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Circus Therapy:

Research into the use of Circus as a Therapeutic Medium in Child and Adolescent Psychiatry

Interne promotor: Mevr. Janna VAN DER HEYDEN
Externe Promotor: Mevr. Rika TAEYMANS

Bachelorproef ingediend door
Victoria POMPE

Academiejaar: 2020-2021

Tot het bekomen van de graad van Bachelor na bachelor in de Creatieve therapie – Afstudeerrichting: danstherapie

Abstract

The use of circus as a therapeutic medium is little known. It is an experiential therapy that draws on the spoken word, the body and circus techniques to enter a dialogue between patient(s) and therapist. This dissertation aims to explore the fundamental elements of circus therapy for children and adolescents in a psychiatric setting. With reference to Lacan's three registers, themes surrounding the body, language, risks, and artistic creation are explored. Other Lacanian concepts such as the therapeutic relationship, jouissance and the singularity of the subject are addressed from the perspective of therapeutic circus practice.

Circus therapy places the importance of the process above the product. This even holds true when a patient or group creates and performs a circus act. The main goal of the therapy is not to achieve a high level of skill but to use the medium to confront the patient with aspects of their symptomology and facilitate the path to singular solutions to their problems.

As there has been so little research into circus therapy, particularly when used in a psychiatric context, this paper attempts to map out the circus therapy landscape, with the hope of paving the way for further research and discussion.

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Acknowledgements

They told of how they found the circus, how those first steps were like magic (Morgenstern, 2011).

I have a lot to thank the circus for. The circus community has been like my family, raised me into an acrobat and circus-theatre maker and has given me my own family of (budding) circus artists. It has brought me to places far and near and taught me a lot about acceptance and celebrating differences. Without the circus I would not have found my three favourite acrobats, Wibbe, Milo and Oscar. Thank you three for being my past, present and future, for your unconditional love and support in helping me to discover what I am capable of. Samen staan we sterk. Always.

"No one ever made a difference by being like everybody else" P.T. Barnum

I would also like to thank the following people for not being like everybody else: Melanie and Goedele, not only for their teaching, but also for being inspirational role models as dance therapists.

My internal promotor Janna Van Der Heyden for her patience, advice, encouragement and for listening.

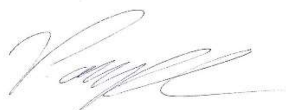
My external promotor Rika Taeymans for her enthusiastic input in this work. Her knowledge has been invaluable – a real circus madame in heart and soul.

My classmates for always being there and catching me when I needed it.

Lastly, I would like to thank Mieke, Marlies, Andries, Kristof and Eline for believing in me and giving me a chance to dream, experiment and discover the wonderful world of circus therapy.

This dissertation is dedicated to my Grandparents: Ray, Stella, Malcolm, and Mary.

Ondergetekende draagt de uiteindelijke verantwoordelijkheid voor deze bachelorproef en staat toe dat haar werk in de mediatheek van de hogeschool wordt opgeslagen en in zowel papieren als digitale versie ter raadpleging beschikbaar wordt gesteld.



Gent, Januari 2021.

Introduction

It is gratifying that an activity which is so strongly recognised as fun, should also present developmental, intellectual, and physical challenges, encourage social behaviour more creative and co-operative than competitive, and which has as its end product, an act of donation – of generosity.[1]

What is Circus Therapy?

Circus therapy is an experiential therapy form that can be classified as an expressive arts therapy (Meilman, 2018). It takes techniques from a variety of circus disciplines, such as trapeze, juggling or acrobatics that are are taught to participants in ways that aim to facilitate their psychological healing process. It does not require the use of animals. Circus can be used technically (learning a trick) or creatively (devising and performing an act), depending on the goals of the therapy for a specific patient or small group. Heller & Taglialatela (2018) argue that aspects of circus training and performance, when used in a therapeutic context, can benefit the physical and emotional well-being of clients. Circus may be used as an independent therapeutic medium, or in combination with one or more of the other arts therapies (dance, drama, music, or art) when working towards a show or as a specific intervention during a session. Meilman, (2018) argues that circus therapy can be chiefly used in two ways. She looks at "arts as therapy and arts in therapy" and states that:

therapeutic circus may be split into both. Some interventions take circus arts and place them in a clinical setting as a vehicle to further therapy, while some rely on the healing nature of engaging in circus arts to provide the therapy… An 'arts as therapy' approach may hold artistic or creative goals as the central outcome, while an 'arts in therapy' approach may see the arts more as a vehicle to further verbal processing.[2]

Whilst 'arts as therapy' can be very beneficial in many circumstances, this paper is interested in examining 'arts in therapy' in the context of child and adolescent psychiatry.

Circus therapy is largely unknown but is growing in popularity thanks to the emergence of social circus. Social circus is an umbrella term for any type of circus activity that works to achieve "personal development and social change" (social-circus.com, 2020). The organisation social-circus.com describes how "the transformative power of circus connects education, physical art and social development. Social Circus is more than teaching circus skills: it is a tool for transformation,

discipline, creativity and artistic expression”. They go further to say that “in its modern form, “Circus” has gone beyond mere entertainment: play and circus arts are tools for teaching social skills, overcoming trauma, and developing essential capacities and the ability to take responsibility. Social Circus shows the power of the arts as a tool for human development and social change” (social-circus.com, 2020).

Circus therapy is a highly specialised branch of social circus and requires that the facilitator undertakes extra training in the field of psychotherapy, with specific knowledge of psychopathology. When working with psychologically vulnerable patients, a social circus teacher without these qualifications may require extra guidance and support from others with specialised training in this field. At the time of writing, circus therapy is not a recognised therapy form by any official governing body.

In his work, Biru (2019) identified the Five C’s of social circus. He describes how these are the outcomes of the positive youth development programme ran in Addis Ababa. These are:

- “Competence -the positive view of one’s actions in specific areas, including social and academic skills.
- Confidence – an internal sense of overall positive self-worth and self-efficacy
- Connection - positive bonds with people and institutions that are reflected in exchanges between the individual and his or her peers, family, school, and community and in which both parties contribute to the relationship.
- Character – Respect for societal and cultural norms, possession of standards for correct behaviours, a sense of right and wrong (morality) and integrity.
- Caring – a sense of sympathy and empathy for others” (p. 8).

I would like to propose a sixth outcome of circus therapy and that is ‘Creativity’. The reason behind this and the role of creativity will be examined in chapter 4.1. (p. 33).

How is circus therapy used?

The very nature of circus as a tradition is based around community. The circuses that were popular during the nineteenth century lived a nomadic existence as touring communities. There are many that believe this is still the essence of circus today. Both traditional and modern circus appears to

have an attitude of acceptance and celebrates difference as opposed to the desire to conform and compete. In his book "Look at Me!" (2016) Desanghere discusses this and states "we prefer not to speak of (target group specific or inclusive) 'social' circus, but rather of 'community circus', circus that unites people and creates community"(p. 9). Maria Ronaldo, part of Belgian's famous Circus Ronaldo family described how they were always together. Without any effort they made stong ties with each other, which can appear to outsiders as if no one can penetrate it. Maria disagrees; 'on the contrary, everyone is welcome at the Ronaldo's'[3]. Everybody is also welcome in circus therapy, irrespective of their background, age, size, or capabilities.

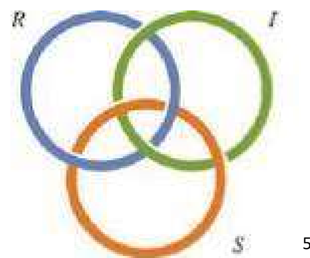
The path to learning a skill is more important in circus therapy than achieving the skill itself. The patients may be confronted with an aspect of their personality during a session, which they will have to learn to work around or overcome if they want to achieve the trick; whether it is learning to deal with the frustration of having the cognitive understanding of a juggling pattern but not yet having the physical dexterity to execute it or conquering a fear of jumping a somersault on a trampoline. Meilman (2018) writes about other possible benefits of skill building in circus therapy: "skills specific to circus arts can additionally improve coordination, focus, patience, frustration tolerance, and goal orientation, and can provide an environment for safe risk taking. Working closely with others in groups can increase collaboration, teamwork, communication, trust, and a sense of community and belonging" (Lafortune & Bouchard, 2011 in Meilman, (2018, p. 4)). As the aim is not to create circus artists with high skill levels but use the skills to further the individual and group processes, the nature of the work is to teach skills within the capabilities of the patients. Everybody is encouraged to work at their own level of ability, at their own pace, respecting their own boundaries and (physical and/ or psychological) limitations. This working attitude breeds little competition, only support and respect between individuals in the group. Biru (2019) "underlined that circus needs good communication, working in a team and caring for team members. If one is practicing circus, development of these characteristics is inevitable" (p. 40-41). This being important, there is little denial of the fact that the satisfaction of achieving a trick can also contain therapeutic value to the patient. According to Meilman performing a skill successfully can "improve self-esteem, sense of mastery, self-discovery, and confidence (2018, p. 4).

Why is Lacanian psychoanalysis a suitable perspective from which to view circus therapy?

This dissertation will examine circus therapy through the perspective of Lacanian Psychoanalysis. Lacanian psychoanalysis provides an appropriate foundation for circus therapy theory for several

reasons. Both circus therapy and Lacanian psychoanalysis consider the singularity of the patient. Lacan's Borromean clinic is directed to discovering the most singular of the subject, the solutions, and the symptoms the subject has found and uses it to rewrite the unbearable and cope with the real (Demuynck, 2016, p. 12). Van der Straeten (2017) states, beyond all symptomatic descriptions, there must be attention for the details of the most unique aspects of every subject within therapy. Even in group work, circus therapy operates at the ability and pace of the individual and addresses the problems (with support of the group) they are facing. It offers solutions to the problems within the medium itself. The fact that circus consists of a wide range of disciplines, from aerial to tight wire to partner acrobatics, means that it is easier to find an activity suited to a patient's needs, allowing them a greater opportunity to find specific solutions. It is normal within circus that a variety of disciplines are trained side by side in the same room. This also allows for singularity to be discovered and promoted within a group setting.

In his seminars, Jacque Lacan talks about three registers: The imaginary (the image, but also the resistance to), the symbolic (language) and the real (jouissance) (Foulon, 2017). The imaginary register sees the development of the human ego. It forms in relation to the mirror phase, where a child learns to recognise his own reflection, thus realising he is a person, separate from others. "For the subject to come into being, one must find ''a guide beyond the imaginary, on the level of the symbolic plane … This guide governing the subject is the ego-ideal (1988a, p. 141)[4]. The ego-ideal, according to Lacan, is the Other (caregiver) speaking. From that point on, the symbolic order (language, rules, and culture) dominates over the imaginary order, which is reduced to being a decoy" (De Mijolla, 2005, p. 799). The real can be defined as something that always returns to the same point but does not penetrate the conscious. Phrased differently, there are no words to describe the real as it remains unconscious. (Demuynck, 2016). The three registers do not stand alone but are intertwined. Lacan used the analogy of the Borromean knot; three interconnected rings that would fall apart, should any one of them be removed. Each ring represents one of the three registers.



