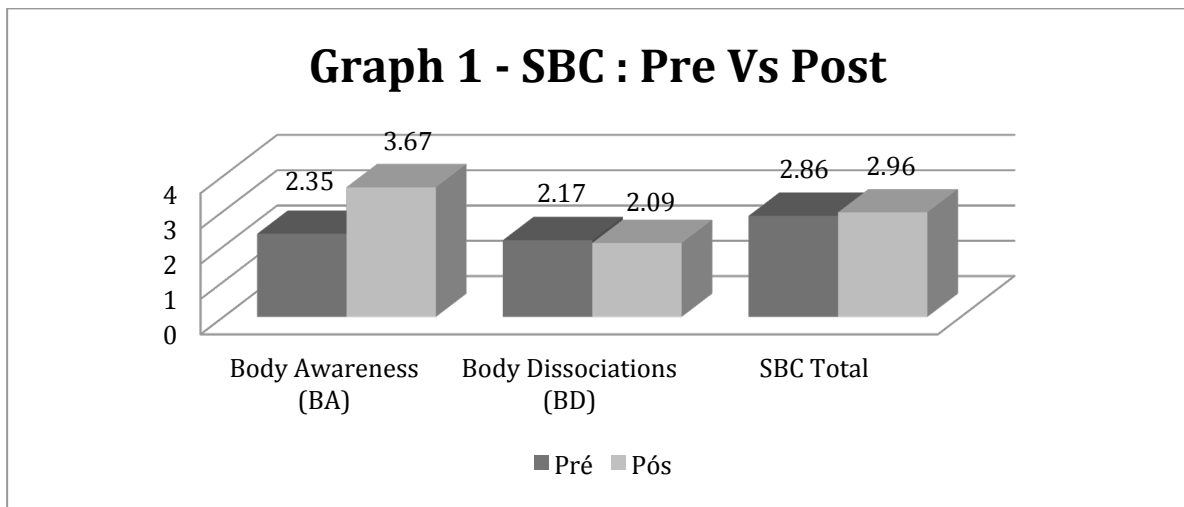
	Shapiro-Wilk		
	Statistic	Df	Sig.
PP1_pre	,847	13	,026
PP3_pre	,920	13	,252
PP4_pre	,894	13	,109
PP5_pre	,930	13	,337
PP8_pre	,879	13	,069
PP9_pre	,941	13	,470
PP10_pre	,898	13	,125
PP14_pre	,918	13	,233
PP15_pre	,796	13	,006
PP16_pre	,887	13	,090
PP1_post	,804	13	,008
PP3_post	,889	13	,094
PP4_post	,885	13	,084
PP5_post	,888	13	,093
PP8_post	,662	13	,000
PP9_post	,916	13	,222
PP10_post	,769	13	,003
PP14_post	,750	13	,002
PP15_post	,865	13	,045
PP16_post	,781	13	,004

