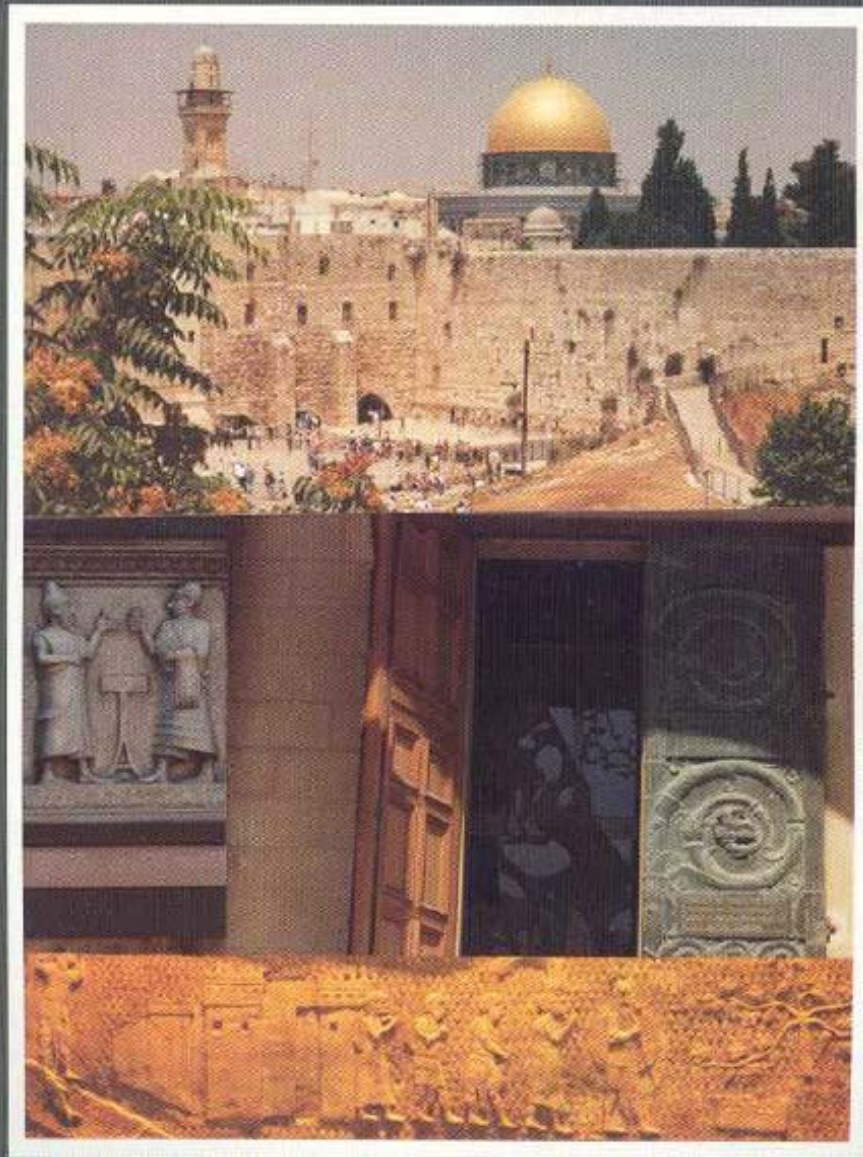


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DANCE/MOVEMENT THERAPY: SPEAKING THE LANGUAGE OF SELF

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...before man expresses his experience of life through materials he does so with his own body.
—Wosien, 1974

Introduction

Modern therapists and healers have been rediscovering the importance of the arts in treating a variety of populations. At the most primitive level of the arts is the body, and it is through the body's actions that the dance/movement therapist works. Dance/movement therapy is a form of psychotherapy that is grounded in the assumption that through movement, the body can heal itself. In addition, since it is believed that the body, mind and spirit are interconnected, affecting change through the body can create positive changes in the mental state.

While the techniques themselves have been newly defined, the concept of the work rests in the idea that humans use movement as strongly as language as a form of communication. This is useful in healing all people, and is particularly relevant when working with populations such as children and dementia patients, where spoken language may not be the primary means of communication. This paper serves as an introduction to the ideas, history and principles of the field.

