
The Healing Dance

Movement and Dance Psychotherapy

Jennifer De Leon

Abstract

Movement is a fundamental, organic and intrinsic aspect of our lives. In this paper I discuss a psychotherapy of movement: in which the fundamental movement of our existence is included as a fundamental part of the therapy, and where that movement is taken a step further into the realm of dance.

Introduction

When we are born, one of the first things we do, (provided we live), is breathe. Breathing is thus our first dance, and continues as the fundamental kinetic impulse for the rest of our lives. What the breath sustains, is our bodies. Breath + body = movement.

There are no clients who come to therapy independently of breath or body or movement. Preceding and containing whatever issue the client has come to therapy for, are breath, body and movement. Further, every client presents with distinct characteristics of breathing, body and movement.

Background

Traditional psychotherapy focused on the relationship between cognitive processes and emotions; employing the notion of a hierarchy with the head (cognitive processes) most important, then emotions, and finally the body. The body deserved little attention since "From classical antiquity, the body has been conceptualised as either antithetical to the objectives of the soul, the primary obstacle in man's pursuit of self-realisation, or merely 'inferior' to the soul" (Geller: 1978: 350).

Movement therapy would seem to invert the hierarchy, starting with the body, working through the emotions, and integrating these with the cognitive processes. Freud believed that

nonverbal behaviour, being under less conscious control than speech and therefore more likely to escape efforts at concealment, could provide

information that patients were hesitant or unable to discuss verbally (Cited in Geller: 1978: 350).

He and other psychotherapists (Reich, Juror, Rolf, Laban) have tried to interpret the symbolism of nonverbal behaviour; their mind-body theories being formative in movement therapy and dance psychotherapy.

Today the dance therapy arena is turbulent with exploration and discovery. Varying theories—Freudian, Adlerian, Jungian, Gestalt, Transpersonal, Family Therapy, plus tenets of dance therapists such as Dowd, Chase, Evan, Schoop—all revolving around the use of movement in psychotherapy, co-exist (Calliman: 1993).

Dance therapists have been split from mainstream therapists because customarily dance therapy is seen as an adjunct to traditional forms of psychotherapy. Verbal therapists are not usually trained to work with movement; movement therapists may have insufficient training in verbal techniques. A movement therapist may ignore verbal information and focusing on verbal information may lead to overlooking movement clues. Either might dismiss spontaneous or Mindell's (1982) "dream-body" movement.

Dance psychotherapy

Like every good therapy, dance psychotherapy *is* the relationship. Uniquely to dance psychotherapy, the language of relating is the fluid interweaving of the unconscious, the conscious, cognition and movement.

Dance therapy is the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual (American Dance Therapy Association: 1985).

Jung said:

To my mind, in dealing with individuals only individual understanding will do. We need a different language for each client... to apply a whole spectrum of therapies as the client moves through the spectrum of consciousness (1965: 131).

As a confluence of mind and body, thought and movement, dance psychotherapy may be perceived as encompassing a whole spectrum of therapies, uniting

- the primacy of the body
- the immediacy of movement

- the intellectual, cognitive faculties

and recognising that emotional, spiritual, dream and transpersonal material are embedded within these.

Dance psychotherapy is a new therapeutic model. Traditional fundamental therapeutic tenets such as autonomy, beneficence, non-maleficence and justice, and methodologies such as attending, listening, matching, pacing, reflecting, are fully present.

There are, however, some differences in terminology and practice:

- the Unconscious is also referred to as “creative energy” or “creative impulse”;
- transference and countertransference may be explored through movement, as well as verbally, and are experienced, embodied, felt;
- defences are identified in muscular, postural and movement expressions as well as through speech and behaviour. (In dance therapy, bound or diminished movement will indicate defences);
- communication and processing occur in movement and dance as well as in words;
- the treatment plan may include formal dance technique;
- the therapist—still client-centred and ‘waiting-on’—encourages and models the intentional practice of mindfulness and discipline;
- inclusiveness: dance psychotherapy and analysis are for clients who can and can’t talk.

Movement and the body are part of the organic; the “Creation” side of life, thus, in the writer’s experience, dance psychotherapy attracts clients asking existential questions, exploring *why* (they are here). Most of my clients seek out dance psychotherapy because they perceive it as a language of imagination, for meaning making.