Table 7. Skewness and Kurtosis for PP scale items

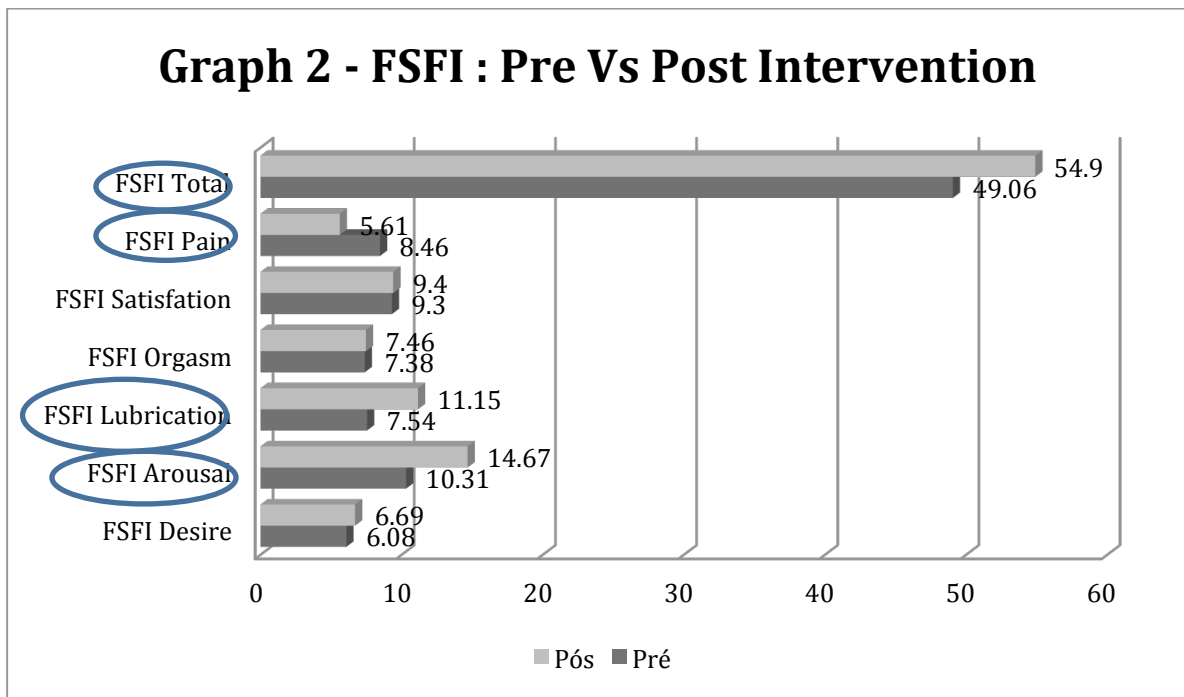
		Statistic
PP1_pre	Skewness	-1,115
	Kurtosis	,845
PP3_pre	Skewness	,484
	Kurtosis	-,996
PP4_pre	Skewness	-,602
	Kurtosis	-,166
PP5_pre	Skewness	-,019
	Kurtosis	-1,088
PP8_pre	Skewness	-,642
	Kurtosis	-,900
PP9_pre	Skewness	,284
	Kurtosis	1,329
PP10_pre	Skewness	,520
	Kurtosis	-,739
PP14_pre	Skewness	,327
	Kurtosis	-,895
PP15_pre	Skewness	,946
	Kurtosis	-,585
PP16_pre	Skewness	,689
	Kurtosis	,038
PP1_post	Skewness	-1,403
	Kurtosis	1,473
PP3_post	Skewness	,393
	Kurtosis	-1,153
PP4_post	Skewness	-,672
	Kurtosis	-,185
PP5_post	Skewness	-,344
	Kurtosis	-,772
PP8_post	Skewness	-,732
	Kurtosis	-1,609
PP9_post	Skewness	,632
	Kurtosis	-,379
PP10_post	Skewness	1,193
	Kurtosis	,698
PP14_post	Skewness	1,781
	Kurtosis	3,176
PP15_post	Skewness	,482
	Kurtosis	-1,392
PP16_post	Skewness	1,668
	Kurtosis	2,719

APPENDIX E (Mean differences for measurement scale pre and post test intervention)

