HEALING THROUGH FLYING: A COURSE DESIGN IN EXPERIENTIAL THERAPY USING

FLYING TRAPEZE

DIVISION III BY GAVRIELLE DAVIDSON
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Do not go the way fear bids you to go

-Rumi

My sock-covered toes curl over the edge of the platform. One hand is out in front of me, fingers tightly wrapped around a horizontal bar, while the other is holding on behind me. I bend my knees and jump up, placing my second hand on the bar, feet together and in front of me. I swing down. I kick against the momentum to try and get higher. I feel the swing, I am a part of the pendulum, swinging back and forth through the air. Toes pointed, hands strong, muscles tight. I am flying.

I had no idea that flying trapeze would change my life, define my existence, or be a contributing factor to the reasons why I get up in the morning. But with my first swing in New York City on May 1st 2010, it was clear that something was changing.

That first time, I climbed up the tiny ladder to the platform, where an elderly man with white hair and a very prominent mustache greeted me. I quietly mentioned to him that I might be having a panic attack, but he didn’t seem to be bothered by the idea as he assured me that I would be fine, hooked me into the safety lines, and sent me on my way. I can still remember noticing the dark glow of the Brooklyn warehouse where the rig was set up and the slight chill in the air as I prepared myself to jump. To my astonishment, I jumped off the platform when the mustached man told me to, performed the trick I was supposed to do, and managed to land safely in the net, a changed person.
I did it again that day. Just once more. It was only a taste, but I knew that all I wanted to do was do it again and again. Getting to do something dangerous, something different, something so cool, and something that I had originally been scared to do, excited me so much that I didn't sleep that night. All I could think about was that feeling; the feeling I still can't find words to express.

If someone had told me four years ago that I would be a flying trapeze instructor and flying trapeze artist, I wouldn't have believed them. When I was eleven years old, I saw Barnum and Bailey Circus with my best friend. We watched as people bent themselves in strange, inhuman positions, as animals jumped through flaming hoops, and strong flyers flew through the air and soared over the audience, landing gracefully in the net below. I was mesmerized by these people, completely enthralled by the idea of what it must feel like to fly through the air. I assumed I would never get a chance to feel that way. Eight years later, I got my chance.

It all started in my first semester at Hampshire College in Amherst, MA, when my best friend at school dragged me to the student circus club that met every Friday night on campus. She had joined at the very beginning of the semester and had been trying to get me to go since then. I made many excuses about why I couldn't go, ranging from having to go to the Jewish Student Union meetings to needing to get homework done. I made excuses until mid November when she finally convinced me to come along.

I pulled on my stretchy yoga clothes, less than ready for an evening adventure, and met my friend outside the building where circus met. Tentatively, I
walked in the circus room, which was padded with a bright red wrestling mat that hadn’t been cleaned since the dawn of time. The Circus Staff Advisor greeted me and proceeded to tell me about the trick he was working on, and what turned out to be my part in it. To my astonishment, his plan was to place his shoulders on my legs and turn his body upside down, while I sat back and countered his body weight with my own. Having just met this overly excited individual, I was a little bit uncomfortable and didn’t believe that I could get into such a strange position, but I couldn’t find a good excuse to get out of it, so I just went with it.

After some confusing maneuvering and quite a lot of preparation, we got into the position. Although our bodies were touching each other, I felt safe. At Hampshire, getting consent is a very big part of the community as a whole. Mostly this relates to sexual interactions, but it is also relevant when it comes to touching in general. So in circus, before groups of people start a trick, they ask, “Can I touch your butt?” just to make sure that everyone is on the same page and ready to start. Through this small, and silly phrased question, there is a mutual understanding that the participants of the trick are not going to do anything inappropriate, despite the touching and our close proximity to one another.

There is a sense of community in circus unlike any other group I have ever been a part of. Because of the physical contact, circus folk get to a personal place really quickly. This community aspect is something that pulled me in to the world of circus and has kept me there ever since. I always feel supported when practicing circus. The physical connections translate into emotional ones as well.
Our bodies are connected. Strong, muscular arms are wrapped tightly around my own. There is weight and pressure. Pulling, pushing, I am trying to find balance. We find it together, but only for a second and then immediately fall to the floor, landing in a pile on the mat. But we try again. Together we figure out how to breathe, how to move, and how to stabilize ourselves in this interesting position.

I felt completely ridiculous with this guy I just met upside down and in between my legs, but I also felt strong. I wondered: If I could hold his weight, what else I could do? What other shapes could we get into? How many people could we stack on top of each other? I was instantly connected to circus from then on, and I was a part of the community. I knew everyone’s names and they knew mine. We spent hours in that sweaty-smelling room, climbing on each other, playing games, and juggling various objects.

Circus became my thing. I was completely in love with it. I created acts for shows and learned I could do things that I didn’t know were possible. It turned out, I was strong, I was good, and I became passionate about it. Circus gave me something to look forward to and something to focus on other than my schoolwork. It also gave me what felt like an unlimited supply of friends. I no longer went to the cafeteria by myself, hoping I would run into someone I knew. Instead, I walked arm-in-arm with my friends to dinner and spent hours hanging out.

A group of us from the circus club started taking static trapeze (See Figure 1) classes at a circus studio about a half hour away from campus. It wasn’t flying trapeze, like I saw at Barnum and Bailey, but it was exotic and interesting. I learned how to hang by my ankles and elbows and swing around with grace and pointed
toes. After class, my body always had a buzzing feeling—a cross between exhaustion and the feeling that I could keep going forever.

There is an adventurous spirit involved in circus that has pushed me to do things I never thought I would. I am usually very set on having a plan and I make sure I always know what is coming next. Circus has encouraged me to experience the unknown, take the leap, and let go of the plan. For Spring Break during that first year, I went on my first circus trip with a few other people to visit the circus clubs of other colleges. We drove from Amherst to Ithaca College in New York and then to Oberlin College all the way in Ohio. We slept on floors and couches, ate trail mix, and met nice and interesting people. We did handstands at rest stops, got cheered on by random people walking by, and collected many speeding tickets. It was the first circus-related adventure I went on and felt pretty confident that there could only be more.

The founder of the circus club who graduated at the end of that year told me about the job she’d had for the last couple summers teaching flying trapeze at a summer camp in Pennsylvania. She told me that they were in need of some extra instructors and thought that maybe I would be interested. I didn’t want to get overly excited, especially because I had never touched a flying trapeze and didn’t really believe I could teach people something I didn’t know, but I kept the dialogue going and dreamt about how amazing it would be to work there. Six weeks later, I was unpacking my bags in the Poconos in Pennsylvania ready for a two-week crash course in how to teach flying trapeze. I then spent the rest of the summer sweltering
in the East Coast heat, flying through the air and sharing my newfound love with others.

Before I even knew how to fly myself, I was teaching others how to fly. I taught them how to stand, how to take off, and how to kick their legs at the specific timing. What I was preaching, I was simultaneously practicing myself. I tried to absorb as much as I possibly could from watching others and listening to my own suggestions.

I constantly wanted to fly. Even if I had worked all day long, I wrangled up the rest of the staff to train before going to dinner. I wanted to fly as high as I could as much as I could. I learned to fly that summer. Learning tricks and turns and dismounts. I also taught other people how to fly. I taught mostly the campers, who varied in age from eight to sixteen, but every once in a while we got the camp counselors to try it. One particular heavyset counselor had walked by the rig once or twice everyday and kept saying that he would eventually do it. When the last week of camp was approaching, he came over and put himself in the safety belt, ready to go. It took him twenty minutes of panicking and analyzing while standing on the platform, but eventually he jumped. He screamed with joy as he went back and forth in the air. I felt such relief and happiness for him. It was almost as if it was my first time all over again. I shared that moment with him, the same moment that had changed my life just three months before. This was the first instance that I noticed how powerful trapeze could really be.

As I continued teaching, I noticed the power of trapeze more and more. Despite my lack of confidence in my own flying, I was the authority figure on the
platform. I told others what to do and they trusted me. This trust was evident when
a student would climb tentatively up the ladder and shake with fear while standing
on the platform. My tactic was always to distract them. If I could ask the student
questions about themselves and distract them from the fact they were standing
twenty-three feet above the ground, then maybe they would be less fearful when
they finally made the leap. I had a set of questions I would go to: Where are you
from? What do you do for a living? Do you like it? If you could do anything, what
would you do? Where would you go? By the time I got to “Do you like it?” I was
almost guaranteed a description of the student’s hopes and dreams and likes and
dislikes. It seemed as though they had to tell me something personal so that I would
keep them safe. Or they had to tell me their deepest secret just in case they didn’t
make it.

A good friend of mine, who coached me through the beginning of my trapeze
career, came up with a name for the phenomenon and called it The Board
Confessional: The place where people trust and open up, with or without prompting.
The Board Confessional is the place where the beginnings of the therapeutic benefits
of flying trapeze first occur. This is the place where people let go, put their trust in
others, take a leap, jump into the unknown, and put themselves out there in the
world.

The platform has the ability to be a safe place for fears, tears and deep
breaths. In my three years of teaching trapeze, I have helped adults, children, and
every age in between, take that leap and fly through the air. Some students are more
emotional than others, while some tell me how they are feelings, other just shake
silently hoping I won’t notice the whole platform rattling with their fear. I can feel each person’s energy as they approach the board and I treat each person differently depending on their level of anxiety. But each participant is treated with care and compassion. Just like I needed my first time flying, the mustachioed man gently took care of me and I put my trust in him and let go.

The following summer, I got a job as a flying trapeze instructor at a trapeze school in Los Angeles, close enough to my house, where I could live at home and work there during the long break. At the beginning I worked ten hours a week, but I slowly started working more as the summer continued. Every time I worked with someone who got nervous or terrified on the platform, I would try and help them through it and get them to jump off. Every person and every jump was different, but my track record was good. I could usually get them to jump. The majority of the scared students absolutely loved it, once they found the courage to fly. Every once in a while, there was someone who wouldn’t jump no matter how hard I tried. And there was the occasional, “that was fun, but it’s not for me.” However, more often than not, the flyer would grin uncontrollably as they got out of the net and back onto the ground.

As I worked that summer, I continued to notice how therapeutic flying could be. People worked through their fears right there and found the courage to do something new. I have had many interesting conversations while on board; conversations about ex husbands, dream jobs, and being “scared shitless.” During these 45-second conversations with people, while I hook them in to the safety lines, I learn what scares them, what gets them up in the morning, and what makes them

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happy. People are emotional, honest, and courageous while standing twenty-three feet in the air. We take deep breaths together. We take risks. And we fly.

If you ask any experienced flyer about the first time they took a swing on flying trapeze they will always have a story for you. It’s like the stories of a first kiss or first love. It makes some sort of lasting impression that never goes away. It’s a beautiful feeling that seems almost impossible to describe. I have stared at a blank page for the past year, trying to collect the words to describe what it feels like and so far, the only thing I can find is that it feels like flying. It feels like freedom, like you are dancing in the air- just you, the bar, your body.

My hands hurt, but I feel strong. I feel powerful, tall, invincible. I feel like I can do anything in the world. I feel slender and powerful. My muscles already feel sore. I want to fly more. It feels like I have my head outside the window of a fast moving car. The wind is blowing past my face and through my hair. I am alone, but not lonely. I am in the moment. Inside of my body. Defying gravity.

Throughout working with others and teaching them how to fly, I began to start thinking about the ways that flying trapeze is therapeutic. I noticed its ability to help people overcome their experiences of fear, as well as express themselves non-verbally. Trapeze also gets people out of their daily routines and allows them to try something new. I began to get more interested in why this phenomenon occurs. How and why is trapeze therapeutic? Can it become an accepted form of experiential therapy? How does taking risks, overcoming fears, and integrating oneself within ones body help people heal?
From these questions, I developed this Division III project. In Chapter 1, I address these questions through an examination of current literature on experiential therapies. I then focus specifically on the current experiential therapies for the treatment of people struggling with eating disorders (Chapter 2). I also present the qualitative data and information I collected through interviews with people who use flying trapeze as a part of their lives (Chapter 3). I continue on to discuss existing programs that use flying trapeze in different ways than the typical recreational or performance venues (Chapter 4). In Chapter 5, I describe how my research led to designing an experiential course called *Healing Through Flying*, a course using flying trapeze as a form of experiential therapy. Finally, I conclude with an analysis of my research and discussion of what further research needs to be done (Chapter 6).

Flying trapeze changed my life in many ways and has given me the courage and strength to do many different things in my life so far. Throughout this project I hope to create a program that has therapeutic potential and the ability to heal people who are struggling. I also hope to inspire people to try something new, even if it scares them.
CHAPTER 1: LITERATURE REVIEW

*When we invite our fears into the hearth of our awareness, they cease to be an undifferentiated mass of terrifying demons and become tolerable guests.*

-Albert Camus

Experiential therapies are emerging forms of treatment for people facing adverse psychological conditions. Experiential therapies “involve actions, movements, and activities rather than the more traditional ‘talk therapy’” (CRChealth.com). When subjects engage in certain activities that are led with therapeutic approaches in mind, positive psychological outcomes can result. Activities that are considered to be experiential therapies include equine therapy, expressive arts therapy, music therapy, wilderness therapy, adventure therapy, and psychodrama. These experiential therapies get people out of their daily routines. They also allow patients who have difficulty expressing themselves verbally to express themselves through a different medium.

In reviewing the research, it is clear that an activity such as dancing, ropes courses, or arts and crafts, can be experienced as therapeutic if it is framed in a certain way. By describing the activity before it even begins, telling the participants what to expect and keeping them motivated by creating goals they have to reach, it is possible to use many different activities to create experiential therapies. This may help patients who may not be finding relief from more mainstream therapies, such as talk therapy.

The activity leader can help each participant achieve a therapeutic benefit by framing the activity in a certain way. According to Camp Recovery Center Health Davidson 14
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(CRChealth), a provider of specialized behavioral health care founded by Daniel Newby and Dr. Barry Karlin in 1995, it is stated that, “One of the many advantages of experiential therapy is that the experiences and activities that form the core of the process provide opportunities for the therapist to observe patients in situations where the patients are not focused on therapy itself” (CRChealth.com). While concentrating on an activity that occupies the majority of one’s focus, participants let their guard down and behave in a more genuine way than he/she might in more traditional forms of therapy that ask the patient to confront his/her issues head on.

In the context of this Division III, therapy is defined as a form of treatment to help people heal from many different struggles. Throughout my Division III as a whole, I will be focusing mainly on healing eating disorders and Post Traumatic Stress Disorder (PTSD) with experiential therapies, but in this chapter specifically, I will discuss the different kinds of experiential therapies that are used for a broad range of conditions. This will provide a context for flying trapeze as an alternative method of therapy. For the purposes of this paper, I will be using the terms “experiential” and “alternative” therapies interchangeably.

In this chapter I will review research on a wide range of experiential therapies to identify these experiential activities, the approaches that were used to help patients, and the characteristics of the participants. Throughout this chapter I will be discussing a few different forms of experiential therapy such as Adventure Based Counseling (ABC), Circus Therapy, Drama Therapy, Equine-Assisted Experiential Therapy, and Wilderness Therapy. (See Figure 2).

Figure 2: Sources for literature on experiential therapy
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**Adventure Based Counseling**

Adventure Based Counseling (ABC) programs incorporate outdoor adventure activities into a therapeutic model. By working as a group and working together to overcome challenges, participants can work through many different issues. Fletcher and Hinkle (2002), in “Adventure Based Counseling: An Innovation in Counseling” published in The Journal of Counseling and Development, describe ABC as “a mixture of experiential learning, outdoor education, group counseling, and interpersonal exploration” (p. 277). They go on to discuss how a counselors using ABC will typically find an activity that possesses “strong metaphoric relationship to the goals of counseling. The counselor may give directives for an adventure based activity and, during the process, make references to metaphors, thereby creating a connection from the adventure activity to real life” (Fletcher & Hinkle, 2002, p.277).

ABC is a therapeutic tool that can be adapted to almost any setting. From their article, Fletcher and Hinkle (2002) show that many activities that increase self-esteem, group support, teamwork, and positive change can be considered a part of Adventure Based Counseling.

**Origins of ABC**

According to Jim Schoel (1988), an expert in the field of ABC, in its early years, ABC was expressed in two ways. The first was an Action Seminar at Hamilton Wenham Regional High School in Wenham, Massachusetts. Schoel (1988) and Steve Webster, another ABC facilitator, led the students on adventure activities as well as community service, group construction, and craft projects. There was no referral
process for the students to attend this program, just quiet suggestions that certain students should participate. These quiet referrals ensured that over half the class who were experiencing trouble in school got an alternative form of instruction. The second program was an outpatient therapy group at Addison Gilbert Hospital in Gloucester, Massachusetts. Schoel (1988) and Webster formed a weekly 2-hour adventure group that took participants on a variety of adventure activities.