Hillman said “The aim of therapy is the development of a sense of soul, the middle ground of psychic realities, and the method of therapy is the cultivation of imagination” (1983: 12).

Dance psychotherapy—including the mechanics of it—is a language of metaphor and imagination. As such, it lends itself to phrases like “the Great Dance” and “the Dance of Life”.

Methodology

1. Assessment and Diagnosis

In my work, *The Healing Dance*, for the terms “assessment” and “diagnosis” I prefer the terms “compassionate coordination” or “looking with love”. In the paradigm of the Great Dance, the “self” is not reified as a discrete entity. There is, therefore, no thing available for encapsulation by assessment or diagnosis. The goal is to recognise self as part of The Dance—to perceive “self” as also movement—changing, shifting, transiting, flexible and, in truth, existing only in this moment of its passing. The Healing Dance concept of self is that it exists as motion, and that ‘I’ is no thing. (Broom: 1996; Epstein: 1996).

The Diagnostic and Statistical Manual (DSM) contains invaluable information and guidelines, however. Integration of DSM information about state and condition with the movement-transition-flexibility tenets of dance psychotherapy offer a model in which clinical accuracy and imagination exist side-by-side. Making a medical diagnosis based on conduct, utterances or feelings neither I nor my client can ever fully understand and then expressing this in dance is one way of understanding the condition better, and transforming it to metaphor. As metaphor, we allow for mystery and creative magic (Coates: 1997: 84; *The Course*: 1997, 1998, 1999).

The more we let [creativity] flourish, the greater is our satisfaction with life, the better our mental health. Our creativity can let us come to terms with our conflict. It can be a crucible for dissent (Crawford: 1997).

By dancing (embodying) the diagnosis the client is empowered with the sense that now s/he has ownership over this condition—and the dance-of-healing is, from now on, in both our hands—and bodies and feet!

“Compassionate coordination” and “looking with love” begin with looking, listening, sensing—an intense, focused activity—because in *The Healing Dance* not only verbal information, but also *physical* indications, both specific and global, are key.

Physical indications are the clue to defences that the client has amassed throughout her life thus far, often commencing at a pre-verbal time when her experience of the nurturing she received was that it was, in some way, impoverished.

Physical indications include:

- overall general appearance and presentation, and specifics: shape, size, colouring, skin tone, clothing, footwear, ornament and focus;
- muscle tone, posture, gestures, movements and movement quality;
- physiological, postural and movement signs that provide developmental information. (For example, predominantly directionless, unformed movement derives from the pre-verbal time corresponding to Erikson's trust versus mistrust stage; predominantly small, bound movements correspond to Erikson's autonomy versus doubt and shame period);
- the degree of movement adaptation and sophistication, or its lack.

Testing, evaluation and analysis of this information is described in terms of the Effort-Shape Movement Fundamentals Analysis system originated by the Hungarian scientist Rudolf Laban (1947–1960), which is the modern-day dance therapist's generic medium for testing and evaluating normal and clinical populations. Bartenieff (1980), Bernstein (1985), and Kestenberg (1970) show how Laban's theories relate to Anna Freud's developmental lines, to structural and dynamic points of view, and also to the work of Mahler (1968) and Winnicott (1976).

Effort-Shape Movement Fundamentals Analysis investigates the elements of effort, shape, space, time and emotion as they combine in the person's physiology and kinesis, and are expressed in the body's conscious and unconscious movements, thus producing the global dynamic affect.

The Movement Fundamentals Analysis is:

- quantitative: for example, I look at the angle of a person's neck to their shoulders; the amount of tension held in the thighs; the ability to open the arms or hands past the necessary degree of functionality. Opening, closing and widening movements indicate the baby's experience of sucking; directional movements indicate the ability to move from self to other (object); posture components indicate adaptation to earliest mirroring and affirming, or lack of these. If the baby has, for example, received a mixed message, such as the free-flow of milk accompanied by a tense, rigidly-holding embrace, then her belief in adequate provision will be coloured by what it costs. The associated movement adaptation is most likely to be tension-flow rhythms and constricted spatial occupancy.

