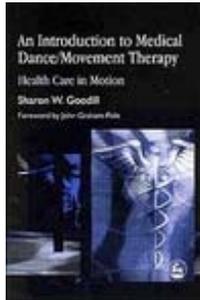


Dance/Movement Therapy: A New Mind-Body Therapy

A review of



An Introduction to Medical Dance/Movement Therapy: Health Care in Motion

by Sharon W. Goodill

Philadelphia: Jessica Kingsley Publishers, 2005.
240 pp. ISBN 1-84310-785-6. \$29.95

Reviewed by

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☰ Why is a book on medical dance therapy included in a review of recent psychology books? Dance/movement therapy is one of the new modalities of mind-body medicine that are receiving widespread attention in the changing health care landscape. Cost effective and noninvasive, dance therapy is now functioning as part of integrative health care treatment. Dance therapy is a psychotherapy that uses movement to help patients deal with emotional, cognitive, and physical challenges. Dance therapists often work with physicians in treating patients as diverse as those with breast cancer, cardiac illness, stress, and stroke. They are employed in all kinds of settings—in clinics, hospitals, special schools, and independent practice. They work with individuals, with groups, with couples, and with families. They work with adults, children, and geriatric patients. When they are part of a team approach to medical care, dance therapists can help ease some of the fears that patients have about medical treatment as well as address physical and emotional issues. In particular, dance therapists work with the debilitating depression and anxiety caused by life-threatening illness and treatment and help patients rebuild their lives.

☰ In 1998, Eisenberg et al. documented that 42 percent of Americans use alternative therapies but most do not inform their physicians of this use. To keep track of their patients' health, it is imperative that physicians know about their patients' use of complementary medical care. For this reason, it is important for physicians to understand mind-body

therapies, such as dance therapy. Dance therapy has been used successfully with patients with life-threatening illness to help them regain feelings of self-esteem and control over their life. Studies show that dance therapy can help patients cope with pain and ease depression. In one of my studies, for instance, a 12-week movement and imagery group for 30 breast cancer patients at California Pacific Medical Center resulted in significant trends in reduction of depression and anxiety and an increase in vitality. This vitality helped patients heal more quickly and regain a healthy body image (Serlin, Classen, Frances, & Angell, 2000).

☰ Dance therapy can be emotionally healing, because it allows patients to express their feelings freely. Because it provides a physical outlet, it can also improve skills such as coordination in stroke patients. There are over 700 dance therapists in the United States. The mission statement of the American Dance Therapy Association (2002) is as follows:

Dance/Movement therapy is the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, social and physical integration of the individual.

Founded in 1966, the American Dance Therapy Association works to establish and maintain high standards of professional education and competence in the field of dance/movement therapy.

ADTA stimulates communication among dance/movement therapists and members of allied professions through publication of the ADTA Newsletter, the *American Journal of Dance Therapy*, monographs, bibliographies, and conference proceedings.

☰ Dance/movement therapy as an organized profession was born in psychiatric hospitals such as St. Elizabeth's in Washington, D.C., 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 Dance Therapy Association in 1966. I was trained in that model, which was developed from the work of Marian Chace, a Denishawn dancer who started dance therapy at St. Elizabeth's Hospital and Chestnut Lodge (Sandel, Chaiklin, & Lohn, 1993). When I did my internship at Bronx State Hospital, I functioned as part of a creative arts therapy team that went out to the various units of the hospital. I worked with severely regressed psychotic patients in a setting committed to a medical model of psychiatric illness. Dance therapy allowed these patients to mobilize a body frozen with fear, express feelings nonverbally, and overcome their isolation through rhythmic sharing (Fraenkel, 1983). Dance therapists noted progress and outcomes in the nursing logs in terms of expanded range of affect and motion, increased

interpersonal communication skills, and group dynamics (Bartenieff, 1980). Dance therapists no longer work primarily in psychiatric settings but now function in medical hospitals, wellness settings, workplaces, and spas. In these settings, they bring their unique healing combination of body, symbol, energetics, resiliency, and recovery.

☰ Most of the textbooks on dance therapy, however, still focus on the psychological and psychiatric applications of dance/movement therapy. Sharon W. Goodill's new book, *An Introduction to Medical Dance/Movement Therapy: Health Care in Motion*, bridges the gap between old and new and provides a valuable overview for dance therapists as well as all other health care students and professionals about exciting new applications of dance/movement therapy in medical settings. Through this book, Goodill hopes to begin building the theoretical framework that will help future research and clinical developments in dance/movement therapy. She defines the three main objectives of the book as follows:

1. to define the subspecialty of medical dance/movement therapy,
2. to ground the clinical application in theoretical and scientific discoveries from related fields of health psychology and the medical sciences, and
3. to encourage research on and increased utilization of medical dance/movement therapy in general health care systems (p. 15).