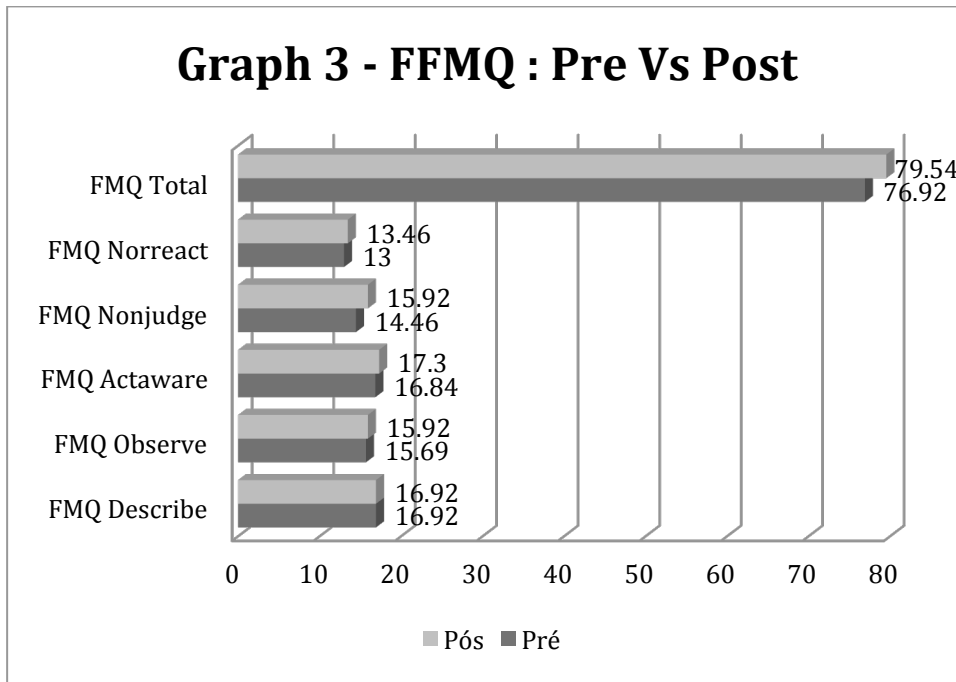
Graph 1. Scale of Body Connection (SBC) mean differences for pre and post test intervention



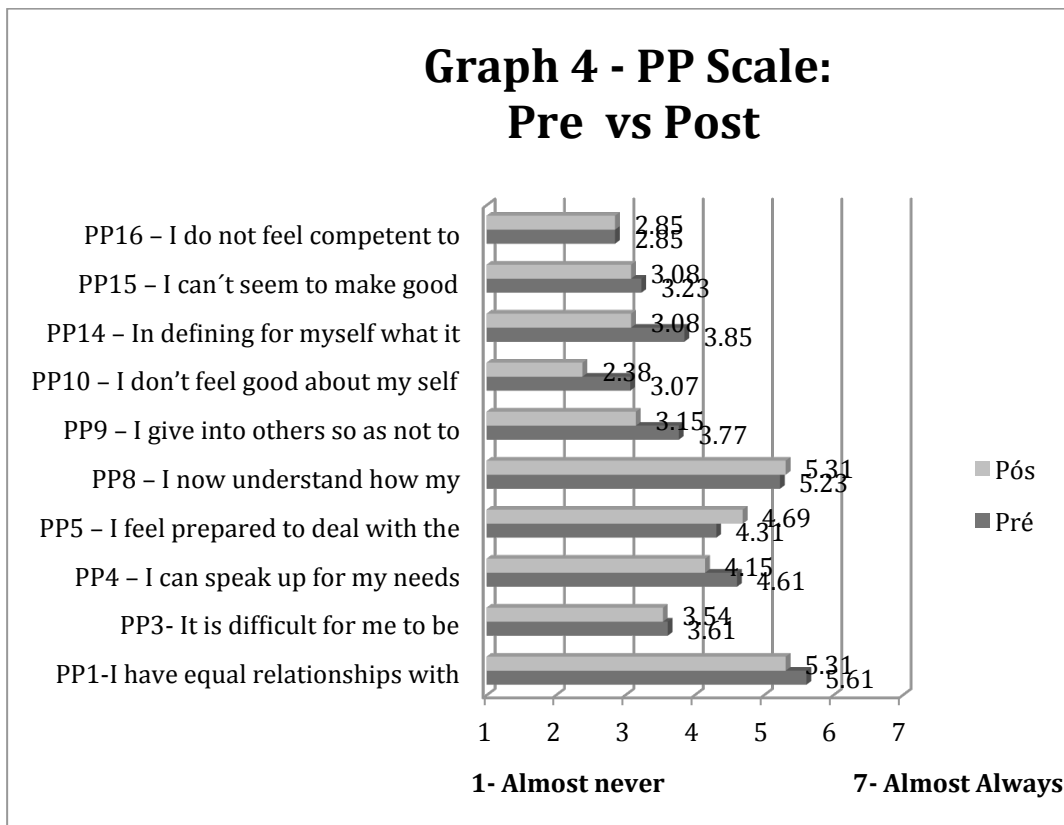
Graph 2. Female Sexual Function Index (FSFI) mean differences for pre and post test intervention