As part of a recent television report, I was filmed with a group of geriatric women to demonstrate and discuss dance/movement therapy with the elderly. During the interview I was highly aware of my own body tensions, as I discussed exactly what I do in our sessions and just why it is so important. I could explain the goals of increased body awareness, socialization and expression, and discuss psychological as well as physical case studies. Still, I wanted to express that dance/movement therapy works at a level even more basic than those words. After the taping, a member of the group came up to me and was very excited as she expressed her own desire to explain dance/movement therapy. "Finally! I can show my daughter a little of what we do. When we are together I can get this out," she said as she tapped on her chest several times, and then opened her hand as if letting go of a butterfly. In movement we speak the truest expression of the human soul. In all stages of life the body reflects its impressions of the world through its movement. Working in this

medium provides an exciting method of healing the whole person.

Despite shared features in anatomy, people can move in an amazingly large number of ways. Some of these show others our feelings and express our personalities. Other times, traumatic events can leave their marks on the body and begin to change its muscular structure. In communicating or releasing emotions through our expressive movement range, we can often enlarge our relationship to the world. Using dance can help sharpen the connection between body, mind, and spirit, and lead to better health.

Since so many psychiatric illnesses have a movement component, this method of working provides an avenue of expression that is not always available through words alone. In recent years, the field of psychotherapy has become the reference point for modern therapies. Above all, due to societal ideas, the emphasis has traditionally placed the mind as the key to our emotional and behavioral actions. Interestingly, the origin of the word psychotherapy derives from "Psyche," the Greek maiden who became the personification of mind as well as soul. In its definition of the prefix "psychiat-," the American Heritage Dictionary (1982) states, "the mind functioning as the center of thought, feeling, and behavior, and consciously or unconsciously adjusting and relating the body to its social and physical environment." Through movement and dance, one can logically adjust the thought processes of the mind, just as the mind affects the body. Most people, unfortunately, are greatly suspicious and fearful of the body, especially when it is associated with the word "dance".

In the Western thought process dance has become detached from our daily life, but it was not always that way. In ancient times, dance reflected and honored simple movements, making the ordinary into something extraordinary. Ancient folk dances, for example, helped to ritualize daily experiences. Dancers today are viewed as entertainers, separated from the viewer by a stage or their amount of technical training. We lose sight of the fact that all humans

use movement for expression, whether it is the small blink of an eye or a leap for joy. These are the "dances" that express more than words. These are the dances that the therapist encourages and uses in guiding the development of emotional and psychological health.

In reality, everyone communicates through his own dances from the day he is born and continues to do so throughout his life. The first year of life is spent nonverbally, and yet it is clear that babies process and respond to the environment around them. Anyone who has watched the interaction between an infant and mother understands the power of preverbal expression. Psychotherapist Judith Kestenberg (1967) studied the patterns of children and recorded them in the movement notation of Rudolf Laban, which is used extensively by dance/movement therapists. She focused her studies on the hypothesis that babies form rhythmic patterns that relate to both personality and developmental stage. In addition, she noted that bodily rhythms could reflect psychological changes.

In reintroducing movement patterns later in life, a therapist may help rectify early movement interactions that were either missed in development, or inappropriately expressed. This is particularly relevant in working with the sexually abused and anorexics, where the body issues are extreme, and affect other aspects of their lives.

The "normal" person has a full range of movement qualities. While each of us shows our personalities in a particular movement signature, we are able to move our bodies to show both strength and grace. In illness, however, certain movement patterns repeat themselves, or certain areas of the body may be abnormally rigid or loose. An autistic adult may tap a table in a rhythmic, persevering movement. In many sexually abused women the pelvic region may be almost immobile. Of course physical ailments may also change movement patterns, which in turn can affect body image. Amputees, even by nature of that label, often see themselves as incomplete parts of the person they were. Often a dance/movement therapist must help these participants discover new ways of moving and validating feelings and expressions.

