

To Dance Is to Love

A review of the film



Shall We Dance?

(2004)

Peter Chelsom (Director)

Reviewed by

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Ashley Montague, the anthropologist, once said to me while doing the waltz: “To dance is to love.” *Shall We Dance?*, a lovely remake of the Japanese film (Suo, 1997) that stars Richard Gere and Jennifer Lopez, is about this theme.

Richard Gere plays a middle-aged suburban lawyer who is living a life of “quiet desperation.” Ashamed of his “desire to be happier,” he gets pulled into a web of enchantment starring Jennifer Lopez as a young dance teacher and a host of lovable, wacky characters from the world of the dance studio. Seduced by the sense of freedom and imagination he finds there, he begins to dance. As both a metaphor and a real vehicle for his transformation, the dance morphs him from a deadened corporate robot into a charming, debonair, loving, expressive, playful, happy individual. His wife, the ageless beauty Susan Sarandon, thinks he is having an affair. To the detective she hires to shadow him, she explains her view of love and marriage as a partnership where both partners bear witness to each other's lives. As the relationships unfold, the film exposes many facets of love and partnership: the romantic, the committed, the fierce, and the tender. It shows that if people

are truly lucky, they might even find their perfect dancing partner and partner in life in the same person.

As a psychological commentary on American society, *Shall We Dance?* suggests that dance is still a threat to a Puritanical culture. As an extension, imagination, sensuality, and play are also a threat to a Puritanical culture, particularly for men. Joy and magic are missing from anonymous gray cities. *Shall We Dance?* is a testimony to this joy and magic, reminding us how vital they are to a life lived fully, vividly, with love, connection, and authenticity.

Dance as Therapy

As a dance therapist and psychologist, I have repeatedly observed the power of movement in back wards of psychiatric hospitals, in nursing homes, in support groups for women with breast cancer, and with individuals and groups of all kinds. As psychology takes its place as a primary health care field, the power of the arts can make a valuable contribution to applications of a whole person psychology. What is dance therapy, and how is it a valid therapeutic modality?

Dance therapy is a creative arts 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, groups, couples, and families. When 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 addressing physical and emotional issues. In particular, they work with the debilitating depression and anxiety caused by life-threatening illness and treatment and help patients rebuild their lives.

Dance therapy has been used successfully with patients with life-threatening illnesses to help them regain feelings of self-esteem and control over their lives. Studies have shown that dance therapy can help patients cope with pain, ease depression, and work with issues of body image (Serlin et al., 2000). The use of symbols helps contain strong emotions while bringing understanding. Healing is understood in terms of quality of life, not curing disease (Dossey, 1992a, 1992b). Dance therapy can be emotionally healing because it allows patients to express their feelings freely. Because it also provides a physical outlet, dance 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 (established in 1966) 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.

Empirical studies in dance/movement therapy have used several kinds of measures. The measure most often used is an observation scale called Labanotation. Rudolf von Laban was a Hungarian architect who invented a notation system for movement, which was based on parameters of time, weight, space, and flow, combined with spatial factors (Laban, 1950/1971). His movement scales were refined with subsequent applications and used to document a number of situations and problems. For example, North used a version of his scale to record the body movement of children (North, 1973), as well as personality assessment (North, 1972). Davis applied his scales to the movement characteristics of hospitalized patients (Davis, 1970), to nonverbal communication (Davis, 1979), whereas others used Labanotation to explore sex role differences (Serlin & Shoemaker, 1973), developmental stages (Kestenberg, 1977), group dynamics (Sandel & Johnson, 1973; Schmais & White, 1969), or personality (Trott, 1974). Another approach to the empirical study of movement was a sociometric approach to the study of the attraction, rejection, and neutral patterns between group members, using the Social Atom Inventory (Buchanan, 1984; Taylor, 1977). The movement of dyadic interaction has been studied as posture sharing, using a questionnaire based on the Bales scales (Navarre, 1982), in naturalistic settings (Kendon, 1973; La France, 1981; Schefflen, 1973), and in laboratory settings (La France, 1981; Trout & Rosenfeld, 1980). Related experiments involved “rapport” or “tuning in” with patients (Schmais & White, 1969).