[5]

The three registers seem like a good vantage point from which to view the landscape of circus therapy. It is important that the reader should know, although the registers are intertwined, during

this dissertation they will be visited in turn in three respective chapters and then examined interchangeably during the last chapter.

The core elements of this dissertation are a result of observations and experiences from working with children (age seven to twelve), adolescents (age thirteen to eighteen) and young adults (eighteen to twenty-four) in two psychiatric units in Belgium. The therapist worked from a psychoanalytic perspective. The patients are admitted to the hospitals with a variety of problems and were hospitalized for a period from two weeks, up to one year. Some of the patients were in day therapy, whilst the majority were in residential hospital care. The case studies used in this dissertation are taken from real sessions, but the names of the patients have been changed to protect their privacy. The author or this work does not suggest that circus therapy can only be given to young people. On the contrary, there are many examples worldwide of organisations who work with adults. This paper chooses to focus on a younger target group due to the abundance of examples from therapy sessions. It is also widely believed that “the values and structures of circus make it a significant developmental experience for young people” (Bolton, 2004, p. 1). There appears to be significantly more research that focuses on vulnerable youth groups’ experience of circus (therapy), which will be drawn upon throughout this dissertation.

The aim of this dissertation is not to paint a rosy image of circus therapy. Working with children and adolescents in the context of a psychiatric unit can be difficult at times. Not only due to the heart-wrenching stories of the patients but also the resistance they may have to (any forms of) therapy can be, at times, frustrating. The circus therapist works in the moment with whatever situations and emotions present themselves and whilst this paper gives many recommendations of methods and interventions, it is by no means a definitive guide to circus therapy. It is up to the therapist to find his or her own way of approaching problems and situations.

Chapter 1: The body

An energy field of women come together
to reclaim themselves – enriching life by
leaping off the edge not just for oneself, not just a marker for
one's own understanding. It is also a map for those who follow after us – sisters and supporters.
Shedding/ peeling away at those fears.
Magnetic women drawing energy through
physical/ performance work
Circus skills providing me with the opportunity
to reclaim my body and spirit"[6]

1.1: Self-image and body image

There are many definitions of what constitutes self-image and body image. They can become confused, sometimes referred to by other names, blending into a vague sea of unclarity. For the purpose of clarification, specific definitions of both self-image and body image will be chosen for use in this paper. They work in accordance with the author's personal interpretation of the words.
Self-image takes the psychological subject into consideration by looking at behaviour of a subject and more accurately, the way in which the subject views his own behaviour. The word 'behaviour' includes the following aspects: a subject's thoughts, feelings, reactions to the outside world, the way they relate to others and the ways that others relate to them (Güldner, 2017).

In their book entitled *Body Image and Body Schema: Interdisciplinary Perspectives on the Body* (1995) Helena De Preester, Veroniek Knockaert et al. attempt to untie the knot that is body image. In this book, Stamenov (2005) discusses the idea of Seymour Fisher[7] of not having a body image, but several body images that are interchangable, dependant on the environment and the circumstance (p. 28). De Preester & Knockaert (2005) state that "in psychoanalysis the body image has first and foremost a clinical importance. It is addressed and constructed throughout the free associations of a subject in analysis and witnesses of a subject's particular history on the one hand and of the particular logic of his or her interaction with others on the other hand" (p. 3).

The definition that will be accepted for the purpose of this paper is that the body image is formed by

the beliefs, perceptions, representations, and attitudes of the subject toward his own body as an object (Van Bunder & Van de Vijver, 2005).

1.1.1: Self-image

Circus in general incorporates a wide variety of techniques from club juggling to partner acrobatics, solo trapeze or diabolo. Individual specialisations are encouraged in the circus training space and it is common to have more than one discipline being practiced in the space at any one time. A unique talent, especially in a psychiatric setting can be of benefit to many patients. This not only breeds diversity but also gives the individual a sense of personal identity by being able to do something that others cannot. “The circus offers a unique environment for personal validation, affirmation and transformation” (Liebmann & Beissbarth, 1997, p. 37). Hans Vanwynsberghe (in Desanghere (2016)) says that “circus originates from the ‘freaks’ and the marginalised. Not surprising then that the circus arts work well on the margins… it elevates ‘being different’ from a problem to an art form” (p. 12). It is possible to suggest that this is a reason why circus therapy is such a accessible therapy form for young people in psychiatric settings. The patients are given the opportunity to be able to do things that nobody else can, setting them apart from the crowd in a positive way.

It is possible to find a role that suits everyone and as in many circuses and circus companies, people often have various functions and take on more than one role. This is reflected during therapy as the patients are encouraged to try out many skills and perform different tasks, not only during the sessions, but also during the set up and tidying up of the space. An example of how this works in practice can be seen during a partner acrobatics session. All patients are required to take on one of the four roles. The roles are flyer (person being carried), base (person carrying), catcher (person/ people that support and ensure physical safety, should the flyer fall) and coach (gives feedback on what does/ does not work or organises the group). The patients are encouraged to try out more than one role in a session, not only by the therapist but also by their peers. These roles are beneficial, not only for patients wanting to explore new possibilities but also for those who do not want physical contact with others, have trust issues in themselves and/ or others. Those who are new to the sessions and feel unsure about the medium or suffer from injury or physical limitation also profit from this system. The work is carried out in one group. Everybody stays together and changes role according to their own abilities and desires. This appears to build autonomy, initiative taking and allows the patients to set, but also extend their own boundaries, all of which play an important role in improving self-image.

When looking at self-image in relation to circus it is almost impossible to look past the phenomenon of perfectionism. Perfectionism is defined by the Collins English Dictionary as "the doctrine that a man can attain perfection in this life; the demand for the highest standard of excellence" (Collins, 1987, p. 735). Although the notion of perfectionism is impossible, many, including some of the patients that attend the circus therapy sessions, aspire to it. Perfectionism usually stems from a fear of failure, of losing control or not being appreciated. The circus therapy space provides a place to experiment, to make mistakes and occasionally fall on your backside! It is acceptable to make mistakes because instead, they can be referred to as 'learning experiences', which gives the patient more knowledge for their next attempt. Perfectionism is also strongly connected to control. Control provides the patients with a feeling of safety but sometimes causes an individual to stay inside their 'comfort zone'. By learning when it is appropriate to trust and let go, there may be room for personal growth.

This can be challenging at times, especially whilst considering some of the images surrounding circus artists. One only needs to look at the paintings of Chagall or Degas, read the poems of Robert Lax or even in fiction, like 'The Night Circus' by Erin Morgenstern (2011) to know that circus artists are often represented to possess an ethereal quality. The skills and routines are designed to appear effortless and easy. A review of Cirque du Soleil's *Luzia* in the British newspaper, the Guardian described one act as: "two graceful women on cyr wheels (like doing cartwheels inside a giant hula hoop) have a dreamy lyricism that makes their act like an extension of emotion rather than a demonstration of skill" (Winship, 2020). Even though circus artists are just like everybody else, the desire to believe the opposite seems to be stronger as we can see from one of Dicken's sketches of daily life: "Who ever knew a rider at Astley's, or saw him but on horseback? Can our friend in the military uniform ever appear in threadbare attire, or descend to the comparatively un-wadded costume of everyday life? Impossible! We cannot – we will not – believe it" (Dickens, 1903).

It is not the job of the circus therapist, to break these associations as it is possible to argue that they serve an aspirational function. Through support and encouragement from the group and the therapist, not setting the level of expectation too high and providing both positive and successful experiences, the patient could learn to accept his shortcomings and imperfections, realising that the circus is a celebration of being different. This aids the patients in anchoring a positive self-image. It is not uncommon for patients to run back to their group leaders after a session and proudly tell them about what they achieved in the therapy. At the end of a session, it can also be useful to offer a period of reflection upon the work to give room to the naming of qualities and achievements that

individuals brought to the session. It can also be a time to reflect upon what did not work so well and how it can be turned into a learning experience, instead of viewed as a failure.

1.1.2: Body Image

The individual goals of patients during circus therapy, although varied to suit the needs of the child in question, do share the common objective of allowing the patient to discover his or her body. It is not the intention of circus therapy to push the body to its limits but encourage the patients to explore what their bodies are capable of, how their body works, to increase body awareness and to create a sense of self and identity. There is no pressure to create a perfectly defined body that can be used by a choreographer or director, rather to give the patients autonomy over their own bodies and the ways in which they can use them.

It is important to note that body image does not directly relate to a mirror-image of the self or a visual experience of the body. In her work in 1984, paediatrician and psychoanalyst Françoise Dolto worked with blind children in a clinical setting. She reported that the children "were able to develop a complete and rich body image" (Dolto 1984: 64) in (Geerardyn & Walleghem, 2005, p. 300). This implies that body image is more multi-facetted than just the way a person looks. It also considers the perceptions and thoughts surrounding the body.

In the circus therapy sessions, individuals are encouraged to work at their own pace and within their own capabilities, learning ways in which their body works and honing movement skills that can benefit them in other aspects of their lives. By learning new movement patterns, room is made for previously unknown information about the body to be discovered. An example of this would be by learning to hula hoop a patient will learn to move their pelvis – an area that is sometimes blocked and immobile. It can also enhance the sense of having a 'whole body' and not one that is divided into upper and lower body halves, disconnected from each other at the pelvis region. Learning new movement patterns increases the likelihood of total body integration – having a body that functions in harmony whilst moving, where the movement of one body part has an influence on the others. People without integrative movement patterns tend to appear awkward when moving, as if their body parts cannot seem to work together. Hackney (2002) identifies two layers of integration as: "1. Bodily Integration using Movement – integrating the various body patterns and phrasing them for fuller movement possibility, 2. The Integration of Movement and Bodily Knowing into Life" (p.203). Simply put: "the whole is more than the parts" (Hackney, 2002, p. 201). Circus therapy is interested

in working with both of the suggested layers of integration. Firstly applying integration to the circus-specific movements, then applying them to the world outside the therapy space.

To illustrate the ways in which circus therapy can assist in the construction of a positive body image, the case study of Helen will be used. Helen, a sixteen-year-old girl with a negative body image came to the partner acrobatics sessions. She had been hospitalised on account of extreme self-harming and a suicide attempt. During the initial partner acrobatics group sessions, she hardly dared to do anything. She was afraid she was too heavy, would hurt others or would not be able to do what was being asked. She expressed her distrust in her body. She was encouraged to stay close to the group whilst the others were working. This way she became involved, first working as a catcher for some simple tricks and then trying them herself as a base or flyer. Before every exercise she would worry that she would not be good enough or that she was too fat to be carried, but gradually these comments became less frequent. Eventually the remarks stopped entirely. At that time Helen had found a level of confidence and trust in her body. She began to volunteer to practice the skills instead of waiting to be invited by someone. On good days she would even be able to demonstrate tricks to the rest of the group with the therapist, taking on the role of coach, explaining to the group what they needed to do in role of flyer to achieve the trick. This is an example of how the symbolic and imaginary registers interconnect, allowing the use of language to define body image and body movement.