The past several years have created a dizzying array of body terminology. The new buzz-words of health focus around body/mind language. While all the excitement has created an awareness of the importance of human movement and expression, it has

also caused some confusion. Unlike other forms of body therapies, dance/movement therapy relies on process, rather than set exercises. Observers who are introduced to dance/movement therapy often ask for specific movement exercises or the magical piece of music which can be played to elicit health and healing. The great wonder of dance/movement therapy, like all the expressive arts therapies, is that while there are solid principles, structures and techniques to the field, ultimately each session is an improvisation. One of the pioneers of dance/movement therapy, Blanche Evan summed up dance/movement therapy as being something that "seeks to express rather than impress" (Evan in Benov, 1991, p. 181).

This changes the traditional image of dance, as associated with the ability to waltz or perform in *Swan Lake*. A participant in dance/movement therapy may not be able to waltz, but can certainly feel the bodily sensation of closeness that a waltz provides. The therapist is not trying to create a dance company, but encourages movement to allow the body to express its innermost feelings, whether they are feelings of gracefulness and peace, or strength and anger. Each may be appropriate to experience. The history of the field, logically, comes from dancers who began to explore the power and emotive qualities of movement. Dancers continue to make the connection today. Ballet dancer Toni Bentley (1982) recently wrote, "What is the proof of life? Movement. And what higher and more beautiful movement is there than dancing? We use our bodies to manifest life itself" (p. 138).

Historical progression

Dance/movement Therapy in its current form can trace its roots rather directly to the emergence of the modern dance movement in the early 1900s, and the changing field of psychotherapy. In response to the formal movement and rigid nature of traditional ballet, as well as societal structures, new thinkers were emerging who wanted to create and allow the body to speak freely. One of the earliest influences on modern dance was Isadora Duncan, whose loose robes and joyful movements contradicted societal norms of the time. The choreographers who were emerging in that period became reflective of a new need for expression. These include the Denishawn Company, Mary Wigman in Germany, and Martha Graham. Often concentrating on ancient motifs, these dancers explored the universality and timelessness of emotion in movement.

Many of the founding therapists discovered that this new form of dance had implications that could be translated to the back wards of mental hospitals. An early pioneer in dance/movement therapy, Marian Chace (1896–1979) has had one of the largest and most profound effects on the field. She investigated dance as a means of communication by observing students who danced, not for professional gains, but because of its effect on their whole being (H. Chaiklin, 1975, pp. 15–16). Chace soon became established at St. Elizabeth's Hospital in Washington, D.C., using dance and music in her work with psychiatric patients.

Other early therapists combined their backgrounds in modern dance and movement studies with new ideas in psychotherapy, aligning themselves at times with Carl Jung, Alfred Adler, William Reich, Sigmund Freud and other founders of psycho-studies. Many of these thinkers documented the interactions between humans through expressive movement and believed that body movement expressed the psyche (Evan, in Benov, 1991). Thus, the relationship between mother and child becomes a meaningful dance.

Even before the psychotherapists, early studies in nonverbal communication tied emotion and expression with movement. Darwin, best known for his studies of evolution, devoted many years to exploring the idea of nonverbal communication. In his work entitled *The Expression of the Emotions in Man and Animals* (1872) he wrote, "The movement of expression in the face and body...reveal the thoughts and intentions of others more truly than do words, which can be falsified" (p. 364). The significance of these studies, combined with the early explorations of modern dance, led to a rich period of learning for the first dance/movement therapists.

Recognizing the need to organize and learn, the early founders first trained students under a type of intensive training and supervision. The next generation began establishing formal Masters Degree Programs, still the predominant means of obtaining training today. Currently, dance/movement therapists have two levels of title. The first, DTR (Dance Therapist Registered) is obtained by achieving the Masters Degree (or approved equivalent coursework), as well as working a number of supervised internship hours. The second, ADTR (Academy of Dance Therapists Registered) represents the final level needed to practice privately and teach within

the field. Although all dance/movement therapists share general techniques, an ADTR requires at least two more supervised years in the field and acknowledges the therapist has developed an individualized approach. Therapy techniques can vary from "mirroring" a patient's movement, to encouraging a group through language and movement, to simply observing the movement a patient exhibits and discussing the observations after the dance. I have repeatedly seen through my work that given space and safety, the body will always move the dance that it needs to perform in order to heal. Newcomers to dance/movement therapy are often surprised by this, expecting instead to learn a routine or be told specific movements to perform. No matter what technique is used, the therapist always assumes the role of guide and healer, rather than exercise coach, encouraging the dance, not imposing it.