Graph 3. Five Facet Mindfulness Questionnaire (FFMQ) mean differences for pre and post test intervention



Graph 4. Personal Progress (PP) Scale item mean differences for pre and post test intervention



APPENDIX F (*Thematic analysis of Focus Group transcription*)

Theme	n	Sub-theme	n	sub-theme	Example
Feminine Empowerment	21	Feeling of worth and value regarding oneself and own female sexuality	7		<p>"It is mainly my value as a woman. My sexuality affirms my feminine side and that is valuable and is not to be wasted".</p> <p>"I'm feeling myself more as a woman, especially in these pelvis activation exercises (...)"</p> <p>"I am comfortable with the idea of not being with anyone at the moment, of not being sexually active because I understand that I am valuable and I respect that"</p> <p>"I had an insight from the very first session which was... reclaiming our own value and a huge stability"</p> <p>"And what was happening was that I was diverging from what I am and suddenly... I am not this... I am... more!"</p> <p>"Suddenly I said "what a great woman I am! Really! (...) of course I am! And great woman, because I don't like false modesties and I know I have made a great job as a human being, I have reached 48 and I like who I am, but this time it was very specifically: "What a great woman!", (...) and I still feel this way.</p> <p>"Ok, right now I don't have a partner so my sexuality isn't active. I haven't been with anyone for two years, and if I thought about this some time ago I'd think: this is horrible! But it isn't, it is regaining our sense of value and a huge stability and a great thing came out of it, which is appreciating my own company".</p>
					<p>"I became more aware that I have sexuality within me, independently of being in relation with the other (...) and to honour it"</p> <p>"I remember being on the floor and thinking... hmmm, this is good! And it's really just me"</p> <p>"I could clearly understand that through dancing I could appreciate my sexual and feminine side, of seduction and power through dance"</p> <p>"A greater presence in me"</p>
		Self respect	2		<p>"I have more respect for myself. It was something that I was losing. And here, it came to my mind that I know I have value, you know? And that my sexuality is valuable".</p> <p>"I will only share my sexuality to someone that deserves it"</p>
		Power, sensuality and seduction	2		<p>"I could clearly understand that through dancing I could appreciate my sexual and feminine side, of seduction and power through dance"</p> <p>"It made me more aware of a more sensual and available posture"</p>
		Connecting with the woman within	3		<p>"I'm feeling myself more as a woman, especially in these pelvis activation exercises (...) I feel I am increasingly getting to know myself better ... in this role, in that dimension (as a woman)... and it's nice".</p>