What a beautiful thing we are growing: a circus of women. [8]

Women's Circus is an Australian circus collective that worked primarily with women who were survivors of sexual abuse but then opened their doors to women from all kinds of backgrounds. The women wanted to retake control of their bodies by improving their body images and increase their self-images through establishing their own goals and making socially and politically relevant work. The training offers a safe environment for the women to (re)learn how to respect, nurture, and reintegrate their bodies whilst (re)discovering how to trust others and to celebrate their individual strengths and qualities (Liebmann & Beissbarth, 1997, pp. 38-9). Their aims and objectives of the organisation were set out as follows: (Liebmann & Beissbarth, 1997, p. Preface page xvii)

- To reaffirm women's control over their bodies
- To build self-esteem through physical and performance work
- To allow women to set their own personal goals for development

- To enable women of different ages, abilities, shapes, and sizes to come together to create a theatre event which is of a very high standard.

Each woman had a different reason for attending the trainings and although they worked towards a (touring) performance every year, the women's personal process takes priority over the product. The community of women varies in abilities and skills and the women who worked in the training space or onstage are just as vital for the project as the women backstage and in the office. Together they make a well-oiled machine that has worked both locally and globally since 1991. It is worth noting that these aims and objectives could be adapted to any subject, regardless of their sex, gender or background.

1.2: The gaze

According to Lacan, the gaze is more than an eye, a look or being watched. Lacan's theory "is triadic including the subject (the one who sees), the visual object (the Other who is seen), and the gaze (a third locus)" (Ma, October 2015, p. 127). This can be further explained by using an example from a circus therapy session. Whilst the children are practicing there are often demands that the therapist watches them. 'Look at me! Look at me!' echo's around the hall. This phrase is so commonly heard in youth circus training, Steven Desanghere (2016) named his publication "Look at me!". In Lacanian terms the child wants to be the object of the subject (therapist). "Heavily backed with research, in support of Winnicott (2005), Schore (1994) makes the case for the relationship between the visual experience of both the infant and caregiver and the resulting socioemotional development of the infant" (Tuffery, 2011, p. 7). Winnicott (2005, in Tuffery, 2011) explains this maternal gaze as the mother's face being the first mirror of the child. The mother mirrors the child's expressions, giving conformation of the child's emotion. At this stage, the child experiences himself as symbiotic with the mother. During the next phase, the mirror phase, "children develop a notion of their own body" (Thibierge & Morin, 2010) and begin to recognise their own reflection, develop a sense of self, or rather, an image of themselves (an imaginary self). The child looks to the mother for confirmation of this image. What Lacan terms as the 'petit a' is the relationship between the child's body and loss of the mother's, the phallus (what his mother lacks) and/ or the acceptance that he cannot fulfil his mother's every need. The phallus, or petit a, takes in this case, the form of the gaze and installs the symbolic body of the child (Tuffery, 2011). It could therefore be argued that the patients in the circus therapy sessions place themselves continuously in the position of object, searching for confirmation from the subject (therapist) of the symbolic image, confirmation of their individuality.

Circus therapy sessions with adolescents can be very different to the sessions with the children. The adolescent patients tend show more resistance to the gaze than the children's group, although it is not a rule set in stone. This resistance can be explained by looking at the subject in relation to the Other. The subject fears failure in the eyes of the other, wishing not to be judged. For the subject, the gaze is intrusive or threatening. There is a subtle difference between wanting to be seen and not wanting to be seen. The children that want to be seen are looking for confirmation of success from the Other, whilst those who do not want to be seen wish to avoid being seen as a failure. There are many reasons why this can occur and is not always apparent for the patient or therapist. The best way to react to this situation as a therapist is to take a singular approach. As the patients often do not know why they freeze when other people are watching, working patiently with them the therapist can help them find their own solutions to the problem. Sarah, a fourteen-year-old girl who experienced difficulties in working whilst everybody watched, found a solution by asking the group if they could face away from her every time she jumped on the trampoline. At first, only the therapist could watch. The group respected her wishes and eventually she built up the confidence to jump whilst the whole group watched. This is just one example of how a patient found a way to approach this problem but there are as many solutions as there are patients, if not more!

1.3: The role of the therapist in supporting a positive self-image and body image

It is largely assumed that the circus therapist, like other (arts) therapists, has knowledge and understanding of a patient's problems and how to solve them. It is expected that the therapist can read meanings in the work that are invisible to the patient, that the therapist has creative methods that can solve the patient's problems (De Valk, 2017, p. 114). It is true that a therapist can offer a variety of techniques and interventions. The outcomes of these are, however, previously unknown to the therapist. As there are no magical solutions in therapy, the circus therapist can follow the same approach as Lacan who introduced his discourse theory to reinforce social ties and therefore, the therapeutic relationship. The four discourses are: the discourse of the master, the university, the hysteric, and the analyst.

According to psychoanalysis, it is better for the therapist to avoid working in the discourse of the master. "The master's discourse is a discourse of imperatives, to be obeyed for no other reason than that they are the master's imperatives" (Glowinski, Marks, & Murphy, 2001, p. 66). The therapist does not possess this authority over the patient, nor has the right to. The discourse of the university has its connections with the master's discourse. Shared knowledge stands at the forefront, but an

external ‘objective’ point of reference is used to reduce the subject to an object of knowledge (Van der Straeten, 2017). As previously stated, the answers to the questions are unknown by the therapist and often by the patient as the unconscious plays a central role. This discourse is also unsuitable for the circus therapist.

A challenge for a circus therapist is to stay out of the discourse of the hysteric. This occurs when the patient (subject) places the therapist in the position of master and directs his question towards the master, expecting solutions (Van der Straeten, 2017). The therapist’s experience in circus techniques is apparent and the patients often want their therapist to step into this discourse, especially when a trick fails, or frustration, fear or uncertainty are prevalent. The patients simply want to be told what to do. Instead of stepping into this discourse, it may be beneficial for the circus therapist to work in the discourse of the analytic. The therapist must put his own knowledge to the background, placing himself in a position of ‘not knowing’, making room for the patient’s self-discovery, growth, and healing (Demuynck, 2016, p. 51). This finds the singularity of every patient and gives them autonomy over their process. It also works with the issues specific to the moment, using the material that the patients bring to the session. There are certain rules that are to be adhered to, in order to partake in circus therapy. Whilst this feels like a strict, authoritarian concept and ill-fitting of the analytics’ discourse, it is necessary to ensure a safe working environment, building a trusting space for the group. The rules in circus therapy are simple: Treat yourself, others and the equipment with respect and care, whilst having fun! Circus therapy demands rules and coaching, that is singular of the medium. It places the therapist in a double role: therapist/ analyst and simultaneously, coach/ trainer. Being in the position of ‘not knowing’, as in the analytic discourse, is different from the directive quality of the coach. The latter, however, is necessary when concerned with matters of safety. It is therefore important that the therapist departs from the basis of the discourse of the analytic (putting his own knowledge to the background) to allow the patients autonomy in their process, whilst offering containment, ensuring a safe working environment.

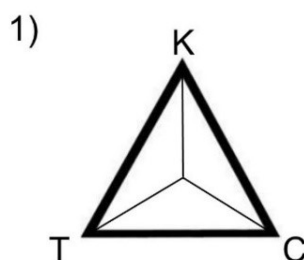
The therapist’s role is to help the patient construct a positive self-image. The therapist can act as a mirror for the patient, providing constructive feedback on the patient’s attitude towards practice and towards themselves. “Mirroring”, first used by Marion Chace in early dance therapy, works by reflecting the intrinsic and extrinsic experiences of a patient (Levy, 1988). “Being mirrored by others (validation) and taking centre stage (perhaps in the middle of a circle) can concretize and reconfirm his own identity and experience the moving self (Capello, 2016, p. 84). It is interesting to note that Capello uses a circle in her example as it has a profound link with traditional circus that was

performed in a ring. A circus therapist can use mirroring in much the same way, giving the patient an idea of the way in which he performs a skill, his style of movement and to reflect the positive elements of his working process. It is also a useful tool in helping patients to identify their mistakes when a trick is unsuccessful.

It is important that the therapist ensures that the patient works at the right level of difficulty and this can vary according to the needs of the individual. Some patients will be given simple tasks, providing them with a success experience and a sense of achievement and capability. Others are encouraged to work a little above their level to expand their boundaries through overcoming a new challenge. Some patients require an extremely structured session to feel a sense of achievement whilst others need to take their learning into their own hands and discover new tricks and ways of moving for themselves. It is up to the circus therapist to examine the singularity of the subject by assessing what the individual needs are and offer the activities accordingly. With both this and the four discourses in mind, the question is then raised: how much input into learning a skill should a circus therapist bring to the therapy?

To answer this question, a couple of factors will need to be examined: the trick that is being taught and the needs of the patient/ group. More specifically, it is necessary to look at the knowledge the patient(s) have about the technique or similar techniques (gymnastics, dance…) and their level of confidence in themselves at that moment.

I would like to propose a model that shows the association between the level of knowledge and confidence of the patient and the amount of hands-on guidance a circus therapist gives. In this diagram (Fig 1) ‘K’ represents the knowledge of the technique or similar techniques, ‘C’ represents the patient’s level of confidence and ‘T’ represents the therapist’s input into the sessions. The length of the lines of ‘K’ and ‘C’ determine where the midpoint is situated. The third line, ‘T’, is then drawn in.



The more confidence and knowledge a patient has, the longer the lines. The meeting point of these lines will determine how long the therapist's line will be and therefore how much input is needed. This suggests that patients with a lot of knowledge and confidence requires less therapeutic input (fig 2), whereas somebody with little knowledge and little confidence need a lot of the therapist's input (fig 3).

It could also be argued that the lines of the triangle represent the therapeutic relationship between the patient (C) and therapist (T) with the knowledge of the medium (K) as a third point connecting the two.

The problem with this model is that it is not possible to accurately measure knowledge and confidence. This model therefore relies on attunement by the therapist with the patient, through observing verbal and non-verbal signals and asking questions to find out how the patient is feeling about a task. This model requires further investigation and research in the future.

Why is this model only relevant in circus therapy and not to regular circus classes? The sole aim of circus therapy is not to become a good acrobat or juggler. Instead, the therapeutic processes are central. The final product, or being able to reach a high skill level, is less of a priority. Learning about yourself and your body in relation to others and their bodies takes priority. It is a medium through which to seek out the singularity of the subject and find solutions to their symptoms. Many patients in a psychiatric setting are not hospitalised long enough to develop a broad skills base and reach a high level. There is not a ranking system of abilities and different groups for different levels, everybody practices together.

Whilst a teacher plans a circus class, the circus therapist focusses upon the importance of interventions that acknowledge the here and now. A reoccurring example in the trampoline sessions for seven-to-twelve-year olds takes place whilst they are waiting in line to jump the mini-trampoline.

The concept of taking it in turns and deciding who goes first, second, third… can take up a large part of the session, causing arguments and tears as well as many other emotions. The author feels that it is important to give time to these moments. Whilst the children are not busy learning trampoline skills, they are learning life skills that will help them find a place and a role in the group. Berk (2005) states that a psychotherapy is comprised of a complex series of processes that for the most part, occur under the surface. The members of the group experience many incremental changes during a group therapy session, but only a small percentage is directly observable (p. 56). It would be unlikely that an entire circus class would focus on the art of standing in a line, whereas in a circus therapy session, this is entirely possible if there are situations and emotions to be worked through.