Fletcher and Hinkle (2002) discuss that even before these programs existed, Adventure Based Counseling came out of experiential education and therapeutic wilderness programs that began in United States state hospitals and summer camps. They note that in 1901 there was an overcrowding issue in Manhattan State Hospital in New York City, so they had to move patients to tents outside on the hospital grounds. It wasn’t until 1930, however, that professionals became aware of how therapeutic camping could be. Since these beginning programs, the use of ABC has increased substantially (Fletcher & Hinkle, 2002).

**Key Characteristics of ABC**

*The Adventure Wave*

One of the main concepts in ABC is the idea of the Adventure Wave, which implements exciting and powerful activities that have three main components: *Briefing*, *Leading* (Adventure Activity), and *Debriefing*. Briefing is the preparation of the group for their Adventure Experience, while Debriefing is processing after the activity has been done. Leading is the actual practice of the Adventure Experience. This process allows participants to know what will be expected, what the goals are,
and what will be happening. The first step prepares the group for the upcoming adventure. Schoel et al. (1988) discusses how one doesn't just do a trust fall, there has to be a discussion about what is going to occur before it does.

Descriptions about what is going to occur as well as discussions about what has occurred are both very important aspects of ABC. In fact, one aspect of ABC that distinguishes it from other alternative forms of therapy is the use of the discussion before and after the adventure activity. This method ensures that the participants understand the greater message that the activity was trying to convey. ABC is put in a different category than other forms of adventure work because of its use of processing of the activities. This process can be helpful for participants who have a difficult time understanding why the group did certain activities and bring the meaning into perspective.

Rules, plans, goals, preparations, vision, and framing (with connections to life's issues through metaphor) are all put into play during the doing section of the Adventure Wave, the part where the adventure activity takes place. ABC focuses specifically on activities that will allow participants to be here and be safe. The debriefing occurs when the activity is finished. It allows the leaders to discuss the activity and prompt the participants to understand the greater meaning to the activity.

Removing Oneself from the Familiar and Risk

Adventure Based Counseling parallels the goals of mainstream counseling by providing psychological support, decision making skills, and achieving positive
mental health. It may be an innovative approach for counselors to integrate into their own practices. Similarly to what Schoel (1988) discussed, two of the main elements in all ABC programs are the ideas of removing oneself from the familiar as well as facing an element of risk. Nassar-Mcmillan and Cashwell (1997), professors at North Carolina State University and authors of “Building Self-Esteem Through Adventure Based Counseling,” discuss how ABC emphasizes the drastic difference from everyday life that these programs foster. They state, “As a society that places an emphasis on structure, routine, and control, the unknown encompasses an element that is in some ways diametrically opposed to our human approach” (Nassar-Mcmillan and Cashwell, 1997, p.2). This quote supports the idea of how radically different a change in routine can be. Most people do not go rock-climbing, hiking, or zip-lining everyday, so mixing up the routine and doing something out of the ordinary can be an exciting change of pace and result in therapeutic effects.

Effects of ABC

Alan Ewert (1989), the director of Outward Bound, a program that takes people on adventures to build character and teach leadership skills, who wrote many articles about Adventure Therapy, claims that “the benefits of participating in a combination of outdoor adventure and counseling can include psychological, sociological, educational, physical, and spiritual parameters that enhance self-concept, personal efficacy, self-confidence, and well-being” (quoted in Fletcher and Hinkle, 2002, p.278). Schoel, along with is colleges Prouty and Radcliffe (1988) wrote Islands of Healing: A guide to Adventure Based Counseling, and discussed
how “enhanced self-esteem; increased ability to trust, to take risks and to care for others; and lower recidivism and higher productivity are being reported in these settings” (Schoel et al., 1988, p.xi). They continue to discuss that this increase in self-esteem and ability to trust is helpful for many different populations including people with eating disorders and people working through trauma, as well as at-risk youth populations.

Populations

Nassar-Mcmillan and Cashwell (1997) discuss how self-esteem increases through Adventure Based Counseling. Self-esteem, or the overall judgment that one has for oneself, is a common struggle for youth at-risk. The increase of self-esteem is the goal for most programs for children who are labeled in the category of at risk youth. Child Trends (2006), a nonprofit, nonpartisan research center that studies children at all stages of development, explains the term youth at-risk more deeply. They discuss how the term at-risk has become stigmatized and used in many different ways, so it is important to understand who that population really is. The term is used to describe children who come from low-income families, single parent families, or families with low parental education levels and who are at risk of failure in school, death, economic dependency, or incarceration.

Late childhood and early adolescence is the time that people are most likely to be concerned with their sense of self, making it more likely to have lower self-esteem. According to Rosenberg, Schooler, Schoenbach (1989), from the National Institute of Mental Health, who wrote an article about adolescence and self-esteem
say, “The development of a healthy self-esteem among children and adolescents is important because it influences how the child or adolescent makes decisions” (Rosenberg et al., 1989, p.1004). In fact, low self-esteem is usually linked to many at risk behaviors (Rosenberg et al., 1989). In contrast, high self-esteem lowers the risk of depression and anxiety (Rosenberg et al., 1989). Therefore, finding activities that increase self-esteem has the possibility of helping youth at risk in addition to other populations.

These practitioners assert that Adventure Based Counseling is very helpful for youth at-risk, but it can also be very helpful for women who have been are troubled by a variety of challenges and life experiences. Caulkins, White, and Russell (2006) wrote an article examining the role of physical exercise in wilderness therapy for troubled adolescent women, published in the Journal of Experiential Education. Participants in their study were immersed in a remote desert environment for the entire duration of the program, hiking many miles per day and camping with few modern conveniences. Backpacking was found to be related to a series of general and substantive impacts, divided by elements of temporality, intensity, and clarity, as experienced by troubled adolescent women participating in the wilderness therapy (Caulkins et al., 2006). Caulkins et al. (2006) reports that many of the participants discussed how accomplished they felt after hiking so many miles and how having the time to themselves to think, while still being surrounded by others in a supportive way, was a very helpful way to heal.
**ABC as Exposure Therapy**

ABC is mostly a “learn by doing” program. You learn to overcome your fears by doing what you fear the most. This mirrors the ideas of a type of Cognitive Behavioral Therapy (CBT) called exposure therapy that helps patients heal by a gradual introduction to what they fear. John Grohol, CEO and founder of one of the leading mental health and psychology website, Psych Central, says that exposure therapy is a type of CBT technique that is intended to help patients gain control of their fears and distress that overwhelms them. Exposure therapy is usually combined with relaxation exercises or guided imagery (psychcentral.com). Patients involved in exposure therapy learn coping skills to help them through their fears.

With certain experiential therapies, a similar effect could be achieved. If someone is afraid of heights, they might face their fears by climbing to the top of the ropes course and learn to cope with the fear in a safe environment.

A journalist, Patricia Galagan (1987) wrote an article entitled “Between Two Trapezes” which was the personal story of her own experience of transformation at an ABC-like weekend retreat. The weekend did not involve trapeze, but Galagan (1987) did draw on some of the metaphors related to trapeze. She says “Experiential learning means to learn by doing. When the element of adventure is added, the act becomes risky because its consequences cannot be foreseen. Taking the risk heightens the learning experience” (Galagan, 1987, p.40). Galagan (1987) made her way to Pecos River Ranch in New Mexico to participate in a Leadership Experiential
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Adventure Program (LEAP) to write an article on life changing experiences, but she got much more out of it than she bargained for.

She discusses the issue of asking someone about the effects of an adventure-based experience. The person will usually say something along the lines of “it changed my life” rather than giving actually helpful details that could help you decide if you wanted to partake in such an activity. It is very difficult to describe ways in which you have changed. She states that to really transform people must let go of the idea of coming home with a grocery list of things that have changed about us. Whether it is subtle or drastic, one must allow oneself to notice the change, that one has gone through.

**Disequilibrium as a Positive Experience**

Larry Wilson, the director of the LEAP program that Galagan (1987) participated in said, “If the goal is change, there is always a tremendous amount of force on us to keep us where we were, and a great deal of that force is our environment. There’s a law of physics that says everything is trying to reach a point of homeostasis- a relatively stable state of equilibrium between different elements” (Galagan, 1987, p.41). That is why in ABC, the person seeking changed is removed from their comfortable environment, which creates a state of what that Michael Gass (1993), called disequilibrium. Gass (1993), from the Associate of Experiential Education, says that this concept “involves taking individuals out of their respective comfort zone, such as taking athletes off the athletic field and into a setting that will increase or enhance anxiety, frustration, or dissonance, thereby creating a state of
disequilibrium” (quoted in Fletcher and Hinkle, 2002, p.281). Getting out of that place of comfort allows the participant to do something very different from their normal routine and experience something different.

**Use of Metaphors**

Another major part of ABC is the use of metaphors. By working through the difficult activity that the group is participating in, the leaders can draw metaphorical parallels to real life challenges to help the participants. Schoel et al. (1988) say that a “metaphor is a powerful cognitive suggestion loaded with messages that cannot be quantified (Schoel, 1988, p.173). Metaphors can be applied to real life struggles. The examples used most in Schoel’s (1988) book, as well as in Carrie Heller’s (2010) work in Circus Arts Therapy (CAT) discuss the use of juggling scarves and applying it to real life situations (See Figure 3). Heller (2010) explains this an icebreaker activity where all participants stand in a circle with juggling scarves. Going around the circle, each person names each of the things they are “juggling” in their lives (work, school, friends, family, etc...) and together they practice juggling them all. It is a difficult task, but if each person takes the time and focuses on balance, he/she can juggle them easily. This is a great example of applying a metaphor to real life.

**Circus Therapy**

Another alternative form of experiential therapy is circus therapy. Circus therapy uses circus activities, such as juggling and acrobatics, as well as trapeze and silks (See Figure 4) to build strength, self-esteem, and even foster a place to learn
social skills. Carrie Heller (2010) is one of the most prominent circus therapists in the United States. She is also one of the very few people who actually practice circus as a form of therapy. Heller (2010) is a social worker with a performance background in static trapeze. She began with her play therapy practice and slowly started adding circus into her sessions. Heller (2010) now uses circus as her main play therapy tool, in her studio in Atlanta, Georgia. Heller (2010) speaks eloquently about what she sees happen in her classes. She says, “In my circus arts classes and therapy sessions, I see magical things happening between parents and children and within my groups. Not only does each individual feel an incredible sense of accomplishment from doing a trick, but also there is a shared sense of accomplishment amongst all of those who participated” (Heller, 2010, p.1).

Heller (2010) works primarily with children with intellectual disabilities, but she also extended her practice to youth at-risk. In addition to that, she also occasionally works with adults. Heller (2010) calls her practice, Therapy in Action, similar to ABC, which has been called, Therapy on the Run by Schoel et al. (1988) by participants who have enjoyed the active part of this kind of alternative therapy. Both of these alternative methods focus on other activities while therapy is a gentle undertone. Heller’s (2010) program involves fitness and nutrition instruction, contemporary chi kung (an ancient Chinese healing tradition and fitness art), brain and body balancing (by doing every trick on both sides and not favoring handedness), safety instruction, and of course, circus. Heller (2010) asserts that all these things help with physical, emotional, and mental growth.
One of the main portions of Heller’s (2010) practice focuses primarily on teamwork and social skills. By using equipment such as the triple trapeze, which encourages the three participants on the triple trapeze to work together so they don’t collide while doing tricks or make the trapeze swing out of control, she fosters ideas of working together and not leaving others behind.

Similarly to ABC, Heller’s (2010) program focuses heavily on metaphors. We can compare trapeze to situations in everyday life, so Heller (2010) uses the example of hanging upside down on a trapeze bar, “You are upside down on a trapeze, you see things upside down, from a completely different perspective” (Heller, 2010, p.10). This can be applied to real life through a discussion after the activity has finished. For example, the instructor can discuss how sometimes when one is in an argument with someone else and can’t see the other side of it, it sometimes helps to “turn upside down” and see it in another way.

Heller (2010) works hard to allow every person to participate in Circus Arts Therapy. For example, she works with one little girl who has Cerebral Palsy. Although the little girl needs more attention and extra spotting to achieve some of the circus skills, she still benefits from them. Despite greatest efforts, circus therapy is not for everyone. Patients who are paralyzed would not be able to interact with the equipment in the same way and would not be able to experience circus therapy.

From Heller’s (2010) evidence, it can hypothesized that patients suffering from Attention Deficit Disorder, Pervasive Developmental Disorder (a group of disorders including Autism and Aspergers that includes issues with socialization and communication), eating disorders, low self-esteem, poor body image, depressed
patients, as well as anxious patients, overweight patients, and patients who are in need of general support can benefit from Circus Arts Therapy as well as other forms of experiential therapies (Heller, 2010). However, no evidence has been shown on these forms of therapy being beneficial for patients with more severe psychological disorders such as schizophrenia, so it is unclear that experiential therapies will work for patients in that category.

Along with the use of metaphors, trapeze can also be used for a variety of other benefits: to build physical strength, coordination, self-esteem and self-worth. The students are participating in a risk-taking behavior in a safe environment that leads to better decision-making. They can also work on overcoming their fear of heights. This work can show participants how to have fun inside their own bodies, showing participants how strong and beautiful they can be. Heller (2010) discussed how this is especially prevalent for participants who have been abused and are not emotionally inside of their bodies any more.

An article by Occupational Therapists Ratcliff, Farnworth, and Lentin (2002), “Journey to Wholeness: The Experience of Engaging in Physical Occupation for Women Survivors of Childhood Abuse” published in The Journal of Occupational Science, goes deeper into this idea of physicality helping someone to get back inside of their body. The article discussed in depth interviews of two women who had experiences of childhood sexual abuse (CSA). Ratcliff et al. (2002) explain that these interviews were collected to gather material on how long-term experiences of physical activity (such as martial arts and circus performance) could help survivors reconnect with their bodies and experience life more fully.
CSA is a traumatic body-mind experience that can have long-term effects. Ratcliff et al. (2002) described The Women’s Circus, in Australia, which was originally set up to provide a safe space for women survivors of CSA to reconnect with their bodies. This is exactly how one interview participant, Andrea, used the program. In her interview, Andrea identified feelings of dissociation from her body and self in relation to her abuse and looked to reconnect her mind and body through the engagement of physical activity. In reflecting on her first performance with the women’s circus, Andrea said “the performance was definitely lodged, never to leave my body again” and “I really loved performing... it started to fill me up again, I guess” (Ratcliff et al., 2002, p.68). For Andrea, engaging in physical activity provided a conscious awareness in her body. She said, “The physicality of circus skills gives the students the experience of their own body, which impacts the whole person. The work is so physical they have to be in their body... they’re connected to their bodies again” (Ratcliff et al., 2002, p.68). This shows how powerful circus work, and body movement in general, can be for people.

Andrea discussed how “The process of supporting the whole person and not just the trick, enables you to really go places, extraordinary places (within yourself). Because you’re learning about yourself all the time, and you’re learning about yourself in a really safe environment. So you can take risks” (Ratcliff et al., 2002, p.68). She talks deeply about her experience of feeling supported and helped through circus. These women were able to “express their story while they lacked the words to do so” and get back inside of themselves (Ratcliff et al., 2002, p.69).
Jake Weinstein and Lissa McLeod discussed other methods of using circus in an alternative way. Weinstein and McLeod teach after school circus programs in Tennessee. They believe that circus can teach everything, and their experience has proved this to be true. One of their afterschool days is devoted to teaching math through circus. They recently began a program devoted to Geometry, specifically circles. The program, which concluded on Pi Day (March 14th), teaches diameter and radius, while the students get to be the circles or the measurement tools. By framing the math in a different way students who are struggling with it taught in the traditional way have another method of understanding it. This different method of teaching can be beneficial for children (and adults) who learn best by a more kinesthetic approach.

Reg Bolten and Robert Sugarman wrote other interesting circus related literature, discussing its alternative uses. Bolten a clown, actor, teacher and writer, who wrote many circus related books including Circus in a Suitcase (1983) and his PhD Thesis on Why Circus Works (2004), discussed “how the values and structures of circus make it a significant developmental experience for young people... A child involved in circus activities has a chance to make some good deficits, by experiencing constructive physical risk, aspiration, trust, fun, self-individuation, and hard work” (Bolten, 2004, Why Circus Works). His thesis continued to discuss specifically how circus achieves all of these things. Sugarman (2001), author of Circus for Everyone: Circus Learning Around the World, sees circus as a team sport that is non-competitive. It has structured steps as a plateau that can further achievement, when you master one trick, you get to move on to another one. It also
provides self-esteem for those struggling academically, brings outsiders in, and teaches good work habits, especially when things get difficult. Sugarman (2001) also stresses that circus is authentic in a world that is becoming less so. Circus has the ability to take people away from their TVs and computers and allows them to interact with people face to face.