Finally, outcome measures in dance/movement therapy have been tied to physiological measurements. These include a study of the use of skin temperature biofeedback to facilitate relaxation (Moss & Anolik, 1984) and relaxation therapy as a treatment modality (Foreman, 1978). Promising research has correlated Labanotation with electromyographical measures and connected expressive to functional movement through neurophysiological correlates of Labanotation (effort–shape; Bartenieff & Davis, 1972). Movement factors have been linked to personality traits (Hunt, 1984). The neurophysiologic basis of the mind–body connection (Berrol, 1992) establishes dance and movement therapy as part of the emerging field of integrative, whole-person therapies.

Dance Therapy Helps Patients With Major Illnesses

Research studies by Candace Pert (1997) have shown that the processing of emotions often affects physical illnesses and the ability to heal. Neuropeptide receptors in the brain and throughout the body are associated with emotional processing. By regulating immunocyte trafficking, neuropeptides strengthen the immune system. Research on healthy humans and cancer and HIV-positive patients has shown significant increases in immune function or positive health outcomes with emotional expression, such as that practiced in dance therapy. Evidence of the health benefits of emotional expression was shown in Pennebaker's (1990)

study of college students who kept a journal of their feelings and thoughts. Finally, neurological correlates of altered states have been investigated by Valerie Hunt (1984) in her laboratory at the University of California, Los Angeles.

Psychotherapy such as dance therapy helps people control high blood pressure and manage migraine headaches. Breast cancer patients who participate in group psychotherapy are known to survive longer than those who do not. Studies have shown that psychotherapy can reduce risks for heart disease, cancer, and HIV, according to the American Psychological Association. Stroke patients in dance-therapy classes attain needed exercise and build their coordination skills, and they also get a boost in self-esteem. In dance therapy, the patient learns to transform illness or physical pain through the sheer joy of movement. By providing exercise, emotional release, and stress reduction, dance therapy may help with the following illnesses: cancer, stroke, heart disease, chronic fatigue, high blood pressure, fibromyalgia, and chronic pain.

Dance Therapy Builds Self-Esteem

The physical and emotional expression of dance therapy eases stress and increases healthy body image and self-esteem. Intense and preverbal emotions, as well as psychosomatic complaints, respond to nonverbal communication. Dance therapy can also help reduce depression and work through anxiety, grief and loss, isolation, and eating disorders.

Easing Fears of Medical Treatments

Dance therapy may also help patients cope with their fear of medical treatments. Dance therapists can work with physicians to teach patients how to listen to their own body wisdom and make confident choices about medical procedures. They may create individualized audiotapes, using the patients' own kinesthetic imagery to help them prepare for medical procedures. Dance therapy may ease anxiety reactions before cosmetic surgery; surgeries related to cancer, such as mastectomy and reconstruction; cardiac surgery; hip-replacement or knee surgery; general surgery; use of needles to give medications; and compliance with aftercare. Through the arts, people can express their experience and meaning of having an illness, explore their own imagery and resources for healing, and decrease loneliness by sharing rhythmic and nonverbal connections with others.

Providing Psychological and Spiritual Support

Expressive therapies can also help patients evaluate psychospiritual issues, giving individuals a sense of meaning and purpose, and helping them receive comfort in the face of illness and crisis. Growing attention is being paid to the use of narratives and life review for healing (Butler, 1980–1981; Feinstein & Krippner, 1988; May, 1989; Sarbin, 1986). The stories of death and rebirth, descent into sadness and ascent into joy, and disconnection and reconnection, expressed through movement, are ancient and common to all humankind.



In conclusion, dance therapy helps many kinds of patients express their emotions and share and dissipate their fears. It provides a way for individuals to deal with chronic illnesses and live healthier lives. In today's health care environment, the dance therapist brings a whole-person perspective to a treatment team.

Shall We Dance?, viewed psychologically as a metaphor for the use of dance in couples therapy, can remind treatment team members about the importance of play, spontaneity, and nonverbal communication in the therapy process.

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