It is important that the therapist possesses a high level of technical circus skills. This helps build a sense of safety and trust within the sessions. It is easier to trust someone with much experience who is standing by, ready to catch a trick that could be physically dangerous. This in turn can help to promote a positive transference between the patient and therapist. If a therapist demonstrates a trick with a patient, it could potentially serve as a catalyst for the transference by offering a positive or successful experience. The therapist's own desire to work in the medium can also affect the transference. The therapist's passion for his medium could ignite a desire in the patient, making the transference possible.

Some patients only want to work with the therapist during partner acrobatics, due to trust issues within the group or fear of physical contact. It is up to the therapist to react accordingly, depending on the situation at that moment. The main issue to bear in mind is that the choices the therapist makes can influence the transference. According to the Lexicon in book 11 of the works of Sigmund Freud (1912b p. 105), transference occurs when previously felt emotions are intensely re-experienced towards the therapist. This is one of the ways in which psychoanalysis reveals information about a patient's past in present day processes (Almond, 2011), put differently, the unconcious becomes activated and searches for a way of expressing itsself. (Starks Whitehouse, 1999). According to Lacan the repetition of these unconscious processes indicates the ways in which a patient protects himself from the real by avoiding it. The transference makes room for the regulation of, and connection with the symbolic, the imaginary and the real (Guéguen, 2014). It is also widely accepted that the process of transference plays a central role in the healing process (Alvarez, 2014).

Chapter 2: The culture of practice

Something about the circus stirs the soul, and they ache for it when it is absent. They seek each other out, these people of such specific like mind. They tell of how they found the circus, how those first few steps were like magic. Like stepping into a fairy tale under a curtain of stars… When they depart, they shake hands and embrace like old friends, even if they have only just met, and as they go their separate ways, they feel less alone than they did before.[9]

2.1: Play

An important aspect of circus therapy is the play element. “Play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth” (Ginsburg, 2007). Children need to play to express themselves and to discover and master many elements present in their world (Pulles, 1978). Play is a child’s version of Freud’s term ‘Free Association’ (Holowchak, 2011) as they are unable to verbalize all their thought processes coherently. Freud stated that:

The child’s best-loved and most intense occupation is with his play or games. Might we not say that every child at play behaves like a creative writer, in that he creates a world of his own, or, rather, re-arranges the things of his world in a new way which pleases him? It would be wrong to think he does not take that world seriously; on the contrary, he takes his play very seriously and he expends large amounts of emotion on it. The opposite of play is not what is serious but what is real. In spite of all the emotion with which he cathects his world of play, the child distinguishes it quite well from reality; and he likes to link his imagined objects and situations to the tangible and visible things of the real world[10]*.*

A child’s play often involves pretending to be something or somebody else. “Children’s play, like their dreams, is relatively uncomplicated. It is determined by a single, unconcealed wish—to be and act like an adult—that allows for pleasure through libidinal release” (Holowchak, 2011, p. 4). It could be therefore argued that training circus may give a child a chance to play other roles, such as the girl in the beautiful costume, balancing on a tightwire or the diabolist who can throw the diabolo high into the air. One only needs to look at most of the professional aerial equipment used in circus and he will see the similarities between trapezes or ropes and the swings and climbing frames in a children’s playground. The circus is a place to play!

It is therefore important that the circus therapist does not lose sight of this aspect when getting bogged down in techniques, goals and safety and can allow room for spontaneity, and laughter. Desanghere (2016) highlights a further reason for the necessity of pleasure in the circus space. He argues that “A group in which people genuinely laugh together, encourages people to be themselves and this builds mutual trust and community. The coordinator does not have to be a joker or a clown or entertain in any way. In a group environment that is comfortable, this will develop spontaneously” p. 42. This ties back in with the theme of self-image from the previous chapter. Play not only helps a person to discover different aspects of themselves and the world around them but also to have the freedom to discover, construct and then express their self-image.

What happens if a child is not given enough chance to play? Reginald Bolton (2004) suggests that “if the experience (of play) is denied in childhood, then it will surface in the adult, often in inappropriate ways and with negative consequences” (Bolton, 2004, p. 22). He goes on to propose that “the late emergence of repressed childhood behaviour may similarly prove to be socially pathological” (Bolton, 2004, p. 22). Peter Gray argues in his article on *The Decline of Play and the Rise of Psychopathology in Children and Adolescents* that “without play, young people fail to acquire the social and emotional skills necessary for healthy psychological development” (Gray, 2011, p. 444). It would be an interesting area of research to examine the impact that play through circus can have when used by adults who suffered from adverse childhood experiences. It is evident that further research into circus therapy is needed.

2.2: The language of circus

The target group for this dissertation (children and adolescents) are not always able to articulate themselves fully in the spoken word, which is why a ‘non-verbal’ therapy form can be effective in establishing content and meaning of unconscious processes. That said, language plays an important role in circus therapy. Reassuring words of encouragement can build an atmosphere of trust; words of praise or admiration given at the right moment, could build self-confidence. It is an important and direct way to tune into one another and helps the therapist assess the psychological state of the patient.

Lacan argued that a person is a subject of language. “In his preface to the English translation of The Four Fundamental Concepts of Psycho-Analysis, Lacan wrote: 'I am not a poet, but a poem. A poem that is being written, even if it looks like a subject' (1978, p. 5 in (Glowinski, Marks, & Murphy, 2001,

p. 192)). For both arts therapy and psychoanalysis, the medium is not an expressive or communicative channel that serves to articulate what the patient desires to say. Instead, the medium determines what is said and establishes the content or meaning, prior to it being said (Hoens, 2017, p. 45). Although language plays a crucial role in the therapy, circus as a therapeutic medium is largely non-verbal. The medium itself provides its own language that serves as a playground and rehearsal space for forms of self-discovery and expression and can reveal the desires and jouissance of a subject. This will be explored further in chapter 3.4. (p. 31).

Language is important in the circus space to create a therapeutic symbolic framework that advocates safety and containment. It can therefore be argued that language has a psychological influence on the patient's attitudes. By using positive expressions, (for example, instead of saying 'I can't do it', the patients are encouraged to say: 'I can't do it yet') they are reminded of the work and repetition required during the learning process and not only of the product. Reginald Bolton addresses this issue in his paper entitled *Why Circus Works* (2004). He presents a list of words that are forbidden in the training, a list of "circus swear-words: 'No, can't, impossible, embarrassing, difficult, hard'. Accepting this vocabulary restraint works like neuro-linguistic programming, and results both in accomplishment in the circus class and a more positive attitude outside. Circus children not only aspire to success, they come to expect it" (p. 190-191). The author argues that whilst language can have a positive influence on attitude and behaviour, imposing a list of forbidden words is counter-productive within circus therapy. Not only do certain patients need to learn how to say "no" (see chapter 3.3, p. 30) as a way of installing personal boundaries, being able to articulate your feelings about a task should not be taken away by the Other. By placing censors on what may (not) be said, puts the therapist in the discourse of the Master (see chapter 1.3. p. 13). It also inhibits free association, which is important to revealing unconscious desires, explaining certain behaviours, and unravelling symptoms.

As previously discussed in chapter 1.1.1. (p. 9), concerns about the risk of failure is a very common theme within the circus therapy sessions. "Failure is highly educative and yet to be perceived as a failure is potentially damaging" (Hartley, 2013, p. 114). The patient's use of language, positive speech and banning 'circus swear-words' can assist in the belief that failing does not necessarily need to be classed as a 'failure', but a 'learning experience', required to promote growth.

The therapist uses verbal instruction to explain the way in which a skill is to be performed but, in many cases, this alone is not enough. There are often many small steps needed to complete a skill

and visual explanations can help anchor the meaning of what is being asked, especially because the postures stand in stark contrast to everyday movements. Here is an example: ‘Kneel on the mat and place your hands in front of you on the floor a little wider than your knees. Place the top of your head also on the floor, equal distance from your hands but further away from you, so that your head and two hands form a triangle. Straighten your legs as much as you can and then bring your feet off the floor into the air.’ This complicated description is for a head stand, which most people will be familiar with. The explanation can make it sound more complex and confusing than it is. By demonstrating the skill or even using movement and gestures to construct a visual picture of the skill, the meaning of the explanation is visually anchored, increasing chance of success. This is what is known as learning by imitation. The use of mirror neurons can assist in learning a skill. If the person seeing a skill being performed is familiar with the movements, it is easy to transfer the skills via mirror neurons, creating new neural pathways, for example, if someone knows how to balance a headstand with bent legs, they should not have too much difficulty in understanding the concept of a headstand with straight legs. If the movement repertoire is unfamiliar, for example the first time someone sees an aerial trick, the skill will need to be broken down into simpler, recognisable movements belonging to the person’s movement repertoire (De Preester, Ways of learning: Two phenomenological logics and the mirror neurons theory, 2005).

This also leads to the possibility of using circus as a ‘universal language’ for people from different language backgrounds or young children. Bolton (2004) stated: “whether attempting the trick or watching it in the circus, words are unnecessary, yet as with music, the emotions are engaged immediately and wholly” (p. 191).

There are other forms of non-verbal communication in circus. To agree a tempo of a trick, breathing together is often used in partner work. Squeezing the hands or tapping the leg can function as a signal, which agrees timing, telling your partner you are ready. Both techniques work towards improved consensus between partners and members of the group, increasing the awareness of body signals and sensations. It can even have a positive influence on the therapeutic relationship, building trust and teamwork. Eye-contact also provides a useful means of non-verbal communication for a variety of reasons. Not only can it promote trust, negotiate timing, and help partners tune in with each other, but it also enhances social skills and enables the reading of emotions and expressions in others.

The group in the children's psychiatric unit changes regularly, with a new patient being admitted once one has been discharged. This presents a wonderful opportunity for peer-assisted learning within circus therapy. Peer-assisted learning occurs when certain knowledge is passed between two people of equal status. Those who pass on the knowledge are not teaching professionals and by doing so, learn from the experience themselves (Topping & Ehly, 1998). The more experienced children in the group are encouraged to offer instruction and support to the newcomers. After some weeks, those newcomers become more experienced themselves and in turn, give explanation to the newer patients and so forth. The therapist encourages this, not only due to the results of studies, which reveal that peer-assisted learning can prove more effective than student/ teacher learning (Topping & Ehly, 1998), but also to improve group cohesion, offers the practicing of giving and receiving of feedback and to encourage independent working. Competition with peers is discouraged, but friendly competition with yourself is permitted. It is acceptable to want to beat your own record of catches when juggling three balls but comparing your record with that of your neighbours is not necessary. The individual's progress is paramount.