Many different people discuss the uses of circus as an educational tool. Occupational Therapists Jill Maglio and Carol Mckinstry (2008) connected education, circus, and occupational therapy in the hopes of enhancing the health and well-being of today’s youth. Their article, published in The Australian Occupational Therapy Journal, is mostly a project hypothesis, but still gives interesting suggestions on conditions their approach might be able to help with. They say, “The new approach of incorporating circus programs into schools has close links to traditional subject areas to life skills, such as the development of physical, personal, and social skills, and the knowledge in workplace situations” (Maglio and Mckinstry, 2008, p.287). This is another example of how malleable circus can be and how it can be applied to so many different sorts of programs.

Michelle Carr (2007), a teacher at Robert Townson Public School in Raby, New South Wales, proposed that circus programs in schools could become an alternative to team sports and other more conventional forms of exercise. These programs could be helpful for those more reluctant to exercise. Carr (2007) found that children who participated in her afternoon after school circus program at Robert Townson Public School who were reluctant to participate in physical education lessons and team sports were more than willing to get involved in circus.
The temptation is because circus is out of the ordinary, something that not everyone does. Carr’s (2007) research focused primarily on enticing reluctant students to get involved with physical fitness by engaging them in activities that were fun and non-competitive to improve health and mobility, providing one strategy for combating childhood obesity.

Carr (2007) discussed Decker LaDouceur, a teacher from the Toronto School of Circus Arts who reiterated Sugarman’s (2001) comment saying, “We are breeding a generation of couch potatoes who have forgotten how to have good, clean fun. Circus gets them out of their living rooms and away from video games and television” (quote in Carr, 2007). LaDouceur’s program involves a warm up and stretch, apparatus training (trapeze, silks, acrobatics), object manipulation training (unicycle, juggling), clowning work, and a cool down/bonding exercise. All of the research I have discussed so far gives good examples that many people believe that circus has the potential to get people up and out of their routines and has the possibility of being therapeutic.

There is more evidence to support the hypothesis that static trapeze may be a part of experiential therapy. Joanne Rixom (2012) conducted research on static trapeze, (See Figure 1). Rixom’s (2012) goal was to explore and describe the effects of integrating physical exercise (trapeze) into a mental health individual placement and support program, meaning a program that helps depressed or anxious people to find jobs. She conducted trapeze lessons once a week for 12 weeks to participants who reported a range of mental health conditions, including depression and anxiety. After both qualitative and quantitative analysis had been done, Rixom (2012) found...
that these trapeze classes increased participants self-esteem, confidence, inner strength, self-belief, and had a positive impact on depression.

With a small sample size of eight participants, Rixom (2012) used The Rosenberg self-esteem scale, the Patient Health Questionnaire depression scale, the Generalized Anxiety Disorder scale, and the Work and Social Adjustment Scale and found that after trapeze lessons there was improvement on all levels of the assessment measures. The results had particularly dramatic changes with participants who scored worse than others in the pretests (See Figure 5).

Figure 5: Rixom’s data shows improvements for all subjects (2012)

Rixom (2012) speculates about why trapeze might be helpful. She discusses how trapeze involves a lot of focus and discipline. It is an activity that requires
complete attention both for safety and execution of technique. She describes this as “a mindfulness-based activity, which provided a means of positive escape” (Rixom, 2012, p.153).

Through interviews, Rixom collected data on how the participants felt that trapeze increased their feelings of empowerment, confidence, inner strength and self-belief. They also showed signs of mood improvement and a positive impact on their depression. “Many participants identified feelings of fear inhibiting them before the programme, but some noted that they had overcome their fear through engaging in trapeze” (Rixom, 2012, p.151). They discussed how they hoped that these feelings would continue and transfer over into other areas of their lives. With further research, Rixom hopes to identify how trapeze could do just that.

**Drama Therapy**

Another alternative form of therapy that fits under the experiential therapy umbrella is drama therapy. The National Association of Drama Therapy defines drama therapy as active and experiential (nadt.org). Through the practice of drama, people get to tell their stories, set goals, solve problems, express feelings and achieve catharsis. Another major component of drama therapy is getting out of the comfort zone. This can be a very therapeutic experience because of the change in routine and letting go. Sometimes running around the room and pretending you are a jellyfish is the best kind of therapy.

Robert Landy the director of the drama therapy school at New York University, says, “Unlike talk therapy, drama therapy gets there really fast. Role
playing- acting out issues and problems- is more effective than talking” (Landy, nadt.org). Participants have the drama to hide behind, because it is acting and not necessarily real. Therefore, drama therapy can quickly get to an emotional or intense place without pushing the patients to discuss their personal experiences right away.

Drama therapy uses role-playing. This consists of recreating daily life situations in which the patients are able to practice difficult tasks that they may face in real life. According to drama therapists Bielanska, Cechnicki, and Budzyna-Dawidowski (1991), who wrote “Drama Therapy as a Means of Rehabilitation for Schizophrenic Patients: Our Impressions” published in The American Journal of Psychotherapy, the aim of drama therapy is to improve self-expression, improve the knowledge of oneself and others, and experience group responsibility and cooperation. They discussed that, “Therapists in drama therapy do not delve in the past to find the roots of personal problems” (Bielanska, 1991, p.568). Instead they focus on the present and try to work out how to cope with the symptoms that are here and now.

David Johnson (1982), a Clinical Instructor of Psychology at Yale University, proposes an interesting idea in his article, “Developmental Approaches in Drama Therapy” published in The Arts and Psychotherapy. He says:

Whereas other paradigms suggest human dysfunction is due to something missing or out of balance, requiring things ‘to be put right,’ the developmental perspective sees human disorder as a blockage or a halt in development. Treatment first involves an assessment of where in the developmental sequence the person has stopped himself/herself, and then starting the journey again with the therapist as a companion and a guide (Johnson, 1982, 184).
From this hypothesis, it is clear that drama therapy is gentle and has a lot to offer its participants. It is yet another experiential form of therapy and a different way of thinking, offering new and alternative ways of healing.

**Equine-Assisted Experiential Therapy (EAET).**

An interesting example of experiential therapy involves the use of animals, specifically horses, to assist in the therapeutic process. Klontz, Bivens, Leinart, and Klontz conducted a study on the effectiveness of Equine-Assisted Experiential Therapy (EAET) in Society and Animals Journal of Human-Animal Studies. Previous studies have shown that horses, as well as other pets, have been helpful in the treatment of psychological and physical symptoms. EAET “gives clients the opportunity to work through unfinished business, relieve psychological distress, live more fully in the present, and change destructive behavior patterns” (Klontz et al., 2007, p.258).

Klontz et al.’s (2007) program provided 28 hours of EAET in a group therapy format, which consisted of 8 patients per group. 31 people (9 men and 22 women) participated in the study. Participants took a pretest upon arrival as a baseline assessment at the treatment center and the same measures were collected again on the final day of treatment. Participants were also mailed a follow-up questionnaire six months after treatment. The Brief Symptom Inventory and Personal Orientation Inventory, two questionnaires used to document symptoms to analyze changes post treatment, were used to assess the patients’ improvement.
Patients in the study participated in EAET, which consists of choosing a horse, grooming, walking, trotting, lunging, and practicing forms of equine games. These activities are combined with more traditional experiential therapy tools such as role-playing, sculpting, role-reversal, mirroring, and Gestalt techniques to achieve the desired therapeutic goals. Again, like other forms of experiential therapy, EAET makes use of metaphors. Zugich, Klontz, and Leinart (2002) assert in their article *The Miracle of Equine Therapy* published in Counselor Magazine that, “Horses elicit a range of emotions and behaviors in humans, which can be used as a catalyst for personal awareness and growth” (Zugich et al., 2002).

Klontz et al. (2007) concluded that as predicted, “participants show significant and stable reductions in overall psychological distress and enhancements in psychological well-being from pretest to posttest and follow-up” (Klontz et al., 2007, p.263). As this study shows, experiential therapy has the opportunity to treat many psychological problems. Despite many personal accounts of the success people have found, there is still little evidence, quantitative or qualitative, that discusses how successful these sorts of therapies can actually be.

**Conclusion**

Throughout this research, I had a very difficult time finding empirical studies showing quantitative data supporting experiential therapies as forms of healing. There were more qualitative studies, but there was still a lack of evidence as a whole. This discovery fit into the ideas that many people seem to have on experiential and alternative healing techniques, which is that they are less effective.
than regular or mainstream therapies. Experiential therapies may also not be given the amount of attention they deserve, because they are unknown and maybe even a little scary. This only increases the need for further in depth studies.

Despite the lack of evidence, I still found some research that supported experiential therapies. It is clear from the amount of literature I collected that there is a lot of interest in experiential therapy. People have experimented with a variety of different alternative therapies with many different populations and more anecdotal evidence continues to be collected. There are also many common themes, such as the use metaphors, getting out of one’s daily routine, and focusing on something other than one’s problems, that seem to all be associated with the experiential therapies I discussed.

Experiential therapies can use certain activities to help people suffering from adverse psychological conditions. An activity that has a therapeutic undertone or good metaphors that can be applied to real life situations can be used to help people heal. Through adventure activities, circus play time, drama, and horse back riding, people can get out of their comfort zones, express themselves non-verbally, and heal in ways that mainstream therapies cannot achieve.
Chapter 2: Experiential Therapies for the Treatment of Eating Disorders

The fact that eating disordered patients adopt physical and often complex metaphoric means of expressing their emotional pain, suggests the difficulty we are likely to encounter in asking them to articulate the inarticulable. In moving to spatial, kinesthetic, and symbolic expression, we are, in a sense, agreeing to speak the patient’s language, rather than our own.

-Hornyak & Baker

In this chapter I will examine the use of experiential therapies for the treatment of eating disorders. I will start with a short discussion on the prevalence of eating disorders and the mainstream treatments that are currently being used. I will then take a look at two forms of therapy that are based primarily on body movement, Dance/Movement Therapy and Yoga as a form of therapy as treatments for patients with eating disorders. Because Chapter 1, was an overview of experiential therapies, this section is intended to give the reader more concrete examples of how experiential therapies work for specific populations.

Eating Disorders

The DSM-IV-TR defines Anorexia Nervosa as a “refusal to maintain body weight at or above a minimally normal weight for age and height, for example, weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected” (DSM-IV-TR). Along with that, there is also an intense fear of gaining weight or getting fat, despite the incredibly low weight. Also, someone suffering with anorexia has improper ideas about their body image.

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and denial of their low body weight. Over eight million Americans suffer from eating disorders and 90-95% of them are women.

Bulimia Nervosa is characterized by recurrent episodes of binge eating involving eating an amount of food that is much larger than most people would eat during a similar period of time and a lack of control over eating during the binging episode. This binge is then followed by behaviors to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, fasting, or excessive exercise (DSM-IV-TR). This group of disorders can have severe effects on many areas of the patient’s life and can result in residual issues even after they move past the illness.

**Current Treatments**

In their article on Cognitive Behavioral Therapy (CBT) for the treatment of eating disorders, Clinical Psychologists Murphy, Straebler, and Fairburn (2010) discuss how CBT and traditional psychotherapy have been used to treat anorexia and bulimia, and even binge eating disorder, which is similar to bulimia, but doesn’t involve a compulsive action to lose the weight gained by the binging. The information collected by Murphy et al. (2010) specifically discussed an enhanced form of the regular CBT referred to as Cognitive Behavioral Therapy Enhanced (CBTE). CBTE was designed to treat “eating disorder psychopathology rather than an eating disorder diagnosis, with its exact form in any particular case depending on an individualized formulation of the processes maintaining the disorder” (Murphy et al., 2010, p.616). This article presented the process of CBT in the treatment of...
eating disorders as a very systematic process. CBT helps remove the patient from the eating disorder and allows them to look at it from an outside perspective in the hopes of helping them heal.

CBT for disordered eating involves real-time self-monitoring where the patient keeps track of the things they ate, when they ate them, and how they felt while eating. Patients are also encouraged to set goals of how much they will eat of something and try to stick to that goal. This process of keeping track helps clients to understand where they are having issues and track their progress. It also helps them to be aware of what is happening in the moment.

A key element of the weekly appointments is weighing in. By weighing in with the therapist, the patient doesn’t have the time to misinterpret what the number might mean. Instead the patient immediately discusses with the therapist how they are feeling. This can help them to interpret the number in a healthy way. Another part of CBTE is educating the patient about their eating disorder. They are assigned readings on their specific disorder so that they can understand that some of the thoughts and feelings they might be having are associated with the disorder. Each of these techniques helps the patients to separate themselves from the disorder and work through it from an outside perspective.

This mainstream therapy has been empirically proven to help patients through their eating disorders, however some patients find it useful to have more tools to help them through. Experiential therapies offer the alternative and have
helped many people through their illnesses and helped them find something that they really love to do.

**Experiential Treatments**

Experiential therapies get people out of their daily routines and allow participants to express themselves in a very different way than more traditional therapies allow for. *Experiential Therapies for Eating Disorder*, by Lynne Hornyak and Ellen Baker (1989), therapists using experiential and alternative healing techniques in their private practice in Washington, DC, describe experiential therapy as “treatment techniques based on psychological principles, that are developed and used with the specific intention of increasing clients’ present awareness of feelings, perceptions, cognitions, and sensations; that is their in-the-moment experience” (Hornyak & Baker, 1989, p.3). Hornyak and Baker (1989) focus specifically on experiential therapies for eating disorders discussing how experiential therapies have been helpful for a broad range of people including children and adults, as well as people with physical and emotional problems that vary in the degree of severity.

In discussion of experiential therapies for eating disorders, Hornyak and Baker (1989) “found it paradoxical to attempt to define in words, phenomena that are experienced non-verbally” (Hornyak & Baker, 1989, p.3). The epigraph at the beginning of this chapter speaks to this issue (See p.38). By using spatial, kinesthetic, and symbolic activities, experiential therapies start speaking the patient’s language and help them to articulate the inarticulatable.

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Dance/Movement Therapy (DMT)

The American Dance Therapy Association (ADTA) defines Dance/Movement Therapy (DMT) as “the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual” (adta.org). DMT “serves as a powerful medium for people suffering with eating disorders to explore their relationship to their bodies” (adta.org). In the article Dance/Movement Therapy with Bulimic Patients Dance/Movement therapists Stark, Aronow, and McGeehan write, “Bulimics often have difficulty in identifying and expressing feelings. Dance/Movement Therapy addresses many elements thought to be involved in recovery from bulimia: improving body awareness and body image, developing a sense of self and identity, recognizing conflicts, developing positive coping skills and personal strengths, and overcoming isolations” (article in Hornyak & Baker, 1989, p.125). Through the use of the body, participants can explore parts of themselves they are otherwise neglecting.

Frisch, Franko, and Herzog (2006) conducted a study on how experiential therapies could help patients with eating disorders. Their article, Art Based Therapies in the Treatment of Eating Disorders, published in the journal of Eating Disorders, discussed how Dance/Movement Therapy was first developed for patients who were “emotionally stunted” and who were unable to be insightful or verbal about their struggles. Dance/Movement Therapy helps them to express themselves in a nonverbal way, expanding the possibilities of healing in more ways than one.

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Yoga as Therapy

Yoga is another form of experiential therapy used in the treatment of eating disorders. Laura Douglass (2009), a professor at Lesley University in Cambridge, Massachusetts, and author of *Yoga as an Intervention in the Treatment of Eating Disorders: Does it help?* explored yoga as an adjunct to the treatment of eating disorder. She says, “Progressive directors are increasingly choosing to integrate non-traditional awareness-based therapies such as yoga in the hope of giving individuals one more tool by which they might recover” (Douglass, 2009, p.126). She claims that the addition of these new tools can help patients suffering with eating disorders. The more options a patient has, the more possible it is to heal them.

Douglass (2009) discussed a yoga participant asking her, “What is this mystical state I feel after class?” She answered that this feeling is, quite simply, letting go. She also notes that yoga is also a mindfulness practice and one of its goals is to experience the present moment. In the present moment “we are able to experience ourselves untarnished from our own self definitions” (Douglass, 2009, p.129). Having that moment of mindfulness and being present can be very helpful for patients with eating disorders.

Sanjay Gupta, assistant professor of neurosurgery at Emory University School of Medicine and CNN’s Emmy award winning chief medical correspondent, interviewed Chelsea Roff in a segment called “From 58 to Thriving.” Roff suffered from a stroke at the age of fifteen due to her severe anorexia. She was only fifty-eight pounds when she had the stroke and spent the following eighteen months in
the hospital. One of her doctors suggested that she try practicing yoga to help her through her healing process. Her doctor described it as a way of “listening to your body, without burning too many calories” (CNN video).