The most crucial element activated in this process by the dance therapist has been called "kinesthetic empathy" by Miriam Roskin Berger, the President of the American Dance Therapy Association.

Our emotional reactions are not only determined in terms of kinesthetic recognition, but in terms of kinesthetic response as well. We assimilate what we perceive into our own present experience...we may perceive emotional behavior in others and immediately experience it within our own bodies through kinesthetic empathy. (Berger, 1956, p. 170).

The universal human response is the primary factor in the therapeutic relationship crystallized within dance/movement therapy.

Principles

In 1974, dance/movement therapist Claire Schmais outlined three basic assumptions that remain the major beliefs in the field. These assumptions address the body/mind connection, the communicative aspect of movement, and the interrelation between changes in movement repertoire and overall functioning. The first and perhaps most important principle of dance/movement therapy, "is rooted in the idea that the body and mind are inseparable" (Levy, 1988, p. 1). Mental illness, therefore, has an equivalent bodily manifestation. "If dance therapy brings about a change in the body's behavior, there should be a corresponding change in the mind" (Schoop, 1990, p. 45). Thus, both body and mind are equally

important in the healthy functioning of an individual. Using this idea, dance/movement therapists believe that changes in movement characteristics will elicit parallel psychological changes.

Connected to this principle is the idea that personality is related to body movement patterns (Schmais, 1974). As Schmais notes, "the body is a blabbermouth," and "each body I see radiates its own non-verbal message...representing the sum total of an individual's characteristics" (Schmais, 1974, p. 61). In the same manner, Schmais wrote, "bodies become sculpted by life experiences—actions, reactions and interactions" (p. 10). The dance/movement therapist uses movement as a means for the individual to express what they may not verbally acknowledge.

The second key principle in dance/movement therapy is the belief that behavior is directly related to communication. In particular, nonverbal behavior gives away the hidden agenda of the individual. Many therapists believe that the primary communication of humans is through nonverbal communication, rather than linguistics. It is not possible to interpret every gesture as relating to a specific state of mind, but it is possible to note changes in normal movement range and attitude. For example, someone who is depressed may present himself with a head sunken down and rounded shoulders. This body attitude, in itself, further isolates the individual. Dance/movement therapy offers a means of interacting with the environment and/or people when the illness cuts off their ability to relate (Chaiklin, 1975). Dance/movement therapy presents a means of communication at its most basic level:

The expressive and communicative aspects of dance, the direct sharing of emotions on a pre-verbal and physical level while moving together to a common rhythm, prevalent in primitive societies, have been influences toward the development of dance/movement therapy. (Stark, 1982, p. 309)

Communication is crucial to being accepted as "normal" within society, as well as expressing one's own needs and desires. Most mental illnesses, by their own nature, serve to physically and mentally isolate an individual from the world.

The third principle deals with the idea that changes in movement range have an effect on the overall functioning of an individual. The dance/

movement therapist helps expand this movement repertoire, resulting in eventual psychological and behavioral changes in the client. This work takes place throughout the sessions as movement preferences and challenges are explored together.

Process

The dance/movement therapy session by nature relies heavily on improvisation, and ultimately is dictated by the needs of the participants. It is important to stress that while dance/movement therapy often emphasizes natural movement or emotional movement, structured forms of dance can also be used. These dances and rhythms often hold cultural identity and memories. Many of the elderly, for example, participated in folk dances when they were younger. Thus, a Hungarian csárdás or a Polish apron dance might be used in reminiscing. A group of inner city adolescents may choose to begin dance therapy with a familiar street dance. All dance/movement therapy sessions, while utilizing different elements, generally follow a format that includes warm-up, thematic material, and closure.

Warm-up. The therapist uses the beginning of a session to literally and figuratively warm up the body and the mind. During this time, orientation, and providing a sense of safety for the following work is most important. Therefore I often begin my sessions by warming up hands as a method of greeting. In working with geriatrics, I use this time to assess both physical and psychological changes. The technique of touching hands is a safe and mature means of communication.