2.3: Physical contact and touch

Touch is fundamental to the human experience. It is an essential component of socio-emotional, physical, cognitive and neurological development in infancy and childhood (Hertenstein, Keltner, App, Bulleit, & Jaskolka, (2006)) and an important form of nonverbal communication throughout life.[11]

According to Bolton (2004) "youth circus presents a context for non-abusive, consensual touch, which may in some cases make good a deficit in a child's tactile experience" (p. 38), "it is necessary, functional and supportive… and part of a child's development" (p. 193). The act of physical touch encourages body awareness, not only of your own body but also that of another. In the right context it can possess emotionally strengthening qualities, helping patients to experience their bodies in new ways and to confirm a positive body image. An example of this would be whilst performing a counterbalance with a partner. Both parties are outside their centre of balance and the contact feels sturdy and reassuring, keeping the acrobats safe. These postures are impossible alone as one would fall over, only the physical contact and the body weight of the other makes it possible. The acrobats gain experience of what it feels like to be outside of the centre of balance, thus contributing to their understanding of proprioception. If the trick is successful, it may lead to a more positive self-image or an increased trust in the capabilities of their own body (body image) and the bodies of the partner. Even if the trick fails, the flyer may have gained increased trust in the catchers who made

sure she did not fall and injure herself. The catchers in turn, may have gained respect for themselves through the way they caught the flyer.

According to the rules of traditional psychoanalysis, physical contact between a patient and therapist should be kept to a minimum as it makes the therapeutic relationship complicated (Casement, 2002). There is a similar attitude in the approach to physical contact in circus therapy as contained physical contact is paramount. It is via the spoken word that contact is made predictable, can be mediated and serves the function of the technique. It is true however that the contact, which is sometimes required in circus therapy is far more intimate than during traditional psychoanalysis. It is therefore wise to look to other methods for inspiration surrounding types of touch.

During the previous century, Veronica Sherborne developed a method of working with young children with a variety of physical and psychic disorders. She studied parents' movements during moments of affection with their children and tried to re-create these patterns within her therapy. By working with three types of touch, different facets of the child's development were promoted. The three types of touch are 'supportive' (one person supporting another – carrying, embracing), 'against' (two people resisting each other – pushing, play fighting) and 'cooperative' (physically working together to achieve a common goal) (Taeymans & Van Bouchout, 2019). She saw the importance of physical contact in child development and how enriching moving and playing together can be for the parent – child relationship (Taeymans & Van Bouchout, 2019). This led her to form "the conclusion that all children have two basic needs; they need to feel at home in their own bodies and so to gain mastery, and they need to be able to form relationships" (Sherborne, 2021).

Sherborne Developmental Movement has been used in many forms, in physiotherapy, yoga, dance and circus. As partner acrobatics and aerial work uses the three types of touch described above, it is possible to argue that partner work in circus therapy can fulfil a child's basic needs as set out by Sherborne. Partner acrobatic classes for parents and young children, or 'circomotoriek', as developed by Rika Taeymans in Belgium are given to many groups, both as regular classes and as social circus activities. Circomotoriek sessions between parents and children in child psychiatry was being conducted by the author, but due to the outbreak of Covid-19, the sessions have been put on hold[12].

In circus, touch can have different functions: for a boy who fears jumping a back somersault on the trampoline, the therapist's hand on his back may promote feelings of safety, trust, and

encouragement. The therapist's other hand may be placed on the back of his legs, if needed, during the execution of the somersault to guide or assist the direction of rotation. A hand again on the back during the landing phase encourages stability, indicating that this is a place for stillness. In partner acrobatics and aerial, physical contact is unavoidable in every circumstance, not only between the acrobats, but often by the catchers, whose job it is to ensure safety.

Mary Starks Whitehouse looks at the use of touch in (dance) therapeutic conditions. She argues that when using touch, "not only do you touch the physical body in front of you but, through the body you touch the other layers of existence constituting the entire person. These are stirred up, penetrated, by being touched" (Starks Whitehouse, 1999, pp. 68-69). She explains further that this can be viewed upon as both positive and negative within therapeutic treatment. Somatic work has the power to access a source of healing and creativity that is difficult to reach via the spoken word alone. This is due to all experiences being situated and held within the body. Touch can turn the transference between the patient and therapist into an intricate situation as both people are physically engaged with one another. It should go without saying that the experience of touch should be only for the benefit of the patient and not in function of the desire of the therapist. Consent is of paramount importance during the sessions. Not only between therapist and patient, but also among the patients themselves. This occurs via the creation of a framework of rules through the spoken word. The type of contact that is (not) tolerated must be clear to all who take part in the sessions and everyone must appreciate that consent may be given or taken away at any time.

The concept of attunement is also vital for the therapist, as the patient may verbally articulate "yes", whilst her body is giving off signals that point to a "no". The therapist must hold awareness of the possibility of creating too strong a positive or negative transference through touch (Starks Whitehouse, 1999). Hartley (2013) states that "the act of touching is similar to that of an intimate tactful duet. It demands the full attention of the practitioner/teacher and an acknowledgement of the internal and external conditions of the encounter within the momentary" (p. 117).

On the children's psychiatric ward there are many patients who have developed bonding disorders in the early stages of childhood. Some patients are survivors of physical or sexual abuse. Others may suffer from a severe lack of trust in themselves and others. Whilst working with these patients, the circus therapist should offer empowerment to the individuals, creating a sense of autonomy. The therapist can achieve this by approaching each subject in a singular way according to Lacan's Borromean clinic (Demuynck, 2016).

The power of touch can be illustrated through the case study of Ben. Ben is a boy of sixteen years old. He was admitted into residential care on the children's psychiatric ward due to his unpredictable and aggressive outbursts. During his first session of partner acrobatics Ben participated in the group warm up but during the partner acrobatics practice he sat at the other end of the hall to the rest of the group with his head in his hands. When asked if he were alright, Ben could not reply. He was breathing heavily and appeared to be approaching hyperventilation. Through sensory exercises, he was brought back into the moment and was told he did not have to do anything in the session that he did not feel comfortable with. He asked to remain seated away from the group for the rest of the session. As the following sessions passed, Ben moved closer to the group but did not dare to physically involve himself. He explained that he did not trust anyone to touch him and possessed too little trust in himself to catch or carry anyone else. He could not even take on the role of 'coach' for fear of saying something wrong. During one particular session, Ben was standing near the group who were working on a difficult skill. It went wrong and the flyer fell towards Ben who was able to spontaneously stop the girl from injuring herself. Ben was shocked at his reaction but simultaneously impressed! From this point on, Ben tentatively became a catcher for the group, gaining trust in physical contact, first by holding somebody's hand as a support, then offering his shoulder, supporting someone at the hips… After several months, Ben asked the therapist if he could try a particular trick with her working as his base, he wanted to be the flyer. The amount of patience and trust that had been built up over the previous months were put into practice as Ben's feet came off the floor and he was in a balance, supported by the therapist. Ben was able to relax into the physical contact enough to enjoy performing the trick. He received an applause from the group for his efforts. After that, Ben was always the first to want to demonstrate a skill to the newcomers. He was able to take on any role; flyer, base, or catcher, without being overwhelmed by fear.

Chapter 3: Taking risks

The circus collects the outsiders like a flame tempts moths[13]

3.1: Circus as a space for taking risks

As children we are often forbidden by our carers to do things that involve a certain amount of risk-taking. Part of growing up is learning to assess risks through evaluating your own abilities in relation to the task at hand. Not everybody is given this chance to experiment with risks. Depraz (2005, p. 173) argues that "there is a growing tendency today to "overprotect" living beings against any possible danger, thus wishing to leave no more space for uncertainty. Yet, you will never be able to eliminate all danger, so that you will in fact create more danger by wanting to protect the living being from all danger than you would if you did not protect it at all". Reginald Bolton (2004) expands this idea by stating that children that do not learn to take risks when young are more likely to display reckless behaviour in adulthood. He believes that circus training provides a chance to recreate "unsafe" acts, building them up in a controlled and relatively safe environment. The risk factor of circus can make it an attractive choice of therapy for young people. In 2013, Jessica Hartley wrote a thesis on the **"**assertion that courage could be taught to young people through guided practices in facing danger" (p. 246). She saw three potential risks involved in taking part in circus activities. She listed these as: "the risk of failure, the risk of pain and the risk of touch, all of which have been instilled through various influences within society and culture including school policies, parents and insurance companies" (p. 246). In his research, Zaccarini (2013, p. 40-41) explores this concept in further detail through posing the question to his clients in "circoanalysis": "Are there things that you were forbidden to do which you now feel able to do in circus?".

I was reminded, watching the open training, of the link between pleasure and prohibition, more specifically the prohibition we experience as children of experimenting with things that may cause us harm, such as walking on high walls, or with things that are deemed inappropriate from an adult's perspective, such as screaming too loudly or showing one's genitals in public or playing ball inside the house. In this training space people played with knives, with fire, took their clothes off, hurt themselves, climbed ropes high into the ceiling, swung on trapezes till they were parallel to the ground and threw many balls up into the air. As an observer, it looked like they were trying to disprove the theses of their parents – that these things were both dangerous and unacceptable. Here, in the circus, these activities were both cleansed of their danger and thoroughly accepted as good

research practice. There was then a sense of joyful rebellion in the space, that circus was a parent that could house/contain the artist's desire to perform these enjoyable actions. In a way, the prohibition of the real parents/caregivers was put in parentheses, bracketed.[14]

The circus training space provides a ground on which to challenge the body's physical and mental boundaries. Some patients may need to be encouraged to push the limits outside of their 'comfort zone', whilst others who may overestimate their own abilities, need guidance in respecting their own boundaries. In many cases, the patients that receive circus therapy in a psychiatric setting have often been told that they are incapable of many things, have been made to feel unimportant, suffer from anxiety or have little respect for their own bodies. It can be beneficial to explore the counter sides to these situations through circus, yet it is imperative that the circus therapist provides room for experimentation and growth, whilst simultaneously ensuring the patient's mental and physical safety. It is a complex task to gage the the capabilities of each individual whilst considering their emotional and psychological state at that precise moment.

Creating the right environment in which risk taking is a relatively 'safe' activity is an important aspect of circus therapy. The therapist must create a "holding environment" (Winnicott, 1960) to achieve this, thus allowing the patients to experiment with their bodies (in relation to the circus equipment), stretch boundaries and hopefully take the gained knowledge with them into the world outside the training space. In her blog Lacy Alana discusses this in depth: "in circus, we're faced with the physiological and emotional impact (arousal) of encountering activities that can feel scary or initially out of reach. As we ultimately find mastery of these skills within a safe and supportive context, we experience regulation and a physiological and emotional return to calm. This provides our bodies with an opportunity to "practice" moving between states in a safe way" (Alana, 2019).

One of the circus therapist's tasks is to be able to quickly assess risks that a specific trick may pose to a group or individual and ensure that their assessment falls in line with that of the patient(s). It is therefore wise as a therapist to communicate with both the multidisciplinary team and the patients before a session to check the emotional and psychological states of the group/ individuals. An example that frequently occurs in the partner acrobatics sessions is when a patient has self-harmed but does not have the confidence to tell the rest of the group. It is therefore wise to build a "check-in" moment before the session with the nurses or group leaders and at the beginning of the session with the patients. This not only helps to build the patient's confidence in the group by providing a safe environment to discuss their behaviours openly, but it also ensures that the therapist is aware

of the potential risks and is less likely do the patient further damage by supporting or catching them on the wounded body part. Exercises will need to be tailored to the patients who cut themselves. At first glance, this could present a problem in partner acrobatics. Patients who cut themselves on their arms or legs cannot be gripped by the other patients to perform some specific tricks. To deal with this problem, the patients are encouraged to take on one of four different roles discussed in chapter 1.1.1 (p. 8), according to their capabilities at that moment. Other potential problems can arise from eating disorders, suicidal thoughts, and injuries.

