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Edited by

IRVING B. WEINER
W. EDWARD CRAIGHEAD

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DANCE/MOVEMENT THERAPY

Celebrating its 40th year as an organized healthcare profession, dance/movement therapy is one of the original mind/body therapies. Integrating ancient healing practices of movement, meditation, and imagery, it is uniquely suited to take its place as a cost-effective, interpersonal practice in a newly reinvented healthcare system. This article explores the history of dance/movement therapy and its current modes of practice as a psychodynamic, growth-oriented, and international healthcare profession.

History

Dance/movement therapy as an organized profession was born in psychiatric hospitals like St. Elizabeth's in Washington in the 1940s and Camarillo State Hospital in California in the 1920s. Students of the early pioneers of the field in those hospitals and other settings started the American Dance Therapy Association (ADTA) in 1966. Their teacher and model was Marian Chace, a Denishawn dancer who worked with hospitalized patients with psychotic disorders at St. Elizabeth's Hospital and Chestnut Lodge (Sandel, Chaiklin & Lohn, 1993).

There are more than 700 dance therapists in the United States. The mission statement of the ADTA defines dance/movement therapy as "the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, social and physical integration of the individual"; the stated purposes of the ADTA are "to establish and maintain high standards of professional education and competence in the field of dance/movement therapy" and "to stimulate communication among dance/movement therapists and members of allied professions through publication of a Newsletter, the *American Journal of Dance Therapy* (AJDT) and other resources."

Dance therapists provide treatment for people with psychological and physical conditions, including anxiety, depression, psychogenic somatic disorders, heart disease, cancer, and neurological impairment. Dance therapists work with children who are dealing with developmental issues, trauma and separation, anxieties related to hospitalization, and changes in body functioning and image. In settings like cancer support communities and hospices, groups using dance/movement therapy help patients deal

with loss, confront mortality, discover hope, and find meaning in their illness.

Other pioneering dance therapists and approaches include Mary Whitehouse, who was a student of Carl Jung and whose students developed an approach called "authentic movement" (Whitehouse, 1958); Alma Hawkins, who developed a method of organic movement at UCLA; Blanche Evan's "dance as creative transformation"; Liljan Espenak's affiliation with the Adlerian school of psychotherapy; and Norma Canner, who believed in going "to the source, your core, the source of your creativity." Elizabeth Polk had roots in folk dance, and Trudi Schoop was a Swiss mime who had her patients dance out their emotions and stories.

With respect to the ancient roots of dance therapy, these are much older than the roots of the modern medical/psychiatric model and go back to ancient healing practices in which circles, rhythm, images, and energy were used for group transformation. Dance therapy in a group setting has powerful precedents as a healing art during times of social breakdown, such as "Bewegungschor" (movement choirs) created by the Hungarian architect and dancer Rudolf von Laban (Bartenieff & Lewis, 1980; Laban, 1971).

Theories of Dance/Movement Therapy

Dance/movement therapy encompasses a range of theoretical approaches and also strong common elements among these approaches, as elaborated by Bernstein (1972, 1984). In brief, the Chace approach uses rhythmic bodily action to mirror clients' actions and establish a relationship. The depth approach, either Freudian- or Jungian-based, uses movement to reach unconscious symbols carried in the body. The developmental approach works with developmental stages in movement and helps clients work through blocks, whereas a systems approach uses dance to explore nonverbal dynamics of the family or group. Medical dance/movement therapy uses movement to work with people with physical or life-threatening illnesses that have a psychological component. An existential/humanistic approach uses movement to explore existential issues like meaning in life, mortality, relationships, freedom, and control. In a Narrative approach to dance therapy, nonverbal narratives of individuals or groups evoke powerful stories of hopes and fears, connections and

disconnections, and mythic moments of death and rebirth. The way of knowing in a movement communication comes from the body and from new insights from embodiment theories.

Although distinctly different theoretical schools of dance/movement therapy have developed, they have as just noted strong common elements. Dance therapists are trained in bodily attunement and attachment theories that can open up powerful preverbal experiences. In their work, they provide a safe space to contain, re-experience, and work through bodily held blocks. They understand that movement is a language, an expression of the self that expresses its coping style, defenses, leadership styles, and capacities for intimacy. Movement is a special way of knowing. Kinaesthetic intelligence is one of the multiple modes of intelligence, a way of knowing in the body, a form of active imagination. Movement embodies the creative process. The act of shaping raw material or emotion into symbols or images is healing, as it helps objectify the emotions, creates distance from them, and unleashes a powerful creative force. Movement is healing and transformative. It can unlock primitive feelings and traumas that are stored in the body, restoring our connection to our bodies and the earth. And, in many cultures, dance takes us to the sacred.

New Paradigms of Research and Practice

Dance/movement therapy arose in psychiatric hospitals, and dance therapists were trained in a psychiatric illness model. Times have changed, however, along with medicine and the healthcare system. Dance therapists are now functioning as part of an integrative healthcare treatment team, and the field is establishing itself as an evidence-based modality (Serlin, 2007). Dance therapists often work with physicians to ease some of the fears that patients have about medical treatment, as well as addressing physical and emotional issues like body image.

Research is important to establish dance/movement therapy as an evidence-based treatment method. Research methods that are holistic, as dance therapy is holistic, are appropriate. New research methods include postpositivist, creative, and mixed forms of inquiry. New foundations for dance/movement therapy come from recent research findings in psychoneuroimmunology and neurobiology and studies of attachment, the health benefits of expression, and the awareness of the role of the body in trauma. New exciting developments in dance/movement therapy are happening globally, as well as in the United States, particularly with respect to philosophical, relational, and phenomenological. Significant theory-building, research, and training in dance/movement therapy are taking place in England, Spain, China, Japan, and Israel (Koch & Brauningner, 2006).

The need for a dramatically revised healthcare system is apparent today. Dance/movement therapy speaks to the new understanding of mind/body relationships and can reach necessary layers of healing. Dance/movement therapy can play a valuable role in helping heal symptoms of anxiety, somatic disorders, depression, and deep traumas that will be faced by coming waves of veterans returning from wars and displaced people who have lost jobs and homes. At a time when the healthcare system is going to require an educated and empowered consumer, dance therapy can bring a cost-effective method to the healthcare treatment team. In an age of uncertainty, dance therapy can help us face it with creativity and resilience.

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DAUBERT STANDARD (See Admissibility of Expert Testimony)