- qualitative: discernment and description are made in such terms as bound, free, percussive, lyrical, static, flowing, centred, peripheral, and more. These qualities describe emotional states; for example: percussive, static movements indicate the presence of fear which could derive from inhibition of early drive discharge, as in a message in infancy that crying or feeding was *not* all right.

Body information contributes important additional material to that gained in speech-only therapy. Defences will exhibit multi-dimensionally. Linda, in a transference with her preoccupied, unavailable mother, accused me: “You’re not listening to me!”. Her strident accusing voice was accompanied by in-curving, bond-flow, restrictive, incomplete movements. Through empathic mirroring and an appropriate degree of kinetic merging, I made an interpretation of pre-verbal timidity, fear, shame, hurt, fragility and insubstantiality.

Linda’s symptoms suggested a diagnosis of avoidant or dependent personality disorder. Illustrating the point I made above, however, about the language we use, I prefer to say, “Linda’s dance seemed to express an avoidancy and dependency which was less poignantly demonstrated by her words alone”.

Matching, pacing, reflecting, empathizing, questioning and provoking flow on from the initial observation.

2. Mindfulness

The observing, listening, matching, pacing, reflecting, modelling, empathizing, questioning, teaching, provoking and attending of psychotherapy occur in an attitude of mindfulness.

Mindfulness (bare attention) is the technique central to The Healing Dance psychotherapy. Mindfulness, which Krishnamurti calls “choiceless awareness” (Cited in Epstein: 1996: 166) is a cognitive activity, one of continual aligning of awareness to the here-and-now experience.

Mindfulness incorporates the physical, encouraging awareness—and even some theoretical knowledge—of breathing, alignment and posture, even to anatomical, muscular and cellular connections. The seeing and feeling and moving are organismic, physiological, locomotive and corporeal; it is a kind of depth encountering, leading on to the awareness that stimulates the processes of reflection and change. “The healing is in the looking” (Milner & Sweet: 1998: 39).

The healing is in the dancing.

In the psychoanalytic “mirror” model, the analyst’s stillness allows the client to hear and reflect upon what s/he has said. In *The Healing Dance* this same inner stillness draws forth the client’s self-reflective movement. Hearing, seeing, moving and self-reflecting enable the client to encounter his longings, conflicts, confusions—and himself.

Mindful hearing, seeing, feeling and moving make it possible for in-habitation, or embodiment (to give form, body; to express tangibly, so that mind and body become intimate reflections of each other).

3. *Embodiment*

Embodiment—to give flesh, to give form—to our longings, conflicts and confusions, hopes, joys and visions: literally, to take *in corpus* is to reject the dispersal that comes from unconscious repression or dissociated splitting. We are able to engage more fully with who we are. Analysis and interpretation of embodied movement is part of the work of dance psychotherapy. It is analogous to Winnicott’s indwelling, “achieving a close, easy relationship between psyche, body and body functioning” (1976: 68).

To facilitate the embodying process

- Client and therapist create dance sequences, then practise and process these verbally and in movement. This is comparable to Freud’s “remembering, repeating and working through” (1964: 147).
- Dance sequences of increasing complexity and accuracy are practised, so the embodiment gets more mindful, the mindfulness more embodied. This facilitates our interpretation of somatic signals.
- We create, practise and process dance sequences containing motifs of paradox (perceived conflict). *Dancing* paradox gives entry to the transpersonal. Examples are movement polarities of motion/stillness, chaos/order, balance/out-of-balance.

Epstein, describing ‘dancing the paradox’, speaks of “...the fluid ability to integrate potentially destabilizing experiences of insubstantiality and impermanence” (1996: 94). *Embodying* paradox acknowledges, values and aids interpretation and contains it (1996: 212).

My client Ann felt an undercurrent of anger towards me, but was too afraid to verbalize it in case she “lost” me. As she danced, embodying her anger, she realized she was employing “body-management” in order to execute the

movement; she simultaneously identified a self-management strength as well. She found she could express—without “losing it”.

I interpreted this as Ann’s “growing ability to gather all things into the area of personal omnipotence, even including original traumata” (Winnicott: 1976: 168).