Roff discussed how time on her yoga mat helped her gain confidence, learn to interact with people, and slowly helped her change the harmful parts of her personality. She continued to discuss how yoga is by no means a cure, but it is one of the many tools that, when used correctly, can help people rebuild their lives. Roff has only personally witnessed her own transformation with yoga as a form of therapy, but she believes that yoga can help others as well. Roff’s success story is another example that shows the possibilities of the healing effects of experiential therapies.

**Conclusion**

This chapter showed specific ways in which experiential therapies are used to help patients with eating disorders. These experiential forms of therapy are not necessarily trying to change things, they are just trying to help people, “…yoga does not try to change anything; it is not therapy in the conventional sense of moving from a state of dis-ease to ease” (Douglass, 2009, p.129). Yoga and dance, as well as other forms of experiential therapy help people get in touch with themselves in a different way than more traditional therapies and allow patients to express themselves nonverbally.

Flying trapeze is similar to dance and yoga in that it is primarily based on body movement. But flying trapeze elevates the physical intensity, not just in...
altitude above the ground but in terms of taking patients further from their everyday experience. In the following chapters, I will be discussing how flying trapeze can be used as a treatment for eating disorders as well as PTSD.
CHAPTER 3: INTERVIEWS

*Notice the fear. Breathe Deeply. Do it anyway*

-Jasmine Balance

Throughout my research, I noticed that people are increasingly seeking out therapies alternative to mainstream talk therapy. This chapter will describe the personal stories of people who have used these experiential therapies, to start to heal their suffering. By removing themselves from their daily routine, trying something new, and overcoming fear, they can learn helpful skills and tools to help them work through difficulties in life. These alternative therapies are becoming more prevalent and accepted forms of healing, and different activities have started being used in a therapeutic way.

Humans intrinsically avoid risky situations, which is why most people get scared or nervous when they are about to embark on an adventure activity or try something new for the first time. This is why someone standing on the platform of a flying trapeze rig might debate whether or not to jump off. The body is saying no, but rationally the person knows that he/she is safe. And yet, despite the fear, people have found peace and happiness through these risky and adventurous activities. So how do these experiential therapies work? What is it about them that keep people coming back? Why do people seek out these sort of risky situations in hopes of feeling better?

In flying trapeze, when you get strapped into the spotting lines that guide you up the ladder, and then slowly start to climb to the top of the platform, you are
putting yourself into a state of what Gass (1993) calls disequilibrium. As discussed in Chapter 1 (See p.23), disequilibrium is a state where a person is out of his/her normal comfort zone and into a situation where he/she is pushed slightly outside of his/her limits. One is no longer on the ground; but suspended in the air, removed from usual day-to-day activities. There is something to be said about taking the time to do something radically different from the normality of day-to-day life. Whether it is the thrill, or perhaps the disequilibrium, somehow when one gets back on the ground and realizes what one has just overcome, one may feel empowered and invincible.

In January of 2013, I interviewed thirteen individuals who use flying trapeze in their lives so that I could better understand personal perspectives on how flying trapeze can be therapeutic. I conducted these interviews in Los Angeles, California. All of the participants were over the age of eighteen. I interviewed 3 men and 10 women. I knew most of the participants through teaching at Trapeze School New York on the Santa Monica Pier in LA, however I also interviewed a few professionals who run their own trapeze schools. I found those people through word of mouth and research on the Internet.

This chapter will highlight the main findings and common themes of the interviews. I will describe the important aspects of flying that these interviews identified, such as how flying feels, how it affects the participants, and why it became such an important part of their lives. I will then highlight stories of people who use trapeze to help them through very specific issues such as PTSD and eating disorders.
Throughout my interviews, I discovered that people experience trapeze in their own way. For some, this practice increases self-confidence and is something they need to get them through the day. For others, trapeze is just an activity they do to keep in shape. But with each person I found there was a narrative that was as unique as their own life stories. I spoke with thirteen people whose experience ranged from only having done trapeze a few times, to those who have flown for many years. I developed a questionnaire that I used for all participants (See Appendix 1 for Questionnaire). The interviews were informal conversations conducted in coffee shops, at the trapeze school, and occasionally on the phone.

I chose these participants because I noticed the particular way these people used flying trapeze. Most of the participants were at the trapeze school taking a class once or twice a week, or had been working at the school for more than a year.

Many of my interviews were very personal accounts of portions of people’s lives. For that reason, I have changed the names of many of the participants. However, in some cases, I use the person’s real name because they gave me permission to do so. Each participant signed a consent form before beginning the interview and had the ability to stop the interview at any time (See Appendix 2 for Sample Consent Form).

**How Flying Feels**

Every person I interviewed had trouble explaining exactly what it is about trapeze that they love. It was also difficult for them to describe what flying feels like. Participants would sit in silence and ponder how to put the feeling into words. It is
almost as though the feeling can’t be discussed or reproduced in any way. It has to be experienced, because it somehow seems to defy language. Why can’t something that is so amazing be described? And why is it so difficult to put into words? Despite the struggle in finding the perfect words, throughout the interviews, participants did their best to come up with ways to describe the feelings associated with flying trapeze, so they could explain it to the rest of the world.

Peter Gold, a famous catcher, an integral role in flying trapeze, where the instructor hangs upside down on a separate bar and catches the flyers tricks (See Figure 6), who now owns a flying trapeze school and teaches people how to fly, discussed why the feeling of flying is such a difficult one to explain. He said, “it is difficult to put it into language. It is more something you have to feel.” Gold then goes on to discuss how “Personal transformation takes place when one is flying. It is something positively powerful and spiritually powerful.” Throughout these interviews, I found this same experience to be discussed, but I pushed my interview subjects to find ways to describe the feeling to those who had never done trapeze before.

Abby, a flyer in her early twenties who became an instructor after flying for six years, explained, “You feel so light, you’ve been in the air and you feel so light. So many possibilities, an expanse. You don’t feel like a bird, but you are in that space where birds would be. Separate space where nobody else is. Even if it is really loud where you are, there is that space, that peacefulness.” After she said this she gently exhaled, as if she felt the feeling as she was describing it. In this interview, Abby
described how flying feels to her. Through more interviews, I found that there is a sense of openness and freedom that each person discussed.

Jennifer, a professor of psychology who started flying to conquer her fear of heights and ended up loving it so much she kept coming back, said that flying trapeze, “Feels very free... The physics allows you to do what feels unreal. Defying gravity. Whether I have had a good or bad day, it doesn’t matter. When you are flying the only thing that matters is the moment.” Jennifer suggests that flying trapeze takes her out of the mental space from the day and puts her in a new place.

Lindsay, also a psychologist, found trapeze while searching for an activity that was completely out of the ordinary so she could move past a break-up. She described her first knee hang (See Figure 7) and said, “It felt completely exhilarating... I spend a lot of time in my head, so getting out of my head was a great opportunity.” Like Jennifer, Lindsay was able to get out of the mindset of the rest of her day.

The idea of “getting out of ones head” was one I came across quite frequently while conducting interviews. Jennifer said, “Its totally therapeudic, I love it. Facing your fear, trusting others, letting go of control, letting someone else take the lead. [It] restored my faith and I keep applying it to real life. Being a psychologist, I emotionally carry the things I see and hear throughout the day, flying trapeze is form of therapy for me.” This discovery is very powerful. Finding an activity that allows for a change of pace and mindset can be very useful in life. Flying trapeze removes people from their daily routine and facilitates thinking in a new way.

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Mindfulness: Completely in the Moment

The interviews raised the idea of Mindfulness, which Jon Kabat-Zinn (1994), a well-known scholar and the first to integrate mindfulness into Western healing practices explains as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.” (Kabat-Zinn, 1994, p.4). This idea was a common theme within these interviews. Every one I talked to discussed how they could only think about what they were doing in that moment. They were not worried about yesterday or tomorrow, they were focused on the moment, completely absorbed in the now.

In my experience, because flying trapeze requires extreme focus and discipline, over-thinking the trapeze trick can actually make it more difficult to fly. But if I breathe deeply and wipe my mind clean, I am able to focus on being in the moment and flying comes more easily. In fact, when I am flying, it is almost impossible to think about anything else. These interviews described flying trapeze experiences in the same way.

Samantha, a flyer who used flying trapeze to help her through her battle with anorexia, said that flying trapeze makes her feel calm. She said that when she flies, “My mind is more quiet. I guess I feel less in my head and more in tune with my body. I can sink down into my heart and my body. The mindfulness is what really gets me. Can’t think about anything else when you are hanging from a bar.” This mindfulness aspect of flying trapeze allows for participants to truly focus on flying, rather than thinking about their afternoon plans or what to have for breakfast.
tomorrow, as well as more serious debilitating obsessive thoughts. Flying trapeze helps to separate the flyer from whatever is bothering him/her.

Robert Sugarman (2001), who wrote the book *Circus for Everyone: Circus Learning Around the World*, conducted an interview with Bernadette Pace, a director of many flying trapeze summer camp programs. Pace discussed how she does not feel religious about flying trapeze, as some people do, but she does have an intense emotional involvement with trapeze. She said, “Once I started, I never quit. I absolutely love it. Mostly, I’m in it for the recreation, but if you are under any emotional stress, you really don’t have time for [emotional distress] when you’re on the pedestal flying” (Sugarman, 2001, p.199). Pace went on to discuss that flying was the only thing that helped her through the difficult period in her life, when she went through a divorce after twenty-eight years of marriage. She said, “I flew a lot then just to escape” (Sugarman, 2001, p.199). The experience Pace described, the inability to think about anything but trapeze while she was flying, was a common theme discussed in most of the interviews I conducted.

As soon as a flyer jumps off the platform, he/she is in the moment, focused solely on what their body is doing. It is possible to think about other things other than flying, but it takes a conscious effort to not be completely absorbed inside of flying. It is a great escape, because there are no other thoughts going on, just flying. As many of my interviewees described, this can be a very powerful part of trapeze and an important aspect in its ability to heal.

Brown, Marquis, and Guiffrida (2013), wrote a review of literature on mindfulness-based interventions in counseling in the *Journal of Counseling &
Development. They discussed that the goal in mindfulness is to be aware of whatever arises in your field of consciousness, whether it be positive or negative (Brown et al., 2013). From the anecdotal evidence collected throughout my interviews, the claim can be made that mindfulness is easily achieved while flying on trapeze. The flyer is paying attention to his/her body, how it feels, how it moves, and is focused and in the present moment. Lindsay, who as a therapist uses mindfulness with many of her own patients said, “[Flying] is a form of therapy for me. I use a lot of mindfulness in my practice, being completely present in the moment. [When you are flying you] cant think about what is about to happen. [You are only] thinking about what is happening right then.”

Kaitlyn, a student who uses trapeze to help herself through the after effects of a trauma said that flying trapeze helps her to feel integrated with her body. She says, “My mind completely shifts to every part of my body. There is always so much to think about and I am completely in the moment, and not reliving that painful past event in my mind...” Brown et al. (2013) solidifies this idea when discussing how, “Research has consistently demonstrated that counseling interventions using mindfulness improve well-being and reduce psychopathology” (Brown, 2013, p.96). Considering the ability that flying trapeze has to foster experiences as mindfulness, it is possible that it has that same ability to improve well-being and help people heal.

**Flow**

Stories I collected from the interviews also suggest that flying trapeze has the ability help us achieve moments of flow. According to psychologist Mihaly Davidson 54
Csikszentmihalyi (1990), flow is the psychology of optimal experience, the state in which people are so involved in an activity that nothing else seems to matter. It is that time where people feel completely in control of their actions. These moments “usually occur when a person’s body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile” (Csikszentmihalyi, 1990, p.3). Flow provides a sense of discovery, a creative feeling that transports the person into a heightened experience of reality.

In her interview, Dr. Edy Greenblatt, a flyer, author, motivational speaker, and executive coach said to me:

When I fly, I have moments of flow. There are moments I am in flow. And these residual effects of flow, increased physical well-being, happiness, after glow of endorphins, helps my sense of self-worth and self-esteem. Fulfilling a commitment to myself to excel is something I care about. I promised myself I would do this cause it makes me happy. When I come here, I am keeping that promise. Its self-efficacy.

Greenblatt’s example helps to describe that the feelings of flow associated with the practice of flying trapeze help increase self-worth and self-esteem, among other beneficial outcomes. She also discusses the idea of self-efficacy, one’s own ability to reach goals and complete tasks. This theme showed up in several of my interviews. In flying trapeze, each person sets his/her own goals and does his/her best to meet them. When those goals are met and promises are kept, there can be a boost in self-concept and a change in how a flyer views his/herself in certain situations.

**Trust**

Schoel, Prouty, and Radcliffe (1988), pioneers in the world of Adventure Based Counseling, discussed how “risk situations bring trust and feeling issues to
the surface quickly” (Schoel et al., 1988, p.139). In terms of trapeze, people are in a risky situation, so they reach out and find someone they can trust. This is very evident to instructors when working on the platform. Miranda, another student in her early twenties who later became an instructor so she could share her love of trapeze with others, brought up this idea and called it *The Board Confessional*. The board, also known as the platform, is the place where participants get secured into the safety lines and jump off to start flying (See Figure 8). *The Board Confessional* is the perfect name for what happens on the platform. When flyers approach the platform for the first time, and they are about to take the first leap into the unknown, they disclose information that normally wouldn't come out until they had known the instructor for years, let alone five minutes. Miranda discussed how she has had conversations about divorce, childhood, and entire life stories while in *The Board Confessional* moment. In these risky situations, it is as if the instructor on board is the only person in the world that these students can trust and they need to disclose personal information to foster a connection before they jump.

Interestingly, *The Board Confessional* usually lasts less than a minute, but making these kinds of connections with others can be a part of the healing process. Many of the participants I interviewed discussed the connection they had with the instructors who taught their classes. The people associated with the school, who are teaching it and running it, seemed to be almost as important as the activity that was occurring. Jane, a woman who described working through a sexual assault using trapeze said, “it was the people that made me come back... The owner of the school helped me work through [the assault]. It was a practical place to help me feel
normal.” In her interview, Jane told me that she was very afraid of hanging upside down by her knees on the trapeze bar. The owner of the school she was training at held her safety lines, put her in the knee hang (See Figure 7), and made her stay there. Jane said that she spent a few minutes hanging upside down while the owner talked to her and reminded her that she was safe. After hanging upside down, not falling off, and feeling supported by others, Jane was able to feel safe hanging by her knees. This is a beautiful example of how flying trapeze helped Jane find the confidence to put trust into someone else, which eventually helped her on her healing journey.

**Vitamin for the Soul: Fear, Confidence, and Courage**

Miranda stated that the more she flew, the more she changed. She said, “Trapeze allowed me to realize that I could handle something I was afraid of.” Gold expands on that and explains how trapeze “helps people build sophisticated relationships with fear.” The interviews showed that if you do something that scare you and you live through it, you can discover that your fear can be overcome and it can’t hold you back. Or as Edy Greenblatt said “I don’t believe in fearlessness, I believe in courage.” You may never be fearless, but as long as you keep working on it, you can be courageous.

Erica, a dancer who started flying at a summer camp, is a good example of someone who found courage through trapeze. She told me the story of the very first time she did trapeze. She was the first one to go up the ladder and swing in the class. She said, “I was the first one to go up, so I pretended I wasn’t scared, but it was
terrifying. But that got me off the board cause I was pretending it wasn’t scary. It scared me for quite a while, had to keep doing it till I wasn’t scared of it. Then I realized it was really fun.” Many people I interviewed had this same reaction. They were first afraid and then ended up loving it. To be courageous and overcome something scary can make a large impact on how one lives life.

Peter Gold continued on in his interview about how people are always inside of themselves and the experience. He said:

Experience is a mindset. Trapeze helps to remove people from their belief system. We are constantly thinking about what is going to happen. With trapeze you don’t know exactly what is going to happen those first few times you go up there. But by the end, you did it. You made it through. This practice begins to settle in the experience. Then people start to think ‘Where else have I been selling myself short?’ and ‘What else I have not done because I was too afraid to do it?’ It is a powerful experience of consciousness. It is a meaning making experience.

Gold’s description of what he believes other peoples experience to be was similar to the interview responses I found throughout my research.

Gold went on to speculate that flying trapeze “is somehow outside of people’s experience. They don’t understand on a deeper level, in words, but they change. Somehow, some part of them recognizes that it is powerful. It is a vitamin for the soul. That’s why they keep coming back.” Gold continued, “There is a much deeper meaning to trapeze than what it looks like on the outside.” People learn how to feel safe and face uncertainty and fear. Gold describes the feeling of conquering something scary and then having the confidence to face other things. “No problem, I can face that with gusto.” From these anecdotes, it is apparent that many flyers believe that flying trapeze changes people’s experiences and ideas of fear.
Jonathon Conant, another flying trapeze professional who owns Trapeze School New York, a growing franchise of trapeze schools all over the United States, agrees with Gold. He discussed that after his first swing at Club Med in the 1990s he thought “If I can do that, what else can I do?” This thought then opened up a door to a whole new world of possibilities for him.