Calculating risks can be difficult for some patients as they incorrectly estimate their capabilities. The circus therapist must know when to intervene for the personal growth and safety of both the individual and the group.

3.2: Learning to shift the boundaries and say "yes!"

Anxiety arises for a wide variety of reasons that appear to be case-specific, but it can generally "be defined as a set of emotional reactions arising from the anticipation of a real or imagined threat to the self" (Castro-Fonseca & Perrin, 2011). Learning a circus skill may bring up anxiety in many forms and can make the person question many aspects of their being, from self-competence to mortality. The circus space can provide a setting in which to practice regulation of emotions, specifically anxiety.

Adrenaline can be a useful partner in learning a trick, as it gives you the necessary focus to work effectively and safely with attention for the task. Too much adrenaline on the other hand can result in anxiety and in turn, cause fight/ flight or even freeze defence mechanisms, which are undesirable and counter-productive to learning. It is therefore suggested that to master a skill, anxiety must be absent and to relieve the anxiety, it must first be worked through (Zaccarini, 2013, p. 91). Alana (2019) explains that circus training allows the participant to drift between the states of calm and arousal, which she defines as "being faced with physiological and emotional impact". This implies that the moments to take a sip of water or put some chalk on your hands are just as vital in the regulation process as performing the trick. They serve as a moment of recomposition. Alana also argues that "whilst slowing down and listening to your body can feel counterintuitive, it is actually essential for efficient and safe training. We don't learn well when we are dysregulated, and if you keep trying to move forward while you're not in a regulated space – you're likely to work twice as hard for half as much gain". What she suggests is by building skills progressively, the chance to work

through the fear will be provided at every level (2019). This brings us back to the ‘check in’ moments that are not only helpful at the beginning of the session but also throughout and at the end of the session to confirm the emotional states of the patients.

There are a wide variety of elements that can be built into the training to reduce the anxiety caused by learning a particular skill: breaking it down into parts, preparatory exercises, and increased safety precautions (a catcher, lunge, mats). Techniques from other therapeutic media may also be incorporated into the training to release tension, such as Bio-Energetica developed by Alexander Löwen. This method brings awareness of bodily tension and teaches ways in which to release it through movement and breathing (Van Coillie & Malfait, 1990).

Coping with the experience of anxiety can be built upon, but every new skill practiced has the potential to bring with it a new invitation to revisit the feelings of anxiety. With time, a person can learn what is necessary to reduce these feelings efficiently, but due to the nature of the training, with such a variety of skills to be learned, it is unlikely that anxiety will be worked through only once. It is a recurring process and a part of training.

In 2005, Depraz suggests “the hypothesis of a strong identity between risk and embodiment. Being embodied is being able to take risks, that is, being open and exposed to the unknown (p. 173) … In short, being embodied is a particular mixture of exposition and stabilization, in a signature which is each time different, hence providing the living beings with their singularity (p. 189)”. This refers the reader to chapter 1.1.2 (p. 10) and body image. It is possible to argue that a positive body image can in turn lead to an improved ability to assess risks. Depraz’s idea of “being exposed to the unknown” will be briefly looked at in chapter 4.1 (p. 33) when discussing the benefits of stimulating creativity.

To illustrate a way in which to shift the boundaries and learn to say “yes”, a case study will be drawn upon. Mark is a boy of 15 who was a patient on the children’s psychiatry ward. He is very impulsive and has been diagnosed with severe ADHD. He often shouts as a way of trying to regulate his emotions. In the trampoline sessions he worked on transforming his vocal energy into physical energy on the trampoline. If he became too overwhelmed he would make an effort to calm himself through deep breathing in order to maintain focus and safety. This was hard for him in the beginning but as his confidence grew on the trampoline, his verbal outbursts became fewer during his hospitalisation. Mark didn’t want to participate during his first partner acrobatics session. He was invited to sit on the edge of the mats and stay close to the group but was told by the therapist that

he did not have to join in. During his second session he joined in with the group conversations but did not physically participate in the session. After a while Mark took it upon himself to step into the role of coach and direct the assembly of a human pyramid. He arranged where everybody was to stand, who was going to ensure the safety of the highest acrobats and gave the cues to climb up and dismount. He did this successfully. During the next class he felt confident enough to work as a catcher. He became quite adept in this role due to his height. One day he was asked by another group member if he wanted to base her for a trick. Hesitantly, he accepted and their first attempt was successful! After that he participated in every session by basing the others. He even accepted the offer to try a few tricks as a flyer, during which, he remained calm with little shouting. After it was over he did have to run around the hall shouting but this behaviour disappeared after a few sessions. Mark went on to become a constant factor in the partner acrobatics group and tried every week to motivate the other group members to participate in the session. The interesting fact about these sessions was that they were not compulsory. Mark chose to attend every session and work through his fears step by step his own way, at his own pace with impessive results. He was able to find a singular solution to the symptom.

3.3: Learning to set boundaries and say “no!”

What happens when a patient comes into the therapy and professes to have no anxiety for the skills whatsoever? This can be equally as challenging for the circus therapist as these patients are more likely to take larger or uncalculated risks. They appear not able to set their own boundaries. After further exploration it also becomes apparent that they sometimes do not know how to say “no” to others. This can be a downside to the use of ‘circus swear-words’ as discussed in chapter 2.2 (p. 20). It is an important skill to have the competence and confidence to state personal limits. For the circus therapist, the challenge here lies in ensuring the physical safety of the patient, whilst simultaneously helping them to install their own boundaries to assess the risks for themselves.

Simona is a girl of 12 years old who was hospitalised in the children’s psychiatric unit due to her plans for suicide. During her treatment she was diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and Post-Traumatic Stress Disorder (PTSD). She is good at sport and trains every day. At the hospital she attended mini-trampoline sessions twice a week. In the group sessions she was disruptive, shouting and kicking mats when something did not work. She worked without focus for herself or others. At some points this made the working conditions dangerous. She also displayed this behaviour in the individual sessions. Her attitude towards her body was striking. She was never

satisfied with anything she achieved because she thought she could always do better. She would always strive to jump further or higher on the trampoline. She never wanted to take a break, even when she was exhausted. She would try and work through injury and frequently said that pain was not important or did not exist. If she could not achieve a skill immediately, she would be angry and push herself harder. Her behaviour and the way in which she treated her body knew no limits.

During the first couple of sessions Simona expressed an interest in trying to see how high and then how far she could jump. It quickly became apparent that this activity also offered no structural boundaries for her because there was no limit to how high she could potentially jump. The only limitation was her body, which frustrated her. The therapist chose to intervene by offering to teach Simona new skills such as somersaults and twists. This still presented her with a challenge, but the tricks had a definite end point – when she was able to execute them alone, without help from the therapist. Simona responded well to the containment offered by the therapist and slowly learnt to accept taking breaks in her training and resting when she was injured. She never learnt to do this for herself before she was discharged from the hospital but would accept the limitations set by the therapist. She appeared not to know the rules of respecting her body and this disrespect also extended to the other members of the group, who, at times were unable to work safely. This may suggest that Simona had not successfully installed the symbolic register and that the therapist served as a symbolic function for Simona through the offer of containment.

3.4: The pain barrier

Circus arts, especially disciplines such as aerial and acrobatics can sometimes cause the participants' pain. Whether it is a bruise, a rope burn, or extreme muscle soreness, pain is, at some point, an inevitable part of the training. In 2013, Jessica Hartley interviewed circus artist John-Paul Zaccarini. He described how many professional circus performers "consider that pain and pleasure are just a sensation on a continuum" (p. 171). This can pose a potential problem for the circus therapist working in a psychiatric setting. Many of the patients there use self-harming techniques, and it is paramount that the therapist steers the patients away from using circus as another means to deliberately hurt themselves. Self-harming is one example of what Lacan refers to as jouissance. "Jouissance (Genuss) is involved when the pleasure principle yields not necessarily to pain, but to unpleasure" (De Mijolla, 2005, p. 894). It functions in the register of the real and "jouissance is what lies behind the symbolic manifestations of the symptom and it is via the word, as symbol, that analysis can get to the real" (Zaccarini, 2013, p. 120).

In his work “Circoanalysis” (2013), John-Paul Zaccarini looks at the way in which a few professional circus artists use their practice as a form of self-harm. As a means of forming a deeper understanding of the concept of jouissance, his case study will be used. He interviewed an aerialist who suffered from anorexia. The connection between her illness and her training “highlighted the two aspects, psychic and physical, of pain and how circus “was an attempt to make myself immune to pain.” which recalls the idea of how repetition compulsion seeks to retroactively master a past trauma and that there is a certain satisfaction therefore found in repeating unpleasant activities.” (p. 95). This satisfaction found in the aerialist’s destructive behaviour reveals how the physical pain was a solution to her psychic suffering.

Spotting repetition compulsion can be a way of identifying self-harming tendencies in circus practice. This is difficult as repetition is required to learn a skill, so when does it become too much? Through the therapeutic relationship, the therapist can address the issue with the patient in question to gain insight into the intentions behind the repetition. The therapist must be cautious when intervening as it could be tempting to step in the threatening position of ‘intrusive Other’. However, the therapist is right to intervene when the situation becomes overwhelming for the patient. Hartley (2013) argues “that the teacher [or in this case, therapist] is charged to enable the painful encounter whilst containing and limiting it. A dialogue with how each individual student engages with and understands pain is, therefore, necessary” (p. 171). At this point it is possible to use a third point as a limiting factor for the effects of circus as self-harming; namely the medium or material being used (Foulon, 2017). Encouraging rest breaks or working on a few tricks in rotation instead of only on the same one may help to avoid the temptation to self-harm during training. If a person really wants to self-harm however, it is important as a therapist to discover together with the patient what the underlying causes of the self-harm are.

It is the job of the circus therapist to install a healthy working atmosphere in the circus sessions and encourage self-care. Through circus it is possible to learn to cope with aspects of the register of the real. The Women’s Circus of Australia offers an example of this. The performers are women with a history of (sexual) trauma and they use circus training and performance to provide “a safe and enjoyable space for many survivors to learn respect, protect, value and nurture their bodies, to work on reclaiming, reconnecting and integrating the different parts of the self, to rebuild trusting and reciprocal relationships with others and to rejoice in their own and other women’s unique qualities, strength and successes.” (Liebmann & Beissbarth, 1997, pp. 38-39).