					<p>“When we did the exercise we were just talking about, the body phrase (‘me as a woman’), I remember the comment that she made that I looked like a little girl” “It activated this awareness, not total but this awareness of me, (name), feminine, woman... as a whole”.</p>
Expansion	1				<p>“What was happening was that, before I came here, it was as if I was in a process of closing. It was as if I was contracting to the limit, to the minimum. And suddenly I thought that, well there must be some kind of process, I have to do something that contradicts this tendency I’m doing”.</p>
Change	1				<p>“I thought to myself: Hey! This cannot be! How’s it going to be? let’s change?! Let’s redo things, let’s do it anew, let’s make way, make a new trail or a new situation, maybe what I was doing until now wasn’t what I wanted”</p>
Body image acceptance and Empowerment	2				<p>“Because I’m chubbier and taller (...), my step mom told me: You are fatter and you seem not to mind! She was shocked and I answered: yeah... (smiled)” “So we all know what it is to wear a bra (...), and it started to be a big bummer so I started thinking that I didn’t want to do it anymore, to wear it (...). I nearly stopped using it completely, and hope that one day I will, and that it stays there... in a drawer rotting somewhere”.</p>
Awareness/becoming aware	15	Inhabiting the body (body awareness)	7		<p>“Of becoming more aware of my body (...) I think that in a way I am progressively inhabiting my body more” “I became more aware of my movement” “We remain in intolerable positions for a really long time because we are not aware, and now I realised that I would come home, I’d be doing something and “no, I’m not comfortable” and I would change position and continue. And this is tiny, but it wasn’t mine, I didn’t use to do this before, I wouldn’t realise that my body wasn’t comfortable and that I had to change something” “I think that during the whole process there were a series of awareness insights/moments within me. One of them was my breathing” “There were very clearly here issues very related to specific movement situations that made me more aware of a more sensual and available posture” “This encounter with my own body moment” “what I do doesn’t contaminate, but also influences me as a human being (my body and my body expression).”</p>
Being present in the body, not the mind	2				<p>“Coming from the head to the body and becoming more aware of my body” “One of my problems is thinking too much and here I just decided... next time I will be able not to think and will manage to be like this, and when that would happen at a certain moment of a session I thought to myself “finally! (...)”. I think I managed to think less, a bit. To be less rational”.</p>
Respecting the body	1				<p>“Man, I’m not even respecting my own body! I’m breathing with just a little part of my body... and breathing is vital! It’s vital! I’m going to die if I don’t... really...”</p>

				WHAT?!" "(...) in the exercise we just mentioned, the body phrase of 'me as a woman', I remember her comment on how I looked like a little girl, and I went home thinking how in reality I spend my whole day with children (...) I really became aware of the way I express what I feel and more aware that what I do also... not contaminates, but also influences me as a human being" "It made me more aware of this relationship between giving and receiving" "Even in the touch exercises... the giving and receiving was a really powerful thing and I think I took some of that with me". "You had not only to observe but... you had to follow and be followed, you had to observe and accept it (...)"	1		
	Awareness of what influences 'me'				3		
	Awareness of giving and receiving						
	Greater awareness of oneself - of the 'whole'				2		"It activated this awareness, not total but this awareness of me, (name), feminine, woman... as a whole". "I thought to myself, "you are only taking care of one part, the rest of the body doesn't need elementary oxygen to survive?! No, it's the 'whole'" ... suddenly I thought to myself "let's connect to the rest, connect yourself to the rest of your body!" (...) And being here allowed me, amongst other things to have this awareness of the 'whole'. And it was really good... really... it was really good."
	Awareness of female patterns				1		"We women have a lot of patterns in common, which aren't at all bad, but of which we have to become aware".
Mindful 'moments'	Insightful moments				7		"I had an insight from the very first session which was ... reclaiming our own value and a huge stability" "There were moments in which I realised (...)" "And what was happening was that I was diverging from what I am and suddenly... I am not this... I am ... more!" "It activated this awareness, not total but this awareness of me, (name), feminine, woman... as a whole". "there were some moments that were really important (...)" "because we remain in intolerable positions for a really long time because you are not aware (...)" "There were moments that were important (...), really great and profound moments, which I think will come back in thought and which will help me reflect and deepen more... as a person, as a woman even maybe"
	Present moments				2		"I know that in that moment (...) because they were 'moments' (...)"
	Good moments				3		"Right now I didn't think, it was truly a blank moment" "I had really good moments, I really enjoyed it" "And it was really good" "It was really good! It was really positive!"
	Appreciating and recognizing beauty in other women				2		"I started recognizing value and beauty in all women, and that started changing the way I understood and dealt with women in my day-to-day (...), I walk on the
					6		