**Metaphors**

There are many different metaphors that can be applied to flying trapeze. The most commonly used ones are *taking the leap* and *letting go*. However, there are also other metaphors about trust and being in the moment. By leaping into the unknown and letting go of control, people feel that they can become free from things that hold them back.

Many of the interviews I conducted also discussed the use of other metaphors that are applied to flying trapeze. Author, Gail Blanke (2004) wrote a book entitled *Between Trapezes* where she uses the metaphor of the trapeze and applies it to the point in life where you are leaving one part and reaching another. Being “between trapezes” can be scary because you are not holding on to anything. You don’t know exactly where you are going, but you have to trust that you will find the catcher and continue to fly safely through life.

Blanke’s (2004) book is more a motivational self-help book than an actual account of the therapeutic aspects of flying trapeze, but the metaphor of being between two trapezes is a powerful one. Most people are afraid of letting go of what they have, even though they could move on to something better or something that
makes them happier. Blanke (2004) says that “when you allow yourself to not know the future, that's when you find your edge” (Blanke, 2004, p.4). Just take the leap, let go, and fly.

Both Jane and Lindsay discussed the use of saying “Eyes up, head up, look up” while instructing in flying trapeze. Jane says, “They always tell me to look up. I always look down. I never look up. I never looked at a catcher until I got caught... I was so shocked that it finally worked. I just kept screaming, I did it, I did it!” Jane said that this helped boost her confidence so much so that she came out of her quiet self and has started performing her new skills in front of large audiences.

Lindsay said that she believed this idea of looking up has the possibility of helping people who are less confident or anxious. To catch a trick and fly in a correct and safe way, the flyer must look up and be confident. While learning to fly, the participant can practice these skills and eventually apply them to real life situations.

Letting go is another metaphor that was discussed throughout the interviews. One of the hardest parts of flying is letting go of the bar, but in order to do essentially every trick, the flyer must eventually let go of the bar. When the flyer lets go, he/she floats smoothly down to the net, landing on his/her back. It is a simple movement to open the hands and release the bar; this allows the flyer to be completely free and unattached, with nothing to hold on to as he/she falls to the net. This metaphor easily translates to real life. For example, I had an interaction with a woman on the platform a few years ago that I still remember. This woman was flying by herself, but had brought along her mother and her baby daughter, who looked to be about six months old. The flyer and I spoke while I hooked her into the
safety lines. She told me that her ex-boyfriend, the father of her daughter, had recently left her and her baby. We discussed how hard letting go is, but I asked her to envision that letting go of the bar was like letting go of her ex. I said to her that letting go can sometimes be the hardest part, but if she could do it twenty-three feet in the air, then maybe she could do it in her life.

After her first swing and subsequent landing in the net (having let go of the bar), she was crying. She came back up the ladder and told me how helpful that small exercise had been. She told me that she now felt like she could let go and move on with her life. I never saw this woman again, but I speculate that her experience with trapeze helped her to change her life and continue on.

As Blanke (2004) said, it is okay to let go of your trapeze bar, so you can leap into the unknown, knowing the whole time that the safety net is there, just in case you fall. One knows, rationally, that there is a net, but still has to take the literal leap of faith and jump into the unknown. The idea of letting go and not completely knowing the outcome, and trusting that what is going to happen will be safe, fun, and has the possibility of being very therapeutic.

**Similarities and Differences**

In the interviews I asked each participant what else compares to the feeling elicited by trapeze. Lindsay said, “Nothing excites me as much. That internal excitement, the endorphin rush.” But she did go on to say that flying does remind her a bit of the feelings she has while running a marathon or participating in a
triathlon. Interestingly, Abby also mentioned that she felt like she could run a marathon after taking a flying trapeze class.

Samantha discussed how the only thing that compared to flying was figure skating. She used to be competitive figure skater and describes the two as giving her the same feeling of calm and focus. We talked a bit about the difference as well. Samantha described to me the glass surrounding the ice-skating rink and how you can’t avoid looking at yourself. “When you are flying, there is nothing to see your reflection in. A crowd gathers at the front gate, but they are excited about anything you do.” She shook her head and said, “For me, with my history of anorexia, I focus so much on how I feel in my body. And it’s usually negative. But when I am flying I don’t have negative feelings, but I don’t feel anything. But when I am skating, I can see myself in the glass, in the tight pants, and there is time to think. No time for that while I’m flying… I have a healthier relationship [with myself] with trapeze.”

Conant agreed with the consensus of the interviews saying that nothing compares to flying trapeze. “With trapeze you get into an intense space really quickly. You are then dependent on yourself and dependent on trusting others. Nothing else gets you into that space that quickly.” He continued to say that it is also really accessible and there are so many possibilities. He noted that trapeze can be learned by a very large group of people. There is a population of people who cannot participate in it, such as people with physical disabilities or lost limbs, but for the most part, it is a very accessible sport, meaning that a large population and age range can learn how to fly and catch a trick within their first class.
Alternative Uses

In this section I will discuss examples from my interviews of flying trapeze used to work through trauma and eating disorders.

Working Through Trauma

I met Kaitlyn while I was teaching a class. She had been flying for a while and was working on her swing and a few other higher-level tricks, so she had been making progress and working hard. During the thirty-second snippets of conversation that we had when I was hooking her into her safety lines, we started talking about her life. After we had talked on multiple occasions, I asked her if she used trapeze as her kind of therapy. “Hell yeah” she said. Unfortunately, I did not get to interview her, but she did send me a beautiful piece she wrote about her experiences with trapeze. She has given me permission to share portions of it in this chapter.

In 2011 Kaitlyn survived a trauma (that she wasn’t ready to disclose) and had been dealing with PTSD and the other effects of living through a traumatic event. She wrote:

Living with PTSD and triggers is sort of like walking around with an electric dog collar that goes off at random moments, and you never get to take it off for the rest of your life. You start to wish you were dead so you can stop feeling the emotional shocks of pain for one freaking day. It’s not about feeling joy anymore, but rather to just stop the poison... When I made my first catch, it was the first time I felt free of that metaphorical dog collar; my brain was free to feel joy, exhilaration, and happiness like it was before. It reminded me of when I was a kid, without a worry in the world, just hanging from the monkey bars on the playground. It felt like that. I was also proud of myself because I was so scared but I got through it. That felt really
good and gave me a huge ego boost that I really really needed. I also felt hope for the first time.

Kaitlyn went on to discuss the aftermath of the trauma and how, before trapeze, she tried many different kinds of therapies, drugs, support groups, and advice. When a friend took her to the Santa Monica Pier, to take a flying trapeze class, Kaitlyn thought it was just to celebrate the friend’s birthday, but her friend was secretly hoping that doing something completely different, and getting Kaitlyn out of her routine, might help her break free. Kaitlyn then wrote,

When I finally did it, it was the first time in over eight months that I had smiled for real, without pain behind it. After my first catch that day, and after the class was over, I couldn’t stop crying from joy. I honestly believed that I would never smile like that again... After that day, I somehow found the drive to change my life to a better one. I was suddenly aware that I still had the capability of experiencing good things again and that I was capable of going beyond what I thought was my limit... I started coming every couple of months, then every month, and then every week. When I started doing that, my triggers finally subsided. Sometimes talk therapy doesn’t work. Sometimes talking makes it worse! Sometimes what you need is to not talk and not think about something!

With the help of flying trapeze, Kaitlyn was able to start the long process of healing from her trauma. She discussed the emotional benefits that she has found through trapeze and how they differ so much from everything she did in talk therapy. She wrote:

Even though the time spent up on the rig is so short, the effects of clearing my head from painful thoughts last way longer than the class. If I catch a new or hard trick it lasts even longer. The opposite would happen in talk therapy. After I would leave those sessions, I would just remember the painful memories even more. I didn’t want to understand what happened from different perspectives. I wanted to lessen the pain. I wanted to think of it less. I wanted to be less defined and trapped by it.
Through Kaitlyn’s writing, it is clear that flying trapeze helped her through her healing process in a different way than the experience she had with talk therapy. This is another powerful part of flying trapeze. Because it is so different from mainstream therapies, it can help people who do not find that those kinds of therapies work for them. Flying trapeze and other forms of experiential therapies give people different treatment options on their path to healing.

*Working Through an Eating Disorder*

Miranda started to notice the therapeutic aspects of flying trapeze, after she became an instructor. In her interview, the two of us talked a bit about how she treats different students and how she deals with flyers in need of a more therapeutic side of her. Although she is not a therapist, she discussed that when working on the platform, it is easy to feel the person’s energy and gauge what it is that they need. Miranda said that for the most part she treats everyone similarly, but she occasionally discusses metaphors more deeply if someone is flying who she thinks is in need of some form of healing. She went on to discuss that she doesn’t want to push the therapeutic side of things on the students. Instead, she places it gently near them so they can choose to grasp it or not. Gold expanded on this idea, saying “you can lead a horse to water, but you can’t make them drink.” He said he encourages, but doesn’t push. “You can’t want it more than they do or else it doesn’t work...The seeds are getting planted and I know they are germinating.”

Miranda continued to discuss that a group of people she does treat differently are people who are struggling with eating disorders. She discussed that
she had a friend/student that was anorexic and she did take more initiative in helping her recover. She told me the story of holding the girl’s safety belt, lined up and ready to fly. Miranda knew that this girl had been in treatment for anorexia and wanted to make sure that she had eaten that day, before she let her fly. “Promise me that you will always eat on the day you come to trapeze. It is not safe for you or anyone else if you haven’t eaten. Promise me.” This was a more overt display of healing, but it was important in order to make sure that the flying would occur safely.

In my interview with Samantha, she discussed her experiences with flying trapeze and how it became a part of her healing process. She told me openly that she has struggled with anorexia and has been in and out of rehabilitation programs for the majority of her teenage years. She started the interview by telling me about her battle with anorexia and the many treatment programs she had been a part of. When she was involved with an outpatient program at UCLA, she had a friend who went to the Santa Monica Pier to try a flying trapeze class. Samantha was invited to go along with her friend, but she didn’t want to change her preset schedule, so she declined the offer. After a while, and many failed attempts from her friend to help her go, she caved in and decided she would give it a try.

As I sat there in this interview, which I conducted between turns in a flying trapeze class we were both taking, I found myself speaking with an energetic, outgoing, and confident person. Samantha explained to me that the reason she didn’t go when her friend first asked her was because she was nervous that she wouldn’t be able to conduct a conversation with her in the car on the way to the trapeze school. Samantha, sitting right in front of me was a very different girl than
the one she discussed, who seemed to be nervous and shy. Flying trapeze allowed her to come out of her preset, controlled schedule and build the confidence to interact with others.

*Working Through Life*

As these interviews have shown, many people have found relief from very serious problems, but trapeze can also be used for day-to-day anxiety or sadness. Every person I interviewed had some reason or another for trying trapeze for the first time. Sometimes it was about finding relief from anxiety, fear or PTSD, and sometimes it was about letting go of a past relationship or to turn off the millions of thoughts going on in one's mind.

Here are some quotes from interviews with people who use trapeze to get them through:

“I feel oddly victorious after every time I do trapeze, even if it was below par or not exactly what I wanted it to be, I still flew, which is pretty awesome.” (Erica)

“Trapeze makes me feel better, it turns around a mood. I went week-to-week in high school. I lived my life from Tuesday to Tuesday. It was my own outlet, not tied to school or friends, it was just mine.” (Abby)

“Finding something that got me out of my head and the pure enjoyment. Forces me to let go, trusting someone you don’t even know. I’m learning to fly.” (Lindsay)

“I come here like twice a week. It gives me feelings of accomplishment, and freedom, you have goals, but its okay if you don’t reach them. Such positive staff. Practical way how to stay mindful, stay in the moment. Its nice to have other people tell me what to do.” (Jennifer)
As these quotes reveal, my interviewees found that flying trapeze can help with many things. It didn’t necessarily solve their problems, but it did help relieve them.

Gold sees the therapeutic aspects of flying trapeze in his everyday life, when he teaches people how to fly. He said, “If you make a difference in one person’s life, then you have had a successful life.” Gold told me the story of a quiet and reserved woman who came to fly in a few classes with him. Many months later, the women sent him a letter describing that trapeze helped her out of thoughts of suicide and that Gold helped that happen. Gold said that he doesn’t need these letters any more to know that he is making a difference in peoples lives, but they are still just as meaningful.

**Conclusion**

These interviews show that the act of flying trapeze can be very therapeutic. Trapeze turned off all other mental noise and allowed these participants to focus on the moment. It also helped them to learn how to negotiate fear, which was a very helpful tool in other areas of life. Flying trapeze took them out of their daily routine, allowed them to try something new, and pushed them to overcome their fears. This anecdotal evidence shows the possible benefits of flying trapeze as a therapeutic modality and a form of experiential therapy. Through metaphors, and discussions, these flyers overcame their fears, let go of things holding them back, and practiced being in the moment.
CHAPTER 4: EXISTING THERAPEUTIC FLYING TRAPEZE PROGRAMS

You gain strength, and courage, and confidence by each experience in which you really stop to look fear in the face... You must do the thing you think you cannot do.

-Eleanor Roosevelt

Flying trapeze as a form of experiential therapy has not been researched very thoroughly, but there are a handful of programs that currently use flying trapeze in a different way than the common trapeze school. In this section, I will discuss current programs that use flying trapeze in a non-traditional/non-recreational way to build teamwork or help participants heal. I was fortunate enough to interview most of the directors of these programs and collected information that helped me to design my own course, Healing Through Flying, which I will be discussing in the following chapter.

Galagan (1987), who participated in a life-changing weekend discussed in Chapter 1, learned early in her program the lesson that “no real change takes place without a leap into the uncertain” (Galagan, 1987, p.48). One of the main therapeutic aspects of flying trapeze is taking that actual leap into uncertainty. You have to let go of everything that is holding you back and leap off the platform and into the air. This is where most people get stuck. After they conquer the ladder and get secured into the safety lines, the next goal to achieve is actually jumping off the edge of the platform.

One of the early programs that used flying trapeze as a therapeutic tool was Sam Keen’s (1999) program Upward Bound (not to be confused with Outward Bound, another program based on forms of Adventure Therapy and Adventure
Based Counseling). Keen (1999), a philosopher, who started flying in his early sixties, ran therapeutically based classes for youth at risk and abused women, in separate classes. Upward Bound was developed through a discussion Keen (1999) had with some of his flying buddies as they discussed how flying trapeze had changed each of their lives. They agreed that the courage they found through flying had enabled them to take risks in many other areas of their lives.

Keen (1999) thought that troubled teenagers and abused women were two groups who could benefit from the courage trapeze creates. These two groups dealt with their fears of climbing the ladder, jumping off of the platform, and flying through the air in different ways, but they came to similar conclusions that there was a substantial therapeutic benefit to pushing through the fear.

In his book Learning to Fly: trapeze - reflections on fear, trust, and the joy of letting go, Keen (1999) described one particular woman who said, “When I decided I was going to take this risk, and I made myself go off the trapeze, I felt so good about myself” (Keen, 1999, p.159). Keen (1999) asserted that flying trapeze can help participants to get over fear and find the courage to do things they didn’t think they could do.

A more recent program is Richie Gaona’s classes for Sober College. Sober College is a program in Southern California that helps college-aged students to move through addiction, while starting the process of getting their college degree. Part of the Sober College program uses flying trapeze classes, with Gaona, as a part of an experiential component of a clinical program for adolescents struggling with addiction. Sober College’s website discusses how young adults, early in their journey
to recovery, often struggle to identify the connection between emotions, feelings, and physical responses to behavioral actions. The use of experiential therapy enhances student’s ability to start making that critical connection and it becomes a training ground for identifiable skills leading to a stronger relapse prevention foundation.

Sober College takes their students to Richie Gaona’s trapeze school to take a trapeze lesson. Students get to walk on a high wire, jump on a trampoline, and learn circus acrobatic skills, including flying trapeze. “Through this therapy, students are allowed to feel what it is like to let go and trust a power greater than themselves. Not only does it provide the opportunity for them to feel like they have overcome something, it is a challenge that allows students to process the feeling of accomplishment” (sobercollege.com).

In my interview with Gaona, who is a flyer from a famous flying family in the trapeze world, he told me that he grew up with a trapeze in his backyard, so it is nothing spectacular to him. This may explain his teaching style, which is very laid back and relaxed. He is the leader of this experiential activity for Sober College. He said that every Sober College participant who walks in to his school has a chip on their shoulder or some kind of attitude. He continued to describe that all the participants walk in with a “Mr./Ms. Cool” attitude, but this changes quickly after the first swing. Gaona explained that he sees the students smile, almost as if they are trying to hide it. He says, “It is cool to see that process and notice the changes. They walk in with an attitude and walk out with a smile.” He gets to witness this change in his Sober College classes, as well as his regular ones.
Gaona said that he runs the program like any class, despite the desired therapeutic effect. However, the Sober College therapist, who comes with them to these activities, conducts a reflection session after the class is over. Gaona didn’t discuss with me what went on during these debriefing style sessions, because he does not participate in them, but from what he did explain, it sounded similar to the debriefing experience in Adventure Based Counseling programs.

