

Dance Therapy Overview

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Dance/movement therapy is based on the same premises as psychotherapy; making the unconscious conscious as a means of changing patterns that have been programmed in the past, and allowing growth to take place. In dance/movement therapy, the channels through which the goals are accomplished involve the physical body that we inhabit. Using the body for psychotherapy allows us to provide the patient with what Frieda Fromm-Reichmann speaks of: "an experience, not an explanation" (cited in Smallwood, J.C., 19??). Smallwood speaks of both dance therapy and psychotherapy providing a bridge between our conscious and unconscious worlds, but my experience has been that the dance therapy bridge allows more material to cross over in less time by bypassing some of the defenses that guard the bridge in verbal psychotherapy.

Claire Schmais and Elissa White (1986), state that the primary goal in dance therapy should be geared towards changing the movement behavior. Certainly, the notion of change as the basic goal of therapy is generally accepted, and Schmais & White's premise could follow from this. I tend to see the goal of changing movement behavior as too externalized. It may be true that movement behavior will change as a result of the work that we do in developing awareness of movement behavior, understanding how this relates to other patterns of living and relating, and changing one's relationship to oneself and others, but it feels like stating the goal this simply ignores too much of the process. As Blanche Evan says, "The object is first not to change the body of the client but to let the client become freer and freer in exposing the body that she has" (1982).

I describe my movement therapy group sessions as bringing the participants into direct contact with the information that is stored in their bodies. Some of the exercises are designed to focus awareness on how the body feels. These feelings may be physical (aches and pains from actual injuries or muscular tension) or they may be a sensation that is a way of

expressing an emotional or mental state (emptiness at the heart, sharpness in the eyes, deadness in the feet). Actually, it is difficult to separate the physical components from the psychological components, and perhaps it is not necessary to make this distinction, because even the physical aspects offer psychological information. What is useful here is that awareness of these various feelings often leads to awareness of emotional content that underlies them. Often people are better able to know what they are feeling when they see/feel it clearly expressed in their body's position or movement. Once the feelings are uncovered, they can be explored through talking or worked through with further movement.

My experience has been that when we begin a session working with the body in a way that provides access to feelings, the talking part of the session has a somewhat different quality to it than a session composed of just verbal therapy. Through movement, a context is created where parts that usually lie under the surface are invited to speak. Mary Starks Whitehouse (1987) says that "the body is the physical aspect of the personality, and movement is the personality made visible". It becomes visible not only to the therapist, but also to the clients, who often can experience themselves in ways that were inaccessible before.

An example of this from my group session last week: Two women, one an anorexic, one a bulimic, were involved in a "back conversation". I suggested that they allow their arms to get involved as well, and one woman stopped shortly after, saying that this was too intimate, too intensely close to her partner. In talking about their experience, both women realized that they tend to interpret sensuality as sexuality, each for different reasons and with different effects on their lives. The woman who had stopped the movement remembered that when she reached puberty her father stopped playing physically with her in a way that clearly communicated to her that the kind of physical enjoyment they had had was wrong and she had an idea that it had something to do with sexuality. She finds herself echoing his pulling away from her by pulling away from physical intimacy even with her husband, hearing that "No" from her early adolescence. She was willing to work on her discomfort with a less threatening exercise, having a conversation with her partner's hand, both with eyes closed. This was scary for her, but exhilarating to move through her discomfort to experience the sensual pleasure of connecting with someone in this way.

This example illustrates several aspects of dance/movement therapy. The memory that was triggered in this patient involves what D.W. Winnicott (cited in Harris, J., 1988) calls

motor memory, kinesthetic information holding emotional as well as physical meaning rooted in the patient's past. In this case two methods of working with the material that emerged were employed - verbalizing about the memories and their ramifications in her life, and then attempting a new experience, a change in movement and response to that movement.

Most likely, there were other levels of emotional experience being touched in this patient as well, having to do with much earlier object relations. These issues can be affected by the movement work even without the direct acknowledgment or interpretation of either client or therapist. Although the development of awareness is often a goal in dance/movement therapy, I see it as being only one part of the work. Many things can be happening at once, and developing awareness is only one of them.

A dance therapist works with layers - the first layer may be a physical awareness of tension or shallow breathing, then perhaps recognition of the emotion that is generating the physical response - maybe fear, or feelings of abandonment. Beneath this might be an understanding of what associations the movement triggered that might be generating the emotional response - perhaps something in the patient's present life or recent past that they are reminded of. Finally, deep down, there might be experiences from infancy or early childhood that are being accessed by motor memory, allowing the patient to feel in the present some of their unresolved early developmental issues. The dance therapist can provide some of the missing interactions from that early period by mirroring, witnessing, and generally being there for the client in a way that the primary care-giver was not. This is what a psychotherapist attempts to do as well - to provide a corrective experience in order to allow the client to become unstuck and continue their development.

This corrective experience is shown in Janet Adler's classic film "Looking for Me", portraying her work with autistic children. The film illustrates the process of connection, as Adler provides the experience that two little girls needed to begin to develop object relations. It was unnecessary to verbalize with these children about the process they were experiencing. The experience itself provided the healing. This is counter to Elaine and Bernard Feder's opinion (1977) that bringing unconscious feelings to the surface is not enough, and that it is necessary to interpret the experience. This can be useful in many cases, but there are times when it is inappropriate to "pull the covers" (as my supervisor refers to it) on a client's defenses, and it takes sensitivity and experience to make this judgment. One of the advantages of

dance/movement therapy is that it provides ways of bringing up unconscious material by bypassing defenses, and this means that the therapist has a responsibility to provide a safe place for this to happen and a safe way of working with the material that comes up. Fortunately, movement and art provide many ways of working with feelings that are less threatening than words alone, and the forms used can help to provide a container for the long-repressed feelings.

As I work with both verbal therapy and movement therapy I am able to see just how powerful the movement work can be, and how much more quickly I can reach behind the mask that many clients present. I spent an hour hearing one bulimic tell me without very much affect about her difficult life. Two hours later, I found myself with her in a very deep place of sadness and abandonment, triggered by a very simple relaxation and body awakening exercise. This experience allowed her to begin the real work of therapy, rather than remaining in her need to appear "together". As Richard Heckler (1979) points out, change often involves pain, and it is through dealing with this pain that the process of change begins.

References

- Feder, E. & B. (1977). *Dance therapy*. *Psychology Today*, Feb. 1977, 76-80.
- Harris, J.G. (1988). *A practicum for dance therapy*. Self-published notebook.
- Heckler, R.K. (1979). *The anatomy of change: A model for somatic education*. *Contact Quarterly*, Fall 1979, 16-19.
- Rifkin-Gainer, I., & Evan, B. (1982). An interview with Blanche Evan. *American Journal of Dance Therapy*, 5, 5-17.
- Schmais, C. & White, E.Q. (1986). Introduction to dance therapy. *American Journal of Dance Therapy*, 9, 23-30.
- Smallwood, J.C. (??). Dance-movement therapy. In J. Masserman (Ed.), *Current psychiatric therapies*, Vol. XIV.
- Whitehouse, M.S. (1987). Physical movement and personality. *Contact Quarterly*, Winter 1987, 16-19.