The book is organized in three parts: Part 1 provides the theoretical and scientific base, Part 2 provides examples of current work, and Part 3 suggests future areas for research and professional and educational development.

☰ Goodill takes her foundational concepts for medical dance/movement therapy from the biopsychosocial model of health and illness and from systems theory (Dulicai, 1977; von Bertalanffy, 1968), both of which speak to the multiple levels of meaning inherent in movement. Her physiological support for the mind-body connection comes from the new fields of psychoneuroimmunology (Pert, 1997; Pert, Dreher, & Ruff, 1998) and information processing. The outcome of dance/movement therapy is expressed in terms of healing, not curing.

☰ Dance/movement therapy has similarities with other creative arts therapies, such as music and art, but is unique because of its somatic component. Unique somatic practices include the use of relaxation, mirroring, and body empathy

(Melsom, 1999, p. 175). Dance/movement therapy is also similar to other somatic therapies but differs in its use of improvisation and creative self-expression. It can alleviate stress; help patients cope; increase self-efficacy (including compliance); foster an internal locus of control; provide social support; impact mood, emotion, spirituality, and religion; work with imagery and on body imagery; and change states of consciousness.

▬ Goodill bases the scientific underpinnings of dance/movement therapy on a two-way relation between the nervous and immune systems and the reciprocal nature of the mind-body connection (Schmais, 1974, 1985). A healthy mind-body functions according to homeostasis and self-regulation and can access the relaxation response (Benson, 1975) as well as the fight-flight response. It demonstrates good communication among the various systems and feedback loops between (a) the immune system and (b) emotions such as depression and lifestyle issues of self-care, nutrition, and exercise. Expressive writing in college students has been correlated with fewer visits to the health clinic (Pennebaker, 1990). Physiological changes related to dance therapy have been measured by electroencephalogram and electromyograph levels and documented with a movement observation system called Labanotation (Laban, 1950/1980).

▬ Applications of dance/movement therapy with adults are found with pain management, psychogenic somatic disorders, heart disease (Newman-Bluestein, 1999), cancer, pulmonary disease, HIV/AIDS, and neurological conditions (Berrol, Ooi, & Katz, 1997). Applications of dance/movement therapy with children can decrease anxiety related to hospitalization, aid changes in body functioning and image, and provide a place for play and emotional expression. Dance therapy can also help children work with problems of chronic pain, asthma, and surgery (Cohen & Walco, 1999). In settings such as cancer support communities and hospices, groups using dance/movement therapy help patients deal with loss (Deihl, 1992), confront mortality, discover hope, and find meaning in their illness. Groups may be homogeneous or heterogeneous and can include family members.

▬ Research and educational issues in medical dance/movement therapy should provide evidence-based benefits for patients. Questionnaires should include body image and spirituality and capture the meaning of the experience. Research methods should combine qualitative and quantitative approaches. Essential aspects of good patient care, such as nonverbal communication, congruence between

verbal and nonverbal levels of communication, and the clinical relation, are linked to trust building, patient satisfaction, and adherence to treatment plans. These should be included in educational programs of clinical training. Interviewing and treatment plans should be patient centered. Preparation should include specialized training in human physiology, bereavement counseling, spirituality, medical terms, and side effects of treatments. Most important, training should include an experiential component:

It is recommended that we tap into our own sources of knowledge about several aspects of the work: loss, pain, death, hate, spiritual perspectives and our human relationship to the condition or illness that is the focus of the work. (p. 192)

Clinical training should include an awareness of the unique transference and countertransference issues in this population, the role in treating parents and family members of a sick patient, and ways to counteract the effects of absorbing illness and death. Goodill proposes training exercises to cultivate empathy and coping, increase respiratory functioning, and open heart channels.

☞ If the author's intention in writing this book was to introduce dance therapists and other health care professionals to the use of dance/movement therapy in medical settings and to begin to formulate a theoretical, research, clinical, and educational framework, she has succeeded admirably. Her book is clear and very readable, although it sometimes sounds like a dissertation. Instead of some of the detailed descriptions of physiological function, for example, I would have preferred her to include more case histories to add depth to her descriptions. It is possible to see how authors of subsequent books can do just that by compiling descriptions of case histories and clinical vignettes that illustrate particular applications of medical dance/movement therapy. Books on medical dance/movement therapy, especially *An Introduction to Medical Dance/Movement Therapy*, constitute a unique and valuable method of documenting new approaches to mind/body medicine and are highly recommended reading for students and health care professionals.

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