Gaona also mentioned that flying trapeze opens up a door for the young people that he works with, one that they have never been through. It allows them to try something they have not done before. It also helps them work out some of their trust issues. As I discussed in the Chapter 3 (See p.54), trust is a large component of flying trapeze.

Writer and editor Holly Dolezack (2010) wrote a short article about Edy Greenblatt’s flying trapeze training session, where groups of people come to take classes to build teamwork within the workplace. “By taking employees or executives (or both) out of their work element and putting them through an experience together, training professionals try to create learning that is more meaningful than PowerPoint presentation or Web-based modules- and form tighter bonds between those who participate” (Dolezack, 2010, p.1). Everyone on the team has to participate in flying, letting go, getting caught, and possibly falling. Despite the fact that only one person goes at a time, everyone is there on the ground, heads looking up towards the sky, cheering their teammate on.

In my interview with Edy Greenblatt, she told me that she started flying at Club Med in 1997 and as soon as she found the trapeze, she saw its potential for
group bonding and team building. She stated, “Before I even tried it, I saw the capacity of how it could change people.” She has now created a program called *Execu-Care Coaching and Consulting*, which is dedicated to “optimizing executive life and organizational performance.” She has found that trapeze is the “most versatile apparatus for changing behaviors and psycho-emotional stress.”

Greenblatt went on to say that, “in common conversation and as a cultural norm, when you are afraid, your performance is compromised. But trapeze teaches an important lesson. You can be successful, while you are scared.” She noted the example of how one can practice being calm, cool, and collected, while hanging by your knees twenty-three feet in the air. This may not be a normal place for you by any means, but you can learn to do the trick correctly, even while you are scared. This can easily translate into real life situations.

Recalling her quote in Chapter 3 (See p.54) about Flow, Greenblatt continues to use trapeze for herself, but she also uses it to teach capability building for intact teams, which she described as a team of people who are all working together from the same physical space to achieve a goal. She believes that flying trapeze, “improves leadership, team effectiveness, resilience, restoration, motivation, [and] communication.” One of the examples she used during our interview to explain how flying trapeze can foster communication skills, is the moment when people are flying and under stress, they don’t listen as well. This can be quickly applied to real life work situations. If someone is under a lot of pressure and stress, they might not hear what others are saying or be able to communicate in a helpful way. By essentially creating this stressful moment, participants can learn to stay calm and...
listen to directions, which can lead to calmer interactions, during high stress situations, in the workplace.

Similarly to Gold, Greenblatt lets the team building “phenomenon occur” and doesn’t push this team-building aspect, but tries to let it happen naturally. She said, “We use the inherent experiences that occur, using [flying trapeze] to teach these important lessons.” She believes that flying trapeze is a real interdependent team activity and there is no place for “social loafing.” There is also no experiential advantage one person has over another, because so few people have tried flying trapeze before. Through flying trapeze, “People’s behaviors are made apparent in a way that is almost impossible to duplicate anywhere else, in a socially acceptable and comfortable way.” It exemplifies features of effective leadership and communication.

Similarly to Keen, Gaona, and Greenblatt, Gold uses trapeze in a therapeutic way. He runs spiritual and therapeutic flying trapeze classes at the Omega Institute, which is a place that offers diverse and innovative educational experiences that integrate approaches for personal and social change. Gold promotes wellness and personal freedom through flying trapeze experiences. Gold has witnessed transformation through his flying trapeze classes and watched people change everyday. To facilitate this transformation, he uses a different tone in his language when talking about trapeze in these workshops, but for the most part they are similar to his regular classes. Debriefing, the discussion of the experience after the activity, is a big part of his workshops. Gold originally used the debriefing technique as part of *Upward Bound* that he ran with Keen for a few years. Gold said that he
discusses metaphors throughout the class, so as to not leave everything until the end, but he doesn't push them on any of the students. He also said that he mentions metaphors in his regular classes as well, but it is in a much more private way. In the workshops it is slightly more overt.

**Conclusion**

There are a few programs currently in practice that utilize flying trapeze in a therapeutic way. These programs use metaphors and the beauty of flying to create a place where participants can try something new, conquer their fears, and learn to let go. Researching these particular programs helped me in the creation of my own class, *Healing Through Flying*. Throughout my next chapter, I will discuss the design for my class and how it will work to help participants through eating disorders and the after effects of surviving a traumatic experience.
Control in flying is mastered by giving up control. It is one of those perfect Zen meditations in motion. Giving up control is letting my body move with its own ease... Flying is crazy if you think about it, but the point is that you don’t. You can’t think about being in the air while you are there. To be graceful in the air, to fly, you must be in the air.

-Lisa Hofess

Flying trapeze can be used as a form of experiential therapy for many different struggles. In addition to helping people with everyday problems, trapeze can be used to alleviate symptoms from both eating disorders and PTSD. Through the guided use of metaphors and mindfulness, while engaging in a challenging physical experience, participants can develop trust, confidence and increase self-esteem, while facing their fears and learning something new. Experiential therapies are based on having people participate in activities that involve physical movement and that get them out of their comfort zones. Flying trapeze not only provides both of these characteristics, but it may also offer a unique combination of providing an experience that feels like “letting go.” Flying trapeze has the possibility of being an excellent form of experiential therapy.

Flying trapeze is completely controlled by physics, meaning it is out of the control of the participant. Whether they like it or not, when flyers jump off the platform, they will swing forward and backward. It is then the choice of the flyer what to do with the momentum. If they work with the swing, they can use it to their benefit and swing higher or do tricks. But if they panic or try to work against it, they will still swing, but with no added benefit. The swing will always occur; it is what
one does with that kinetic energy that matters. It is out of control and yet in control all at the same time. This is a method of kinesthetic communication that seems uncontrolled, but is very controlled.

In this chapter, I will describe a flying trapeze course I designed to have therapeutic intentions. Whether it is used for participants suffering from eating disorders or working through a trauma, the same therapeutic techniques can be used. Towards the end of the chapter, I will discuss how each of these populations can be healed through the use of flying trapeze and specifically explain how each could benefit from such an experiential therapeutic technique. I am creating this particular class specifically for women, because of the particular traumas and body image issues they might have to discuss. However, I do believe that flying trapeze can be therapeutic for all genders.

**Regular Class**

Before I describe the therapeutic class, I would like to explain what a typical/recreational flying trapeze class is like. Participants in the class, called flyers, are told to arrive fifteen minutes before the scheduled start time so they can get ready for class by stretching and warming up. During this stretching period, staff members begin to get to know the participants by asking questions about why they chose to take a flying trapeze class and whether or not they have tried it before. This is the time when the staff uncovers fears or reservations that the participants may have. This is done intentionally to help the instructors develop insight into the specific needs of each participant.
There is a maximum of ten students that can participate in a regular class, which provides everyone enough turns to be able to learn the trick and catch it. In their first class, the focus for the students is to learn how to perform a basic knee hang, which is a move where you hang from the trapeze by your knees with your hands free and you reach out towards the catcher (See Figure 7). There is a short briefing session before the flying begins to familiarize the students with what they are going to do. After the briefing, the students start flying, practice the knee hang and focus specifically on the right timing (they must hook their legs on the first swing out and hands off in the back part of the swing). Learning this should result in a catch, which each student will attempt in the last two rounds of class.

The class runs two hours and each participant gets to swing between 5 and 7 times. By the end of the class, each student will have learned a knee hang, a back flip dismount (which is a simple maneuver where the flyer swings their legs back and forth let go on a front kick and rotating backwards in a tucked position), and attempted the catch. When class is finished, students are encouraged to stretch out and drink lots of water throughout the rest of the day. There is no debriefing or wrap up discussion unless the participants have further questions.

**Therapeutic Class: Healing Through Flying**

My therapeutic class, *Healing Through Flying*, will have the same basic approach as a regular class, but the metaphors will be introduced to promote the therapeutic aspects of flying trapeze and the class will be set a slower pace to allow for participants to feel comfortable and cared for. Healing implies that something is
broken, something is not whole; healing is the process of making it whole again. I am not necessarily suggesting that people who choose to participate in *Healing Through Flying* are in some sense broken, but there is a part of them that needs some more support than what they are getting. Otherwise, they wouldn’t be struggling in such a way.

*Healing Through Flying* will be a five-week flying trapeze course that, if the participants wish, will culminate with a small performance for friends and family. My goals here are to help the participants experience something new, face fears, and make friends and connections with others. Eight women will work together as well as separately to learn new tricks and send them across to a catcher.

<table>
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<tr>
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<th>Class 2</th>
<th>Class 3</th>
<th>Class 4</th>
<th>Class 5</th>
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<tr>
<td>Introduction to</td>
<td>Knee hang</td>
<td>Continue practicing old tricks</td>
<td>More flying</td>
<td>Show</td>
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<td>trapeze</td>
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<td>New tricks (Straddle/Split)</td>
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<td>Form (pointed toes)</td>
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<td>Low bar</td>
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<td>Safety net walk</td>
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<td>Swinging/Knee</td>
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Four trained instructors will run the class, as opposed to three that a regular class would need (board worker, lines puller, and a catcher - See Figure 8). For *Healing Through Flying*, the participants require additional support and care. That is why the class will have a fourth instructor, a trained therapist, whose job it will be to facilitate conversations before and after each swing. For purposes of consistency and the therapeutic relationship, all four instructors will remain the same.
throughout the five-weeks. The therapist/instructor will be a floater in a sense, floating around to talk to participants who are finished with their swings. This instructor will facilitate conversations among participants and encourage communication.

Because a lot of the therapeutic aspects of flying trapeze take place in the thirty seconds when the participant is actively flying, it is important to discuss what occurred and how it helps to heal. That being said, each participant will be free to choose not to discuss their personal struggles, but they will be encouraged to discuss the act of flying as well as anything else that may come up. In these conversations, the therapist will ask the participants open-ended questions about their swing and how it felt kinesthetically, as well as emotionally. For example, the therapist might ask, “What were you thinking about while you were flying?” or “How did it feel to jump off that platform?” These questions can help the participants start to think about their experiences.

Mindfulness Exercise

Before the flying portion of the class begins, there will be a few preparatory elements to help participants focus and get into the moment. First, the group will participate in a mindfulness exercise intended to get each participant into a similar, focused mindset and ready to participate in the class. Sitting in a comfortable position, everyone will be asked to close her eyes. The group will focus first on breathing. They will be asked to notice how their bodies feel. What is tense, what is tight, and what is tired? What parts feel strong, excited, or ready for the rest of
class? The therapist will guide the group through this exercise starting with focusing on how the participants’ toes and feet feel, how their legs feel, how their stomachs feel, and moving all the way through the top of their heads and the tips of their fingers. The participants will also be instructed to let go of the rest of their day and be in the here and now. After a few minutes of silence and deep breathing, the therapist will take the group back to the present moment and close the exercise.

Writing

Next, participants will be given a sheet of paper and five minutes to write down any feelings, emotions, or fears they are having. They will be encouraged to write, or draw. The idea here is to write their feelings down and leave them there. The motivation for a writing exercise is to help participants be aware of their feelings and put them down on paper, rather than keeping them inside. It is also a way for them to let these feelings go, without having to talk or share them with anyone.

Briefing

After the writing exercise there will be a briefing similar to the one that occurs during a regular class. This briefing will be slightly longer and more deeply discuss what is going to happen during the flying portion of the class. The instructor will explain the basics of how to stand, how to take off, and how to do the trick the class will be learning that day. The participants will be encouraged to ask questions and fully understand what they will be doing.
Warm-up

After the briefing the group will stand in a circle and warm-up their bodies in preparation for flying. The warm-up will be led by one of the instructors. This warm-up is used to remind participants to take care of their bodies, an important aspect for patients who have been starving their bodies for the care it needs. This warm-up also allows them to learn which parts of their bodies they will be using the most, such as their shoulders, back and hamstrings.

Standing in a circle and allowing the participants to look at one another, will also provide an opportunity for everyone to get to know each other and learn names. Because these students are going through similar struggles, and they will be working together on similar goals, an aspect of this class is to create a community within the group. Participants can support each other on their roads to recovery. This may happen naturally, but the instructors can also help facilitate it by creating a safe and comfortable environment through gently encouraging participants to engage in conversation with fellow students.

Partner Stretching and Trust Exercises

As a part of the warm-up, participants will be asked to find a partner to do some exercises with. Partner stretches, that include weight sharing, gentle stretching, and touch will help to connect the participants in important, community building ways (See Figure 9). These exercises will help to facilitate physical contact in an appropriate manner and allow participants to get to know one another better.
There will also be a few trust exercises. Participants will sit back-to-back, link arms, and attempt to stand up together. By communicating, working together, and being in close physical contact with one another, participants can start to feel more comfortable in the group and make long lasting relationships.

**Low Bar Practice**

For the first class, before participants get on the flying trapeze rig, they will be given a tutorial on the low bar. The low bar is a static bar that is set up for participants to practice tricks on. This allows the participants to get a feel for what the bar feels like and how it feels to hang by their knees. Each participant will get a chance to hang on the bar and hook their knees, getting used to what it will feel like to be upside down, which may be something they have never done or have not done since they were children.

This activity has the possibility of being scary for some participants, so the class will go through it slowly to ensure that each student starts the process of feeling more comfortable with this new activity. In this part of the class, instructors can discuss how fear, in this particular situation, is okay. Sometimes, it is necessary to push through feelings of fear to come through on the other side and transform.

**Safety Net Walk**

One last step to get the participants more comfortable with the whole experience is a walk in the safety net. Participants will climb half way up the ladder and get onto the safety net. They will walk back and forth in the net to get
comfortable with how it feels and the spring of it. After spending a short time in the net, the student will roll out of the net (See Figure 10) and the next person will go.

_Flying_

After these preparation steps the flying will begin. In Class 1, participants will learn how to take off properly and swing. Each student will hang by their hands and swing back and forth without an attempt to get their knees up. Each participant will experience this swing two times. After those first two swings, they will start learning the knee-hang. However, the class will not move onto catching until Class 2. By taking these steps slowly, each participant will have the opportunity to explore each part of flying and to feel what it is like. In regular classes, students are pushed to master and catch the knee hang within the two hours of the first class. By allotting for more time to get used to the equipment, the participant will have more freedom to take things at their own pace, which can help them feel more safe and confident while they are flying.

To fly, a flyer must climb up approximately twenty-three feet (every rig has slightly different dimensions) to where the platform meets the ladder. An instructor will be at the top of the platform waiting for the flyer. That instructor will secure the flyer into safety lines, while talking with the flyer. Some participants have trouble with the ladder and a few people say it is the most difficult part. By pushing through the fear and climbing up the ladder anyway, participants can start to work through their issues and confront the fear head on. This time on the platform, before the take off, should not last more than five minutes (the limit in regular classes is usually
three). It should be quick, but not too quick, so that the participant doesn’t have too much time to get very anxious about the next step. However, the instructor should also not push the participant to move faster. It is important to slow it down so the participants do not get too scared. The instructor can discuss what the participant is scared of and practice deep breathing together, which was practiced in the mindfulness exercise at the beginning of class. The instructor can also encourage the participant to take a deep breath, find the courage, and just go for it.

Flying is an integral part of this class. It is the moment where the participant takes the leap into the air, an unknown place they have not been before. The safety lines and the net protect them, but in a sense, they are free. Free from thoughts and worries. Before the participant takes off to fly, the instructor will ask them to focus on how they feel, both emotionally as well as kinesthetically, inside of their bodies while they are flying. This is to encourage the flyer to think about what they are doing and be inside of the moment. It is also a good way for participants to explore what flying feels like. Does it feel like flying in an airplane? Like being a bird? Like falling? Like dreaming? Like what?

The key moment in this part of the class is the jump off the platform and into the air. The participant will be holding on to the bar, but in order to take off properly they must lean forward with their hips forward and shoulders back. This is where the participant must put their trust in the person working on the platform and let go of control. They must let go and trust the rigging, the instructors, and themselves. Trusting oneself can be hard when one is not actually sure of one’s ability. But
letting go and just trying can be therapeutic because one can see that she can trust people and that she has support in this world.

Once the flyer has a secure grip on the bar, the instructor will give two commands. Ready (meaning bend your knees and prepare) and hep (the circus command for “GO”). It is common that new flyers do not jump the first time. The instructor might have to hold onto the flyer longer and give them the commands again. The instructor on board should be ready to talk with the flyer and help them through this difficult moment. Again, discussing why the participant is having trouble jumping and taking deep breaths might be helpful in encouraging the participant to jump.