Thematic material. The therapist mirrors movements of the participants and guides the work of the group toward thematic material. Feelings are frequently activated through the body being moved in familiar patterns. One abused child I treated used the middle of his session to dance the role of monster/daddy. Throughout the next several weeks we made caves and tunnels and played out different versions of the monster. In a relatively short time, this child was able to verbalize how his father had beat him regularly with an extension cord, an abuse that began before the child had the language skills to express what was happening to him. Through this exploration of thematic material, we were able to clarify why he felt bad, as well as provide a sense of safety and security. Through thematic material, we dance/movement therapists also helped re-create

distressing movement patterns, and offered a healthier form of movement interaction. In this instance, we could allow this child to be playful, and respond to his actions with support rather than anger.

Closure. At the end of the session the therapist begins to slow the body down, and find a closure for the thematic material. It is important that the participant feels able to return to previous activities. Groups often form their own rituals at the end of a session. This provides a familiar and safe means of leaving the experience. For one group, we play and sing "Sunrise, Sunset," with movements chosen by the group. Another individual walks with me to my office, and squeezes my hand while blessing me, before he can fully end a session. Nothing interrupts this process for him, because without it, he has not made his proper farewell. These rituals contribute to the sense of safety that is important to maintain during a session.

Case Example

Anna is an elderly Jewish woman diagnosed with dementia and major depression. She normally sits in a chair with her shoulders slumping and her chest concave. Although she sits in a group of women who are chatting about the latest gossip at their nursing home, Anna rarely talks with them. She prefers to focus her attention on the therapist or nurses who respond more quickly to her individual needs for comfort. On this day, the group has asked to work with classical music.

As the group moves, Anna starts rocking from side to side and begins to sway her arms, cradling the space before her. Another woman comments that it looks as if Anna is holding a baby. The therapist encourages the movement to become stronger. Soon, all the women join Anna in rocking, allowing the babies to jump and dance, and then return to their caring arms.

Anna, who has started breathing deeply, begins to cry the tears that have been so close to the surface, and for the first time, is able to tell the group how she very recently lost her son to cancer. The group begins discussing their own fears of death and dying ahead of their loved ones. In this session, the group was able to use movement as a means of processing through different emotions, reminiscing, and ultimately grieving.

Anna continues to be seen in both group and individual sessions. She has also gone through a difficult

operation which left her body further weakened. Recently, in an individual session, she explained that it was very difficult to live inside her body, as it feels like clay these days. When she wants to feel better she inhales and exhales and, as she says, "dances with life."

In this population, traditional European folk dances as well as new movements may be used to access emotions. The sessions vary as the patients' own needs are expressed. The role of the therapist is to guide the creative exploration.

Conclusion

While the field of dance/movement therapy has developed throughout the twentieth century, there exists much evidence to suggest that dance has been used throughout history as a form of therapeutic healing in all cultures. For example, the first recorded use of folk dance in therapy existed as early as the fifth century B.C. in Greece where "the so-called orphetelestae, a kind of itinerant healer... offered to dance around the sick, not infrequently in the form of a ring-dance. They pretended that they could thus cure all diseases, even mental disease" (Backman, 1952, p. 5). Almost three thousand years later, we are discovering that allowing the sick to dance is perhaps one of the healthiest cures of all.

The poet T. S. Eliot wrote that "the end of all our exploration will be to find the place where we started and know it for the first time" (1963). In many ways, humans have always relied on the arts as a means of healing. Dance has accurately and powerfully reflected the feelings and growth of cultures. It also helps individuals relate to the world. This information has always been with us, but perhaps its expansiveness has prevented historians and theorists from being able to see it.

All the senses that allow us to experience life are true wonders of human existence. The body is the first instrument of expression. Although we often try to separate ourselves from our bodies, it remains the vehicle through which we love, dream, feel grief and communicate with the environment around us. Dance/movement therapy is effective with a variety of people because the focus rests on process rather than technique and prowess, truly speaking the language of "self". As in all the creative arts therapies, dance/movement therapy celebrates the fact that we as people grow and can heal through creative expression. As the great choreographer, Martha Graham

once said, "I think the reason dance has held such an ageless magic for the world is that it has been the symbol of the performance of living."

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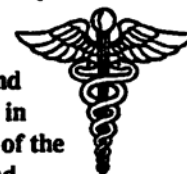


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