Chapter 4: Creating and performing

Who is it for whom we now perform,
cavorting on wire:
for whom does the boy
climbing the ladder
balance and whirl—
for whom,
seen or unseen
In a shield of light?[15]

4.1: Creativity in circus therapy

In the introduction of this paper, Biru's (2019) five C's were presented (p. 3). I proposed that creativity could be added as a sixth 'C'. There is a myriad of ways to define creativity, "many writers have contributed to the debate about what constitutes creativity, often hotly contesting different views" (Sharp, 2004, p. 5). It seems to the author that the various definitions of creativity dry up the essence of the concept, by classifying it and placing it in a box. Is it not that "every creative act is an act of freedom" (Werbart, 2014, p. 2)? This chapter will attempt to explore creativity and the ways in which it can be used in a circus therapeutic setting, without offering a specific definition of the word, leaving the interpretation open to the creativity of the reader. This chapter will also endeavour to examine the reasons behind the proposal of a sixth 'C' more closely.

In 2014, Andrzej Werbart drew parallels between art and psychoanalysis. He wrote that: "creativity in art and in the psychoanalytic cure presupposes that we can free ourselves from prohibitions and considerations for the limits set by our culture, our upbringing and ourselves, and open inner space for playful spontaneity and exploration of our feelings and experiences" (2014, p. 2). This indicates that creativity has everything to do with the unconscious, risk-taking and inventiveness. Werbart goes further to say that art and psychoanalysis both employ the unconscious as a way of approaching psychic pain. "Thus, creativity involves making sense of what happened, approaching it with the aim of appropriating and becoming its author rather than a victim" (2014, p. 4). Creativity appears to present us with the power to attempt to master our unconscious thoughts and feelings. As creativity never ceases and remains an ongoing process, it would be possible to argue that creativity is unsuccessful in mastering all unconscious thought processes.

In 1996, Russ designed a model, which looks at the relationship between creativity and psychological processes. His model states that there are three factors that can influence creativity and by improving them, creativity may be enhanced. These factors are:

“1. personality traits, such as self-confidence, being able to tolerate ambiguity, curiosity, and motivation
2. emotional processes, such as emotional fantasy in play, pleasure in challenge, involvement in tasks and tolerance of anxiety
3. cognitive abilities, such as divergent thinking, ability to ‘transform’ thinking (for example, by being able to reorder information or shift thinking ‘sets’), sensitivity to problems, breadth of knowledge and judgement.” Russ (1996) in (Sharp, 2004, p. 7).

This popular quest for creativity begs the question: why is it so important to stimulate creativity in children and adolescents? “Nwazuoke (1996) in (Fazelian & Azimi , 2013) stresses that creative persons generally have average or above average level of intelligence, ideational fluency, discriminating observations, superior memory, ability to synthesize disparate ideas, cognitive flexibility, and the production of unusual but appropriate ideas. He concludes that creative persons show preference for unstructured complex experiences” (p. 721). Coleman (1979) in (Fazelian & Azimi , 2013) provides the addition of ‘being open to new experiences’ to the list of desirable characteristics. This refers to the value discussed in chapter 3.4 (p. 33) surrounding risk-taking and the way in which being open and exposed to the unknown promotes embodiment. It was discussed that Depraz (2005, p. 173) suggested the link between risk-taking and embodiment. Fazelian & Azimi (2013) also incorporate an increased positive self-image, self-discipline, and an ability to think outside the box into their reasoning (p. 271), therefore supporting the fact that creating a circus act could be a worthy addition to the circus therapist’s repertoire of interventions.

4.2: Creating and performing a circus act

To understand more about creating and performing work in a therapeutic setting it is helpful to look to the field of dance movement therapy as it has many parallels with creating performances in circus therapy. There are also more resources available in this field than in circus therapy. Dance movement therapy has been defined by the European Association for Dance Movement Therapy (EADMT) as:

the therapeutic use of movement to further the emotional, cognitive, physical, spiritual, and social integration of the individual. Dance as body movement, creative expression, and communication, is the core component of Dance Movement Therapy. Based on the fact that the mind, the body, the emotional state and relationships are interrelated, body movement simultaneously provides the means of assessment and the mode of intervention for dance movement therapy.[16]

The idea of using choreography as a therapeutic intervention is controversial amongst some dance movement therapists (Acarón, 2016). Schmais and White (1986 in Hayes, 2004) argued that repetition and structure take away from the emotional expression present at the moment of performance. Instead, the dancer presents a distilled version of human experiences and emotions that have been formed by a choreographer (Hayes, 2004). In 2006, Shreeves saw that "retaining the authenticity in dance movement therapy and also in choreography is a process of becoming surer about yourself, finding your own inner voice, guided by internal sense of rightness rather than a focus on others' expectations" (Shreeves, 2006, p. 237).

Acarón (2016) describes "therapeutic performance" as "a client-led process of creation… via the therapeutic relationship [the patient] makes conscious decisions to create dance/movement material choreographed for an outside audience" (p. 5). The chief aspects of creating a performance according to Acarón are:

1. Therapeutic performance is a part of a patient/client/group process of dance movement psychotherapy.
2. The movement material is generated from patient/client/group work within the sessions.
3. The process of generation and selection of material is client-led.
4. Concepts from artistic dance-based processes are in dialogue with therapeutic connotations (p. 5).

With this as the basis for the choreographed circus acts on the children's psychiatric ward the patients can be encouraged to explore a specific emotion or problem through creating a show. All performances at the unit are created by the patients themselves. The patient is the director of the work and the therapist takes on the function of a 'director of the director', offering necessary support and advice where appropriate, whilst leaving enough room for the patients to make all the necessary decisions, developing autonomy. The therapist can also encourage the patient to examine

familiar themes and obstacles in new ways to find creative solutions to problems. To illustrate how this is carried out, the case study of Suzi will be drawn upon.

Suzi is a girl of eleven-years-old, diagnosed with Bonding Disorder, Attention Deficit Hyperactive Disorder (ADHD) and Autism Spectrum Disorder (ASD). She had been attending individual and group sessions for several months and a therapeutic relationship had already been established. During one individual session Suzi started to play with six juggling balls that bounce. She began to associate each coloured ball with certain feelings that she commonly experienced (fear, anger, happiness, love, sadness, and suicidal thoughts). As she improvised with the balls, dropping them, letting them bounce away, throwing them against the walls, and moving with them in the space, it became apparent that each ball and therefore each emotion was associated with its own movement style and way of manipulating the ball. The therapist facilitated this process by asking open questions to identify how Suzi was feeling at that moment, which specific memories were arising with each emotion and how they related to the movements of Suzi herself and of the ball. She was asked to choose some of the movements and tricks that she felt symbolised the emotions and link them into a few short routines. She then decided on an order to perform these routines in. She chose music that she felt supported each emotion. She came up with a title for her piece "Love always comes back" as she noticed that the red ball, which for her, represented love, always came back to her whenever she threw it away. She found this very poignant, especially in contrast to the black ball that represented her suicidal thoughts, which she described as "always hiding in the corner". Over a period of four sessions, she made a show of about six minutes. Working with metaphor and (juggling) material in this way appeared to facilitate contact with emotions, whilst offering Suzi a distance from them that makes them less overwhelming.

The decision to create a show will not directly assume that the show will be performed. The idea may be offered by the therapist but will not make a performance compulsory. The patient may decide whether they want to perform, right up until the last minute. They also decide to whom they will perform. The decision to perform a piece of work depends on a "self-reflexive process and assessment of readiness and willingness" (Acarón, 2016). The choice to put oneself in a potentially vulnerable and fearful situation appears controversial and full of counter indications, therefore psychological, physical, and emotional safety take priority over the desire to perform.

The circus shows at the psychiatric unit are performed to the other group members or to the staff, so the public is usually very forgiving and encouraging. However, the patient and the therapist have

no control over the reactions from the audience. Acaron (2016) writes “At times, the experiences were not always positive, especially with particularly “honest” audience members, whose feedback was not always censored and at times quite destructive” (p. 16). She explains further: “However, even the difficult comments or feedback were useful tools within the context of our sessions” (p. 16). It is evident that a patient enters a vulnerable position when performing for a public. It is possible that the patient may not receive the desired reaction to his performance, which can work against the aims of the therapy. It is up to the therapist and the strength of the patient to turn the situation to a positive outcome and view the performance as a ‘learning experience’. This happens during a debriefing or reflective moment after the performance. This is essential to assess whether the experience was overall a positive one and to give room to the difficulties that have arisen.

In the case of Suzi, she chose to invite one of the group leaders to watch. She felt proud, not only of her performance but also of the process she went through to create it.

4.3: Creating, the circus and psychoanalysis

As mentioned at the beginning of this chapter, the process of creating a performance relates to the three registers of Lacan in various ways. The self-image, the way the patient choses to (re)present himself on the stage influences the imaginary register. The patient can try out different roles and characters and reveal or experiment with certain parts of (the way he sees) himself and how he will be seen by the public. In the case of Suzi, it is possible to see the similarity between Suzi’s actions with the balls and Freud’s observations of the boy who famously played the game of “Fort - Da” with his toys. Freud argued that the game which his case study was playing, could be interpreted as “the instinctual renunciation (that is, the renunciation of instinctual satisfaction) which he had made in allowing his mother to go away without protesting.” (Freud, Beyond the Pleasure Principle, 1961, p. 9). Freud went further with his interpretation:

At the outset he was in a passive situation he was overpowered by the experience; but, by repeating it, unpleasurable though it was, as a game, he took on an active part. These efforts might be put down to an instinct for mastery that was acting independently of whether the memory was in itself pleasurable or not. But still another interpretation may be attempted. Throwing away the object so that it was 'gone' might satisfy an impulse of the child's, which was suppressed in his actual life, to revenge himself on his mother for going away from him. In that case it would have a defiant meaning: ‘Alright, then, go away! I don't need you. I'm sending you away myself'.

It could be argued that Suzi, who had been diagnosed with a bonding disorder, was playing the same game by sending the balls away and waiting for love (the mother) to always come back to her. Suzi repeated this game frequently over several sessions. It also begs the question: which effect, if any, did the creation and performance of this experience have on Suzi? This is a reflexive question, to which there is no answer as Suzi has long left the hospital. It is, however, an invitation to colleagues to explore this idea in further research.

It is also apparent when looking at the case study of Suzi that the symbolic register reveals itself through metaphor. Suzi used the balls to represent different emotions, constructing her own language to tell her story. The act of creating and performing strengthened her self-image, giving her more confidence (imaginary). Learning to name and feel her emotions through metaphor (symbolic) leads to the possibility of emotional release and acceptance of her situation. The real presents itself in the creative stage in the form of improvisation. The symbolic can put a veil over the real by connecting language and emotion during (metaphorical) movement and during the debriefing.

To generate material from which to make a show, a certain amount of improvisation is required. Wengrower (2016, p. 16) made this comparison:

"The technique of free-association of words that Freud used in treating his patients is based on the notion that spontaneous expression allows unconscious aspects to appear, decreasing their repressive control. Improvisational movement is somehow parallel to free association, it is a rich and complex technique. Freud's writings influenced its use in the arts from the beginning of the twentieth century. Improvisation in dance encourages the mover to detach from typical or stereotyped reactions or connotations, in order that new psychophysical forms may emerge and be explored".