It is difficult to convey how therapeutic the actual swing is. It is up to the flyer whether or not they focus on how it feels. Occasionally there can be many emotions and thoughts going on to focus on the way it feels. But with more practice, the participant should continue to feel more comfortable with flying and be able to focus on what it feels like.

As soon as the participant jumps off the platform, the swing will take them into the air. They will then swing back and forth and their swing will get lower (more advanced flyers learn how to build and sustain height in their swing, but for beginners, their swing will be low). On either end of the swing, the front-end or the back-end, are the two points where the flyer is weightless. This is the part where the flyer will get into the position for the trick they will be practicing. The flying doesn’t last more than thirty seconds, so a huge amount of effort and energy can be put into the swing.
The flying portion is the most powerful moment in the class. It is the driving factor. But to really get at the meaning and the power that the flying holds, it is important to frame it for the participants. In this therapeutic class, the therapist will conduct discussions before and after the swing, to encourage thinking about the actual flying. The participant will be encouraged to make connections between the experience of flying and their experiences in life, drawing on the metaphors used during the class.

In between swings, after coming down off the net, participants will be encouraged to discuss their experience with instructors as well as other students. They will be encouraged to continue to write if they want to. The instructors should not push for stories, but should welcome them if the participants want to share them.

Metaphors are important because they can help the flyer see things in a different way. If they can let go on the trapeze, what can they let go of in their life? If they have the courage to jump while doing trapeze, where else in their lives can they find courage? By opening these doors and showing participants what they have done, these metaphors might impact people’s lives in ways they were not expecting.

*Catching*

Throughout the first class, where participants are getting to know the swing and practicing the knee hang, one of the goals of the program is that they get more comfortable with something they fear, such as flying. During the second class, participants will be taught how to send their trick to the catcher, which is where the
flyer does the trick and then gets caught by the catcher, who is on the bar on the other side of the rig (See Figure 6). This adds another challenge to the process, which can affect the comfort that they may have found within the first class.

Catching is yet another opportunity to remind participants to breathe and take the leap into the unknown. It is also good to tell them that they should just do exactly what they were doing while practicing their knee hangs, just reach out and wait for the catcher. The metaphor of the catch is an important one. Again, Gail Blanke’s (2004) metaphor of being “between trapezes” is helpful in explaining to the class that even though it is scary to let go and be alone for a moment, they will get caught or they will land safely in the net.

Throughout the next few class meetings, participants will continue to practice their knee hangs, as well as learn new tricks, such as the split and the straddle (See Figures 11 and 12). They will also continue practicing sending their tricks across to the catcher. For the last class, participants will be able to invite any friends or family they wish to share the experience with. They will perform for the small audience, along with some music and costumes chosen by each participant. This performance is optional and will not be discussed till Class 3, to reduce pressure on the participants. The group can work together to decide if it is something they want to do and they will be encouraged by the instructors to take part in the show.
Debriefing

Debriefing will take place at the end of each class. The participants will be asked to share within the group their experiences of flying. If someone doesn’t want to share, they do not have to, but will be encouraged to do so. Questions that were discussed earlier, in between swings, will be revisited and discussed more deeply. The participant will be asked about how they feel and whether or not they noticed anything different or better about a particular swing/feeling they had throughout the class. This is another good way to foster the community of the class and a chance for the participants to notice that they are feeling similar things to their fellow students. The therapist will also describe some of the goals for next week’s class and suggest what to focus on until then. Students will be encouraged to continue thinking about flying and visualizing it throughout the week, as well as continue to write about flying or anything else they want to write about.

Therapeutic Application

As the interviews with flyers in Chapter 3 conveyed, flying trapeze can be very helpful and therapeutic for people struggling with many things. In that chapter, I specifically noted examples of flyers that used flying trapeze to help them to healing eating disorders and trauma. In this rest of this section, I will go deeper into those discussions and describe why flying trapeze might be a good kind of therapy for people struggling with those specific issues. I will look specifically at the strategies that Healing Through Flying will use:
1. Metaphors
2. Trusting others
3. Changing the daily routine
4. Being in the moment
5. Use of the body
6. Confidence, courage, and self-esteem boosting

Metaphors: Letting Go and Taking the Leap

Letting go and taking the leap are two of the most prominent metaphors applied to trapeze. These metaphors are introduced by instructors, and repeated by students, many times throughout a regular class, and they can be used in a therapeutic way and applied to life situations. In the context of healing trauma and eating disorders, these metaphors can be used to help the participant let go of the past and accept the unknown. By letting go of control in a safe way, participants can apply the metaphors to other parts of their lives and let go of their trauma. Healing Through Flying is a moving forward type of therapy. It is less about looking back and thinking about what happened and instead moving forward. As the participants notice the change in how they overcame fear or put trust into others, they can start to move forward and think about how they can use their new skills to improve their well-being.

“Anorexia Nervosa: Psychopathology as the Crystallization of Culture” by Susan Bordo (1988), a modern feminist philosopher, discusses the Control Axis of anorexia and mentions that contemporary American culture is obsessed with having control over the unruly body. Bordo (1988) writes,

The anorexic, typically, experiences her life as well as her hungers as being out of control. She is torn by conflicting and contradictory expectations and demands, wanting to shine in all areas of student

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life, confused about where to place most of her energies, what to focus on, as she develops into an adult (Bordo, 1988).

Anorexia has a lot to do with the desire to have control over an out of control life. Bordo’s (1988) description supports the idea of why flying trapeze has the potential to be therapeutic for people struggling with eating disorders. In order to perform a trick safely and properly, the flyer must let go of control and work with the swing. Having people practice letting go in a controlled format can help them learn to accept that not everything needs to be in their control.

**Trusting Others**

Trust is essential to flying trapeze. Flyers must trust the equipment and the instructors, as well as trust themselves. For many trauma survivors, trust is something they have lost and they often have a difficult time with the idea of trusting anyone. Through participating in an activity that requires trust, participants can have a successful experience that demonstrates that they can start to trust. As I mentioned before, trust can be useful in reminding the participants that there are people in the world who care for them and will support them through this (and other) hard times in their lives.

Jane, whose interview is discussed in Chapter 3, discussed working through her sexual assault through flying trapeze. She described the flying trapeze school where she takes classes as a place for her to be “okay, trusting, and let go.” She was able to develop feelings of safety and trust in an encouraging and accepting environment while learning to fly.
Changing the Daily Routine

Experiential therapies can get people outside of their comfort zones and change the tedium of every-day life. By doing something different and adventurous people can get out of what it going on inside their heads, such as anxiety or tension, and focus on other things that help them separate themselves from their struggles.

Kaitlyn, (interview discussed in Chapter 3) noted that flying trapeze helped her work through the aftermath of a traumatic event in her life. She said, “when I am [flying], I feel truly free from those painful thoughts and it carries me through the rest of my week.” She went on to discuss how helpful it is to remove herself from her triggers and she described that trapeze allowed her to be completely free from the metaphorical electrical dog collar that shocks her whenever a trigger occurs. Flying trapeze allowed her to focus solely on the act of flying and not get sidetracked by all the things that remind her of her trauma.

Mindfulness: Being in the Moment

Flying trapeze enables the focus and awareness of mindfulness. It gets the flyer out of their thoughts and into a different space. Sometimes just not thinking about something else can be helpful. Follette, Palm, and Pearson (2006), psychologists at University of Nevada and Brown University, wrote an article on how mindfulness may enhance the treatment for people who have experienced a traumatic event. They believe that,

Mindfulness is useful in trauma therapy by helping the client to increasingly focus on the present moment and let go of the tyranny of the past and/or fear of the future. In doing so, we see increased
psychological flexibility while targeting the reduction of emotional avoidance and suppression. The use of mindfulness as an intervention would theoretically break the behavioral loop of avoidance and increase attention and purposeful behavior that is often a deficit in those individuals with trauma histories (Follete, Palm, & Pearson, 2006, p.56).

The practice of mindfulness mirrors much of what *Healing Through Flying* is trying to encourage. Through the practice of mindfulness, participants with histories of trauma can let go of the past and live in the moment.

*Use of the Body*

Both eating disorders and trauma have a bodily component, as do many other psychological conditions. In each situation, the person struggling is disconnected with her body, which leads to not treating it in the best way. By using the body in a new way and paying close attention to how it feels as it moves, kinesthetic-based activities can be a very helpful adjunct treatment for patients struggling with eating disorders and trauma.

One of the reasons that flying trapeze has the possibility of being so therapeutic for patients with eating disorders is that it uses the body. When flying participants can learn the amazing things, such as back flips and knee hangs, that their bodies can do. This allows them to focus less on what their bodies look like and more on what they can do. Instructors can encourage this, by pointing out how strong the participant was, while they held themselves on the bar. If the flyer was not strong, the instructor will still be able to find encouraging words about how the flyer tried or how she will find more courage in her next turn.
Samantha used flying trapeze as an adjunct to her therapy for her eating disorder. She described that when she practices flying trapeze she feels less inside of her head, thinking about everything she needs to do or shouldn’t do, and is more in touch with her body. When one is in touch with her body she are in touch with herself. The body is such a powerful driving force in how one feels about herself, so feeling connected with ones body can help one connect to the world. Flying is the culmination of getting back into oneself. Despite the fact that it is the most difficult moment to discuss and describe it could very well be the moment that solidifies the awareness and reintegration of the body.

Bordo (1988) discussed how people with eating disorders sometimes feel as though their bodies are aliens and their souls are trapped inside of them in some sort of alien jail. In Aimee Liu’s *Solitaire*, a narrative about her own battle with anorexia, she discusses that feeling of being confined inside of a body that didn’t feel like her own. She writes, “I wish I could get out of my body entirely and fly” (Liu, 1979, 141). Through flying trapeze, participants can literally fly and reconnect with their bodies, freed from the alien jail.

Frisch et al. (2006) discussed how Dance/Movement Therapy, which is used for people struggling with eating disorders, is a process that “furthers the emotional, cognitive, social, and physical integration of the individuals” (Frisch et al., 2006, p.135). This is important for patients with eating disorders, because they have lost the integration and have a harder time being in their bodies. But with these experiential therapies, participants can slowly start to reintroduce themselves to a new relationship with their bodies.
When discussing how yoga benefits people who are struggling with eating disorders, Douglass (2009) discusses how yoga helps each of us go from body, to breath, to mind, incorporating and reintegrating the body-mind connection. Because yoga increases body awareness and positively shifts embodied experience, it can make the body more receptive to healing. Through yoga, dance, flying trapeze, and other forms of experiential therapy, participants can start to understand and experience that their body is powerful and strong, no matter how much it weighs.

Trauma survivors can also be disconnected with their bodies. In Chapter 1, I discussed The Women’s Circus in Australia that was established to provide a safe space for women to reconnect with their bodies after surviving Childhood Sexual Abuse (See p.27). Women in the study reported that engaging in physical activities provided conscious awareness of their bodies. The women also discussed how safe and supported they felt through participating in circus activities. Because of the encouragement and support, through teaching and practicing circus, the students at The Women’s Circus were able to learn to trust again.

Abigail Rasminsky (2009) wrote an article about using movement, specifically dance, to help survivors of trauma find hope and healing. She discusses how dancing can give students the “tools to open and inhabit their bodies and to overcome resistance they have from being physically traumatized” (Raminsky, 2009, p.59). She goes on to continue to talk about how it gives the participants a chance to uncover where they are tense and gives them a sense of self worth.
Flying trapeze can foster that same sense of support and encourage awareness of one’s body. The warm-up is a great time to start the process of reminding the participants about their bodies and this continues throughout the class. Slowly stretching and being aware of what parts are tight or what hurts, helps the participant get back into themselves.

Confidence, Courage, and Self-Esteem Boosting

Frisch et al. (2006) discussed that low self-esteem is a root cause of eating disorders. Since experiential therapies such as flying trapeze have the possibility of increasing self-esteem and they could therefore help patients struggling with eating disorders. Jane told me that flying trapeze helped her find the performer in her. She said, “I usually shut down and hide. Trapeze opened up the performer side of me.” Jane now performs for festivals and events and loves doing it. Because the last class of Healing Through Flying is a small performance, it can encourage the participants to find that side of them and increase their confidence.

Trapeze can build self-esteem even without a performance. Through flying trapeze, Jane found enough confidence to go and perform the things she was learning. Although the performance did increase it even more, it was the process of learning it that boosted her confidence to begin with.

Conclusion

With the description of my course, Healing Through Flying, this chapter explored the idea of flying trapeze as a form of healing. My description of a
therapeutic class shows many ways that flying trapeze can help people struggling with eating disorders and the aftermath of a traumatic event, as well as other emotional battles. My Division III research, along with my personal experience, indicate that flying trapeze has significant potential to help participants let go of the past and move forward, learn to trust others, and change their daily routines. Participants get to use their bodies in a way they are not normally used, which helps them to articulate things through movement that are difficult to put into words. Flying trapeze allows for mindfulness, feelings of awareness (such as listening to the body) and increases self-esteem, which can help participants to heal from eating disorders, PTSD, and many other life struggles.

At this time, I have only collected anecdotal evidence on the therapeutic possibilities of flying trapeze. However, I believe the amount I did collect is substantial enough to initiate further research. Through the use of the course design Healing Through Flying, research can continue and uncover more about flying trapeze that is yet to be discovered. Through continued research, the benefits of flying trapeze will become clear and may become a more accepted form of experiential therapy.
Do you know what it means to fly? To fly is to live. It’s the same thing... That’s your problem, you’re not alive. You have no life and that’s not an easy thing to find. First, you must learn to fly... Once you learn how to fly, it’s easy.

- Brooke Stevens

I started this project before I knew what I was going to write about. The final sentence in my Division II proposal, written at the beginning of my second year in college, mentioned that I wanted to write about how flying trapeze could be a form of therapy. My committee at the time counseled me that although the idea was fascinating, the topic was too narrow for Division II and I needed to focus on something slightly more broad for the two year period of Division II. However, I was encouraged to keep trapeze in the back of my mind and think about it for Division III: the culmination of my undergraduate studies.

Throughout those two years, I studied alternative methods of therapy. I was an intern for a drama therapy class and read a lot about art therapy, dance therapy, and circus as a form of therapy. Last summer, the summer before I started my Division III, I worked with Carrie Heller (discussed in Chapter 1) in Atlanta, Georgia, who runs a Circus Arts Therapy day camp for children of all abilities. I started to see that alternative, or experiential, therapies can be built on different activities. I conducted a thorough review of the available research.

I also started to explore the ways that flying trapeze could be therapeutic. In this chapter, I discuss a few of problems that I have identified through my research. I first cover what distinguishes a regular activity from a therapeutic activity. I then
discuss shortcomings and limitations with use of flying trapeze as therapy, and I
conclude with a brief discussion on what the next steps in research should be.

**What Activities are Best Suited for use in Experiential Therapy?**

Flying trapeze has all of the characteristics needed to be an effective activity
at the center of a therapeutic program. But what distinguishes flying trapeze from
other activities such as rollerblading or swimming? I've shown how experiential
therapies get people out of their everyday routines and allow them to express
themselves in unique ways. However, it is not possible to use *any* activity to achieve
therapeutic benefits, but many different activities can be used in an experiential way
to achieve healing.

Many of the experiential therapeutic techniques have common themes that
run throughout them. These activities all have a central physical component, an ease
in applying metaphors, and the ability to enable participants to experience
something very different from their daily lives, which can effectively help them
separate themselves from whatever is bothering them. These forms of therapy
involve getting up, moving, and changing the routine of every-day life. They also can
be fun and exciting, and they occasionally take place outdoors.

Another important element of experiential therapies is fostering a safe space
where participants feel supported and encouraged during the activity. The
community of the group that is open and accepting creates this safe space, which is
fostered through the structure provided by the instructors. Goals established for
the participants are realistic and attainable. The application of the metaphors that

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are associated with the activity provides context and reinforcement. And lastly, the Adventure Based Counseling approach of debriefing after the completion of the activity has been shown to be helpful in solidifying the experience. Because I have seen how helpful these approaches have been, I would suggest that these successful approaches be applied to new experiential therapeutic activities to find new ways to help people. The combination of all of these things has helped me to understand what makes an experiential therapy, which I believe flying trapeze to be.

**Potential Issues with Healing Through Flying**

In Chapter 2, I raised the common themes I found through discussions with people who fly as a part of their lives. These interviews revealed that flying trapeze involves metaphors, using the body, a change in routine, disequilibrium, non-verbal expression, and mindfulness.

Similarly to currently established experiential therapies these common themes would also be beneficial for people struggling with other adverse psychological conditions. To successfully illustrate the particular reasons why flying trapeze can be therapeutic, I decided to use women with eating disorders as the example population. In this instance, *Healing Through Flying* would be an adjunct to an existing treatment plan for people with eating disorders.