				street and I see and recognize this in women". "This thing of seeing beauty in others and accepting that others may see ours" "This thing of being able to see the other and to be with the other in their differences and similarities, I think was very liberating". "All of us are so different but it was so good!" "and that started changing the way I understood and dealt with women in my day-today, now I pass on the street and see and recognize this in women. To a certain point, I even start questioning myself about this 'adversary' thing, it is also something that doesn't make a lot of sense even, looking at other women as eventual adversaries... why?! Right?! I don't know... maybe it's an invention from men or society".
	Appreciating the difference in the other	2		"The awareness that we really are different, I acquired here specifically, and it made me broaden new horizons, I liked it... to gain awareness of that part"
	Attitude change towards other women	1		"It is really a sense/feeling of possibility: here everything is possible and all is accepted. And feeling this in a constant manner". "I feel more congruent, that I accept myself better" "Here people only accept you because they do, you know?! And that had a really great power, it created an environment which allowed for some things to evolve, take a few steps forward". "Here you had not only to observe, but... you had to follow and be followed, you had to be observed and accept it, and I think this exercise really... gave breath to the idea of accepting ourselves"
Acceptance	Open mindedness towards the difference in other women Inter and Intra-personal acceptance	1 4		"I felt very good while being looked at/observed. And that was very important, allowing myself to be on the other side of a 'free' look, in a 'free' way... that is really rare. This 'observer' thing for me is really powerful (...) I can be looked at and this look may be neutral, and that was really important". "I was able to be more serene, and like "no, I don't want to go there, so I'm not going, this is where I want to be", and more calm with my choices." "I am in a way progressively inhabiting my body more, and a bit more calm and secure about it"
	Seeing others and being seen by others in a non-judgemental way	2		"I felt very comfortable and it was very pleasurable when we played and thought about our childhood and all that" "It made me more aware of what makes me more comfortable and what makes me less comfortable" "It made me more aware of what makes me more comfortable and what makes me less comfortable" "I feel comfortable here and I've always felt comfortable here"
Relaxation and Well-being	Serenity and tranquility Comfort and pleasure	2 4		"Motherhood is something that came a lot to my mind here (...) and which moved me". "I found that in the weeks that I came here I would remember much more this that you were talking about... motherhood."
	Thinking about motherhood	2		
Motherhood		5		

		Transforming and overcoming distress regarding this issue	1	<p>"Some years ago I felt highly anguished with the image of a pregnant belly (...), it was the same as crying. My sister has had two babies (...), and it was funny because now in this last baby, her second baby (...), her belly was more flaccid and I don't know, she started talking about it and it was cute, another texture (...), and it was true that in the weeks I came I thought more about this (motherhood)".</p> <p>"Regarding this maternity/motherhood thing... I don't think I'm prepared to be a mother yet, but I felt "It is going to be so nice to do this!", I directly said "it is going to be so nice to do this!", I had never before put a sentence together saying that I was going to do this (...) It's nearly being able to feel calm with the perspective of doing this some day, without feeling anxious straight away (...), no, it was like "I want this", it is easy, it may happen, I just have to do this". I thought "WOW!".</p> <p>"Regarding this feminine thing, I felt a very beautiful and 'nurturing' thing here".</p>
The Archetypal Feminine	3	Nurturing/taking care and being taken cared of	1	"I felt here all the women that pass through our lives, and all the women that we are in our lives, from the mother to the daughter, to the sister to the friend, to the... I don't know, the most beautiful thing that you have ever wanted to be. There was room for all of them!" "I was feeling very connected with my grandmother, the mother of my father".
		Transpersonal connection with female ancestors and the collective unconscious	2	"Something that has been bothering me lately, sometimes unconsciously even is age (...) It all happened so fast and sometimes I still feel like a little girl. And it's funny because I think I was able to really integrate that here (...) Some of the girls here could be my daughters, but here we are all women!"
		Going beyond age: we are all women irrespective of age	1	"The importance of the group and the group itself, which was so important from day 1 (...) the group in itself was amazing... straight away a great thing was created between us, all of us so different but it was so great!" "I have a bit of difficulty in inserting myself in groups and I don't know, I feel comfortable here and I've always felt comfortable here" "The group was... (speechless)"
The Group	3	Importance of the group	3	

n = number of times participants mentioned theme or sub-theme.