This could also be the case for circus acts as a great deal of material is generated through improvisation. The unconscious (real) is accessed during improvisation around a theme, which is then represented symbolically. This is apparent because the very nature of improvisation is to react spontaneously to a stimulus, without rational consideration of the actions performed. The material and/ or the content of the show have symbolic value.

The case study of Suzi also provides an illustration of the way in which the therapist works in the discourse of the analytic (see chapter 1.4, p. 14 for the definition). Suzi is given the autonomy over her process by the therapist placing herself in a position of 'not knowing'. This is achieved through

the therapist putting her own knowledge of emotions and Suzi's situation into the background and asking open ended questions about her emotions and experiences during the improvisations. It gave room to Suzi's personal growth and self-discovery (Demuynck, 2016).

It is plausible to argue that the use of creating and/ or performing a show during (a) circus therapy session(s) can have a positive influence on the healing process of an individual. This raises the question: how and why does this work? What takes place exactly?

In 1916 Freud wrote a paper on Leonardo Da Vinci entitled *a psychosexual study of an infantile reminiscence* whereby he discussed the theory of sublimation (Freud, 1916). Freud argued that the sexual drive uses much energy and often gives way to symptoms, which are draining and produce suffering. By sublimating the drive, that is to say, converting it into another 'socially acceptable' form, a subject will receive "nonetheless satisfaction of the drive, without repression" (Lacan, 1981, p. 165). Art is a common approach to sublimation. Voruz (2017) contended that art is a preferable solution than that of the symptomatic solution. One can find gratification, which is found via the symptom, without the suffering and the libidinal regressivity that is paired with a symptom. It is then feasible to argue that creating a performance is a way of sublimating (repressed) desires. Every creative act is an act of freedom. Creativity in art and in the psychoanalytic cure presupposes that we can free ourselves from prohibitions and considerations for the limits set by our culture, our upbringing and ourselves, and open inner space for playful spontaneity and exploration of our feelings and experiences (2017 p. 2).

If we return to the case study of Suzi, it is possible to see the link between her emotions, her desire (to be loved by her mother) and the choreography she made. Art is an inventive way of conveying something of the patient's singularity to others (Voruz, 2017).

By revisiting the concept of risk taking from chapter 3.1 (p. 26), it is possible to affirm that circus is, by its very nature, a method of sublimation. "Circus activities must be attractive to a young person keen to test their shield of immortality against the universe… Art seems the best way, if only it can be recognised. Sport makes some heroes and villains, TV makes passing celebrities, but art, including circus, can give the maker a true feeling of worth and generosity" (Bolton, 2004, p. 189). The circus training space provides a playground for the risk-takers to indulge in adrenaline-fuelled activities in a responsible environment. In an interview with Reginald Bolton, Sam Keen described when "troubled kids typically talk about getting high: "I never knew there was another way of getting high except by

drugs." They talk about how much better trapeze is because they don't get hung over and feel ashamed[17]. Bolton expands this thread by identifying that: "trapeze can produce the same buzz as a high-speed car chase, and clown make-up and behaviour can provide a temporary alternative for self-mutilation and drug-taking. In Amsterdam, Australia, New Zealand and England, young people have told me they don't need to take drugs when there is a chance of doing circus. The thrills of aerial work and fire-twirling provide a sufficient 'fix', and the focus required for stilt-walking and juggling demand a drug-free state of mind" (2004, p. 189).

Conclusion

The aim of this dissertation was to explore the elements specific to circus therapy in child and adolescent psychiatry, whilst looking through a Lacanian lens. The use of circus as a therapeutic medium is relatively new, especially in a psychiatric setting. It is an experiential therapy that incorporates learning and training skills as well as the creation of new tricks and performances, which facilitate the psychological healing process. No high skill level is required to participate, nor is it expected to be achieved by the patients. The process of learning the skills takes precedence.

It is possible to argue that Lacan's theory of the three registers; the imaginary, the symbolic and the real are identifiable in aspects of circus therapy. Lacan's arguments for looking at the singularity of the subject and the therapeutic relationship play a central role in the therapy and have also been discussed at various points within the work.

Chapter one demonstrated the link between circus therapy and Lacan's imaginary register. Circus therapy can assist in the (re)creation of the self-image by influencing the way in which a subject sees and feels about his own behaviour. A patient is presented with a variety of roles, skills, disciplines, and styles during the therapy, which could aid development of personality and identity. A patient may also strengthen his body image through learning body awareness, autonomy over his body, new movement patterns and/or total body integration. Self-image and body image are also addressed in relation to the Other, via the gaze. Both positive and negative responses to the gaze have been explored.

The therapist can facilitate these processes of self-image and body image by offering the right amount of success experiences, at the correct level of difficulty for the individual in question. This is also applicable when working with groups, as the therapist focuses on the needs of the individuals within the group. A model to support a way to achieve this was proposed, though requires further in-depth exploration in the future. The therapist chooses to work in the discourse of the analytic, from a position of 'not knowing', by placing his own knowledge to the background. This creates room for the patient to discover more about himself in a singular fashion, supported by the therapist. This in turn helps to breed a positive transference between patient and therapist. This is just one of the differences that has been identified between circus therapy and a regular circus class.

Chapter two examined the symbolic register in circus therapy. Play was identified as a central component to circus therapy and the development of psychologically sound children. Those who do not have sufficient possibilities to play are at risk of an incomplete social, emotional, and psychological development. It is therefore paramount that a circus therapist invests in fun, fantasy, and play. This chapter also explores the importance of language in this largely 'non-verbal' therapy. Spoken language creates a therapeutically symbolic framework, advocating safety, containment and a positive work attitude. It has been argued that non-verbal communication also serves an important function within circus therapy. Visual demonstrations aid understanding through the activation of mirror neurons, strengthening the learning process. Timing, trust, body awareness and teamwork can also be enhanced through non-verbal communication. The use of visual explanation and communication gives circus in general the ability to cross international language barriers, making it a universally understood language.

Touch is another form of communication that is vital to circus therapy. Though it must only be used in a functional, respectful context, it is a powerful tool that can convey a variety of messages between two or more people, depending on the type of touch used. Physical contact can also enrich child development, promote autonomy, empowerment and body image. Spoken language is used to create the symbolic framework surrounding safety, which all participants understand and adhere to. This is maybe even of greater importance when working with patients on a psychiatric ward as many have previously suffered adverse experiences of physical contact.

Taking risks is necessary for personal development. In today's overprotecting society it is harder to learn to take, and therefore assess risks. This is a fundamental skill as without it, reckless behaviour in adulthood could be observed. Circus (therapy) offers a safe space for taking risks. The therapist facilitates this process through offering containment and aiding emotion regulation. The therapist's role was further discussed in relation to those patients who over or underestimate their own capabilities. It is the job of the therapist to encourage some patients to install boundaries, whilst others require support in stepping out of their 'comfort zone'. Guarding boundaries is not only related to learning tricks. It also extends to monitoring a patient's experience of pain. Pain is an inevitable part of circus training, but the circus therapist should be aware of those who use training as a self-harming technique. Lacan describes this as jouissance. The use of repetition compulsion as a source of jouissance was discussed in chapter 3.4. The therapist can intervene by setting a third point in the training.

Werbart (2014) compared creating art to psychoanalysis, stating that they both employ the unconscious as a way of approaching psychic pain. Creating a circus performance as a therapeutic intervention, though not always indicated, can help a patient work through emotional problems, providing new insights into the situation, whilst providing distance from overwhelming emotions. This process is facilitated by the circus therapist, using the discourse of the analytic, only once a therapeutic relationship has been established. The decision to create an act does not indicate a decision to perform. The patient, in discussion with the therapist is given the autonomy to choose whether (and to who) they wish to perform.

Creating an act offers a perfect example of the ways in which Lacan's three registers are touched on and interlocked in the creation process. The imaginary is seen though (re)forming identities, characters, roles, emotional states. The symbolic lies within metaphor and the creation of a new language of performance. The real can be unveiled by accessing the unconscious whilst improvising around a theme. Creation is a form of sublimation – converting the instinctual drives into a socially acceptable form. It avoids repression, whilst giving satisfaction. Circus is also discussed as a form of sublimating issues surrounding risk-taking and risky behaviour.

Through writing this dissertation is has become apparent that much more research into circus therapy is needed. It is a relatively new therapeutic medium, there are few practitioners worldwide and not much is known about its effects, especially with patients in a psychiatric setting. This paper only skims the surface of a few themes found in circus therapy. Each chapter could be worked out into at least one dissertation in its own right! There have been precious few resources to draw upon and sometimes it was necessary to seek knowledge in other therapeutic media and techniques and apply them to circus therapy theory. At points in the text, the author proposes other possible areas of research and would like to invite colleagues to extend and develop these ideas, including the ideas addressed in the paper.

Endnotes

[1] (Bolton, 2004, p. 188)

[2] (Meilman, 2018, pp. 7-8).

[3] As part of an exhibition called *Circus Onderweg*, which ran in the Gents museum Het Huis van Alijn from 11/7/2020 until 31/08/2021, a quote from Maria Ronaldo, part of Belgian's famous Circus Ronaldo family described how her family was always together. The exhibition was visited by the author on 9/8/2020.

[4] Cited in Lacan, J (1988a, p. 141) in De Mijolla (2005, p. 799)

[5] (HKRBooks.com, 2021)

[6] Nadia Angelini in (Liebmann & Beissbarth, 1997, p. 45)

[7] (1990, p. 18) in (Stamenov, 2005)

[8] Anon (Liebmann & Beissbarth, 1997)

[9] (Morgenstern, 2011)

[10] *1908, S.E., IX: 143-144 in Holowchak, (2011) p. 4.*

[11] (Durkin, Jackson, & Usher, 2020)

[12] At the time of writing, the virus Covid-19 is spreading like wildfire across the world. The virus is transmitted through contact, coughing or sneezing, which has resulted in a ban on almost all close physical contact – 'social distancing'. This paper is not the place to delve into issues of the precise rules per country, largely because they are so frequently changing, and there are so many countries affected, it is a seemingly impossible task. The rules on the children's psychiatric ward, however, appear to have been constant from the outset: no group therapy for more than five patients at a time and no physical contact. This is a difficult period for many, and the circus therapist is no exception. The therapy relies so heavily on physical contact as a basis for learning, instructing, supporting and growth. "When touch is limited or eliminated, people can develop what is termed touch starvation (Pierce, 2020) or touch hunger (Mortenson Burnside, 1973). Touch hunger impacts all facets of our health and has been associated with increases in stress, anxiety and depression" (Pierce, 2020) in (Durkin, Jackson, & Usher, 2020, p. 1). It seems that the adolescents in particular, miss the partner acrobatics sessions, as it is the only moment of their week when they are allowed close physical contact with each other. If there is some good that arises from this pandemic, let it be the recognition of the importance of physical contact and the acknowledgement that consensual touch a thing of value.

[13] (Lam, 2016)

[14] (Zaccarini, 2013, p. 41)

[15] Extract from *Acrobat's Song* (Lax, 1959)

[16] EADMT Ethical Code 2010 (EADMT, 2020).

[17] Cited in *Renewing our Sense of Wonder* (Keen, 1999, p. 7) in Bolton (2004, p. 192).

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