However, I believe that flying trapeze can be a therapeutic adjunct to existing therapies, as well as a form of therapy in itself. One of the issues I struggled with throughout this process was determining how flying trapeze fit into experiential therapy and how therapeutic benefits are conveyed through flying. Many of the
professionals I interviewed said that they let people take what they get from flying and don't push the therapeutic part of it. I agree that letting "the phenomenon occur" can be good, but I am not convinced that it is the only way to do things. To truly get to the essence of flying trapeze, I believe that you have to discuss it. You have to take the metaphors and apply them to your real life. You have to let the bar go and let your horrible day go. You have to take the leap off the platform and take the leap into that new job you have just been offered. You have to look at the courage you just found and go and use it in other areas of your life. When you stop and think about all the things trapeze has taught you, you see its endless possibilities.

*Exercise and Overuse*

The use of the body has been a very important part of the healing process for women with eating disorders. Because people with eating disorders spend so much time trying to dissociate from, or deny, their bodies it can be very difficult to help the body heal. Reintegrating the mind and the body helps in the road towards health. Dance/Movement Therapy and yoga therapy have both been used as treatments for eating disorders. Flying trapeze also allows for a connection with one's body and has the possibility of helping people heal.

One potential concern with flying trapeze as a program for people with eating disorders is that it is a form of exercise and burns calories. Part of anorexia, as well as bulimia, is excessive exercise to the point of serious danger to the person. Flying trapeze is a high impact, calorie burning activity and participants need to be
strong enough to hold on and stay safe. This should be considered in planning a therapeutically based flying trapeze class for people struggling with eating disorders. However, that risk of overuse is low with flying trapeze, because the required equipment and training make it almost impossible to practice alone. Each participant in the program would be monitored and not allowed to fly an unhealthy amount.

Because many patients with eating disorders are very weak, the physical intensity may be cause for concern. Setting a weight minimum as well as requiring a few months of treatment before getting to participate would ensure the safety of the flyer, as well as the staff. It is also important that the participants eat before they fly, to make sure that they have enough energy to fuel them through the work. An eating requirement could be enforced in order to participate in the class.

**Long Lasting Effect**

After taking a class in flying trapeze, one will feel the high or after effects of adrenaline throughout the rest of the day. However, it is unclear how long the effects of flying trapeze will last. In terms of wilderness therapy, Richard Weston and Howard Tinsley (1999), authors of *Wilderness Adventure Therapy for At-Risk Youth*, discuss how “long-term studies do not indicate a lasting effect, thus eroding the potential positive effect” (Weston and Tinsley, 1999, 28). This is an important consideration that may be true for trapeze as well. However, there has not yet been enough evidence to show whether or not the claim that experiential therapies do not have a long lasting effect can be made. Weston and Tinsley (1999) continue to
discuss how the research of these therapeutic modalities is occurring and how it might be ineffective for collecting concrete evidence. They say that most of the research done on Wilderness Adventure Therapy started in the late 1950s and appeared in the form of journal articles, master’s theses, and doctoral dissertations. They do, however, assert that “almost all of these early studies were marred by serious methodological shortcomings such as nonexistent or inappropriate control/comparison groups, small sample sizes, one-shot data collections, unproven outcome measures, absence of theoretical context, reliance on anecdotal evidence, exaggerated claims, and weak statistical techniques” (Weston & Tinsley, 1999, 31).

This quote indicates prominent flaws in the research. Therefore, in the future, more comprehensive research is needed to assess the long-term effect of these experiential therapies.

**In Need of More Evidence?**

Throughout my Division III, I have identified many reasons why flying trapeze might be effective as a form of experiential therapy, but there is still a significant lack of studies on this. My research found many anecdotal accounts of the healing effects of flying trapeze, but no specific studies. By running my *Healing Through Flying* program, I would begin to measure and understand how and why healing takes place when people jump off a platform and fly through the air.

It is important to conduct this research to provide more evidence of the healing attributes of flying trapeze. This product of this research can continue to add to the healing tools for people struggling with adverse psychological conditions.
However, this kind of therapy is subjective, meaning that it is the participant's personal experience that makes the activity therapeutic or not. So how does one measure an experience that is so personal that it is difficult to put in words? Where does research go from here? Because trapeze is more about the experience and less about the language attached to it, future research will need to find ways to capture that raw experience.

From my research, I gathered people’s immediate experiences through language, not experience as mediated through a number. What I heard was their personal descriptions of flying trapeze. I learned what it means to them, what it feels like, and how it has healed them through difficult times in their lives. I learned that trapeze feels like being free, that it gets them through the week, and that most of the pocket change they collect goes into a jar called “the trapeze fund.” I learned that through metaphors, changing the routine, and being in the moment, people can experience change in their mood and see life in a different way. But more research is still needed.

My next step is to start running the class I designed and keep collecting people’s stories and experiences. I want to find more ways to measure the truth of the people’s experience. Is there another way to get at the experience than just listening to the way the participant describes it? Discovering when the participants were most fearful and when they were most proud, might add to the analysis. Another good place to look might be to find what, if anything, switched inside of them as they jumped off the platform and realized that they could be courageous. When did the switch happen? When did they know they could do it? It would also be
helpful to measure the amount of time that the euphoric feelings of flying lasted after class.

Another question to research more deeply is what populations might benefit most from this kind of treatment. My research was limited in that primarily interviewed women over the age of twenty, who had already found ways of healing through flying trapeze. For future research, a more diverse selection of the population would be desired. I would like to understand how different populations respond to this treatment and why it works for some and not for others.

**Not for Everyone**

Flying trapeze is not for everyone. For example, people who are physically disabled, may be not be able to participate in activities that require use of limbs they do not have or cannot use. There are some modifications that can be made to accommodate different physical limitations, but not everyone will be able to participate. This is an unfortunate reality of this kind of activity, but not everyone fits into the same categories.

Flying trapeze will not be beneficial for everyone even if they are physically capable of participating. Some people just do not like it. I have taught the occasional student who jumped off the platform, performed the trick, landed safely in the net, and had absolutely no desire to ever do it again. As someone who became addicted before I hit the net, I cannot comprehend how it could be possible not to love flying. But there is the occasional case that doesn’t find joy, thrill, or peace from flying.
In continued research it would be interesting to understand the reasons for different responses to flying. What could change in the design of the course to allow for more people to enjoy its benefits? Some people will respond differently to flying than others will. Some people will jump off the platform and have a different response than others, be it positive or even negative. Just like most treatments work for some and not for others, flying trapeze may end up working for just a small portion of the population.

Chelsea Roff, who I discussed briefly Chapter 2, said in her interview with Sanjay Gupta (CNN), “I can’t tell you your particular way out of the well, but I can share with you something that was really helpful for me and maybe be a beacon of hope that you can have your life back fully, you can live in your body fully, and you can have happiness” (Roff, thechart.cnn.com, 2012).

I can’t say that flying trapeze is going to heal everyone, but I have witnessed it heal people in many different ways and I believe that it has the ability to continue to do so for others. That being said, I hope to someday run the program that I designed and continue to explore how flying trapeze can transform and heal. Following graduation, I plan to work at Trapeze School New York, located on the Santa Monica Pier, in Los Angeles, California. I will submit my completed Division III to the UCLA Eating Disorders Program and other local treatment centers to see if there is interest in collaborating in this unique treatment plan.
CONCLUSION

*It is a poor life in which there is no fear*

*Aldo Leopold*

I get nervous every time I climb up the ladder for the first time in a day. Every time I get to fly, a new mixture of fear and excitement pulses through me. I’m comfortable flying without safety lines and landing in the net without anything to hold on to. Yet, I still get nervous the first time I chalk up my hands, roll out my shoulders, and get ready for the first swing of the day. I have a ritual: Chalk the hands, rub them together, two shoulder rolls backwards, wide stance, deep breath, JUMP.

As soon as I’m flying, everything falls away. The stress of the day is gone. The residual feelings of an argument I had with a bus driver, nowhere to be found. All I am thinking about is that moment. The moment where I am me. The moment where I am so absorbed in what I am doing that I can’t even describe how I feel. My legs are kicking, my muscles are tightening, and I am holding my life in my hands.

It’s simultaneously the most effortful and peaceful activity I have ever done. So much effort goes into my swing that my heart pounds and my hands shake for minutes after I land in the net. It’s like there is so much adrenaline coursing through my body that it takes a good ten minutes for my body to understand and process it. A feeling I always wish would last slightly longer.
I recently took a class at a flying trapeze school I had never been to before. As I was putting my grips on and warming up for my first swing, one of the other students looked at me in awe and said, “Wow, you look like this is your thing.” Flying trapeze is my thing. I talk about it every day, most nights I fall asleep thinking about it, and for the past year I wrote about it. Throughout the past three years, flying trapeze has been a very important part of my life. I have learned body awareness, grace, and I have increased my strength immensely through flying. It has given me something to look forward to, something to smile about, and has been a useful tool that gets me back inside my body. Through the use of mindfulness, flying has allowed me to let go of certain thinking patterns I used to obsess over. Although it is still a struggle, I am now less anxious, because I have learned to focus on the moment.

This year of Division III has been difficult. I started with a basic outline of what I wanted to do, but didn’t know where I was going with the whole project and because it counts for essentially my entire college career, I got nervous that I wouldn’t be able to produce something worthwhile. Despite my initial fears, I found a path that I really cared about and not once did I lose faith in my love for it.

Throughout the past year, I have been on mini adventures to different flying trapeze schools to explore the world of trapeze, make connections, and keep myself sane. A good friend of mine, who is equally as enthralled with trapeze as I am, has been on many of these adventures with me. Together, we find ways to borrow different friends’ cars and drive to Boston, Vermont, or New York City, which are the three closest places with flying trapeze schools. It has been difficult to fly as much as
we want, but infrequency makes it all the more special when we only get there a few times a month.

When the calluses on my hands start to itch, I know it is way past the time to fly. But as soon as my hands wrap around the bar and I jump off the platform, I am me again. Even if I didn’t realize I wasn’t me before, I am me when I fly. When I fly I feel powerful, invincible, exhilarated, beyond words, strong, courageous, focused, in control, in the moment, and inside of my self. I have discussed the difficulty of describing exactly what flying feels like. It is almost impossible to find the perfect words, for fear of not being able to describe the experience correctly.

For me, flying is a form of healing. Whether I am struggling with everyday anxieties or the stress of Division III, I know that trapeze will help me. Flying doesn’t solve my problems, but it helps me to see them in a different way and allows me to reevaluate what is going on. I was recently working on a trick that required me to really slow down and wait for the swing to happen. Because I was kicking at the wrong time, I was landing incorrectly and wouldn’t have been able to catch the trick in the proper body position. I was instantly able to relate this to my life, in that I was trying to do everything too quickly and I needed to relax, let things go, and slow everything down. When I did that in my flying, the trick worked flawlessly. Such subtle aspects in trapeze make for its healing powers.

For all of these reasons, I wanted to explore the different ways flying trapeze has been therapeutic for people and how it might work as a form of healing for others, as it has for me. Through interviews, research, and a lot of flying myself, I
have found a wealth of great anecdotal evidence on the healing effects of flying trapeze.

Throughout my Division III project, I have explored flying trapeze as a form of experiential therapy. Through learning to fly myself and teach others to fly, I discovered the ability it had to heal. I watched people transform as they took off from the platform, soaring through the air. I saw transformation in the way they moved, how their confidence changed from those two hours doing something new and different. I felt the transformation in their energy, as they became more comfortable about a leap into the unknown and putting their trust into someone they just met.

I understood at a basic level why it was so transformational and healing, but it wasn’t until I started researching for this project that I discovered exactly what it was that enabled so much change. Throughout my research, I found that the main components of Healing Through Flying are the metaphors, the ability to learn to trust others in a safe environment, the change in the daily routine, the focus of being in the moment, the use of the body, and the boost in self-esteem, confidence, and courage.

From the information I collected from the literature and interviews, I was better able to uncover the therapeutic aspects of flying trapeze and combine them into a course that could help treat patients with eating disorders and PTSD, as well as other issues.

Flying trapeze has to be experienced to truly be understood. No matter how hard I try to eloquently string the right words together, I will never get to the
essence of experiencing what flying feels like. Despite this, I can say that flying pushed me to take the risk, changed the way I live my life, and taught me to let things go.

She let go.
Without a word, she let go.
She let go of fear.
She let go of the judgments.
She let go of the opinions swarming around her head.
She let go of the committee of indecision within her.
She let go of all the ‘right’ reasons
Wholly and completely, without hesitation or worry,

She let go.

-Ernest Holmes
This section will define and show pictures of many of the terms I discuss throughout this project.

**Flying trapeze**

A specific form of trapeze where performers and students jump off a platform, holding onto a bar and using gravity, swing back and forth to then release that bar and fly to a catcher, who is swinging on a bar on the opposite side of the rig.
Figure 1- Static Trapeze

A form of trapeze involving a horizontal bar that remains static while the flyer performs tricks with the bar and the ropes.

Figure 2- Sources for Literature on Experiential Therapy (in text)

Figure 3- Juggling Scarves
Figure 4- Silks
Figure 5- Rixom’s Data (in text)

Figure 6- Catching
An integral role in flying trapeze, where the instructor hangs upside down (in a special way called the catchers lock) on a separate bar and catches the flyers tricks.

![Image of flying trapeze catchers]

Tricks
An ever-increasing compilation of positions and dismounts to release to a catcher or to the safety net. These tricks vary in difficulty and amount of training required to perform them. In *Healing Through Flying* participants will just be beginning their trapeze knowledge, so basic tricks such as the knee hang, the set straddle, and the set split will be taught to them.
Board/Platform

The pedestal that flyer jumps off. This platform is about 23 feet about ground, although each rig varies in height. The flyer on the platform stands in a position with their hips forward and shoulders back in preparation for a proper take off.
Figure 8- Board Worker

Person who works on the board, secures the safety lines on the flyer, and assists them in proper take off.
Figure 9- Partner Stretching
Figure 10- Getting Out of the Safety Net

After completing their trick, the flyer will land in the net on their back. They will then crawl or walk over to a designated area (marked with rope or tape) where they will lay down on their stomachs and hold on to two rope handles. They will then roll forwards over the edge of the net and land on their feet. The flyer will still be attached to the safety lines until they are on the ground, where the instructor pulling lines, will remove them.
Figure 11- Split

Figure 12- Straddle
Swing

The lead instructor of the class that calls the timing of the trick and pulls on lines so students land safely in the net. The lines puller will tell the student when to release the bar and land safely in the safety net.
Appendix 1: Interview Questions

1. Tell me a bit about how you started flying.

2. When was your first class?

3. I am curious about your first catch, can you tell me about it? What did it feel like? Do you remember who it was with?

4. What made you come back to take more classes?

5. After a flying trapeze class, do you feel anything in particular? Can you explain that feeling? Or why you end up feeling that way?

6. Is there anything else you have done that compares to that feeling?

Questions specifically for Richie Gaona, Peter Gold, and Jonathon Conant

7. I know that you run regular classes as well as some specialized classes for different groups (sober college/omega institute) that have therapeutic aspects. Are there differences between these classes? Or are they run in a similar fashion? Do you have a reflection/discussion component of the more therapeutic classes?

8. Why do you teach? What do you love about it?
Appendix 2: Consent Form

This study will examine the therapeutic benefits of flying trapeze. In this interview, you will be asked questions about your own experience with flying trapeze (such as how you started, if you enjoyed it, what you liked about it, and what particularly you enjoy about flying).

The interview will be audio recorded. Your recording will be deleted as soon as I have transcribed the interview. Your name will not be used in the final project.

Quotes from the interviews will be used in the final product, which will also display in the Hampshire College library, viewable by the public.

There are no known risks to you during this interview process.

At any point in the interview you have the right to stop the interview with no further questions asked.

If you have any concerns or are dissatisfied with any aspect of this study you may report your grievances anonymously if desired to the Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, Amherst, MA 01002, 413-559-5479.

Primary Investigator: Gavrielle Davidson, Division III student, Hampshire College
Faculty Supervisor: Peter Gilford, School of Critical Social Inquiry, 413-695-4606

I, ___________________________, agree to participate in the research for Gavrielle's Division III research project on flying trapeze. The study has been explained to me and my questions answered to my satisfaction. I understand that my right to withdraw from participating or refuse to participate will be respected and that my responses and identity will be kept confidential unless indicated otherwise. I give this consent voluntarily.

_________________________________  _______________________
Signature                                      Date

If participant is under the age of 18, parent or legal guardian, sign here:

_________________________________  _______________________
Signature                                      Date
References


Child Trends. Childtrends.com


References for Photos

www.trapezearts.com
www.marylandlife.com
www.cloudfront.net
www.autumncarpenter.net
www.sydneytrapezeschool.com
www.fireflygroupevents.com
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www.healthyliving.azcentral.com