4. Mirroring

Empathic movement reflecting, or attunement through mirroring—setting up the mirror transference—provides the environment for the therapist to enter the undifferentiated world of the narcissistically wounded adult. In empathically adapting her movement to that of the client, and breathing together, the therapist creates a relationship with even the most isolated (Siegel: 1978). This environment allows for the emergence of unconscious, authentic, “play” movements; movement dramatizations and metaphors, of the pre-verbal and unverbalisable. As these are remembered, re-experienced and brought into the transitional therapeutic space, the therapist interprets and reflects back, using symbols and mythologems created by the client. This empathic, attuned movement mirroring, sensitive to the client’s developmental effort and shape flow (equivalent to “holding” and “handling”), facilitate the evolution of meaningful memories. These in turn are the “stage” for the development of transference object relations (perception of the extension of self which is “other”, then self) and eventual object constancy and differentiation to occur.

After a suicide attempt, Paula regressed and retreated; she lay on my studio floor curled into the foetal position, barely moving and rarely speaking. Paula and I worked together for one year and most of our work during that time consisted of empathic, attuned movement: lying on the floor, dancing the foetal position, emerging from the foetal position, choreographing a dance symbolizing the security and haven that Paula perceived the foetal state to be, quitting the foetal state, giving herself permission to open her arms and lift up her head, acknowledging and dancing a Paula who could exist with beauty and authority, eventually making a dance expressing “I have a right to be here”.

5. Transference and countertransference

Transference and countertransference are psychotherapeutic terms used to describe the mental process of buried or unconscious memories of earlier

relationship experiences coming to life and directed towards the therapist, and the therapist unconsciously responding.

Using transference skilfully is an important element in dance psychotherapy, and the reality is that I do not listen, look and sense alone. While my goal is bare attention, choiceless awareness, the reality is that I am not a mirror empty, but another human being with beliefs, ideas, preconceptions and personal idiosyncrasies. In other words, transference and countertransference are a given. My clients come because in my course of listening, looking and sensing I am making a choreography out of all that they bring to me. Every movement of the dance I dance with my client is a choreography inflected with my own subjectivity. I am aware of this, and conscious of the persuasive potential of my movement, I use

silence

stillness

space.

With space beneath our arms and the slight zephyr of wind in our faces as we move, the transference and countertransference dynamics that I and my client take on and visit upon each other become more visible, more out in the open, and less toxic.

End Statement

Clients for The Healing Dance psychotherapy do not need to be 20, slim, fit and have beautiful legs. The Dancer Within lives in all of us, waiting for us to call him or her onto the stage that is our lives. The stuff of psychotherapy—talking, grieving, celebrating, complaining, hoping, praying—happens in words both spoken and unspoken. Often it is in the unspoken language of our souls that moments of rarest insight and breakthrough occur. The invitation of our miraculous, moving bodies and ever-sparking imagination is to make this a day in which, at least once, we dance.

References

- American Dance Therapy Assn. (1985). <http://www.adta.org>
- Bartenieff, I. (1980). *Body Movement: Coping with the Environment*. New York: Gordon & Breach.
- Bernstein, P. (Ed.). (1985). *Therapeutic Approaches in Dance Movement Therapy*. (Vol 11). Dubque, NY: Kendall Hunt.

- Broom, B. (1996). Mind, body and 'I'. *Forum*, 2: 15-33.
- Calliman, P. (1993). *Dance therapy*. Unpublished master's thesis, University of Auckland.
- Coates, T. (1997). Science, psychiatry and psychotherapy. *Forum*, 3: 72-100.
- Epstein, M. (1996). *Thoughts Without a Thinker, Psychotherapy from a Buddhist Perspective*. New York: Basic Books.
- Freud, S. (1964). *Standard Edition of the Complete Psychological Works*. London: Hogarth Press & Institute of Psychoanalysis.
- Geller, J. D. (1978). The body, expressive movement, and physical contact in psychotherapy. In J. L. Singer & K. S. Pope (Eds.), *The Power of Human Imagination: New Methods in Psychotherapy*. New York: Plenum Press.
- Hillman, J. (1983). *Archetypal Interviews*. Woodstock, CT: Spring Rules.
- Jung, C. G. (1965). *Memories, Dreams and Reflections*. New York: Vintage Books.
- Kestenberg, J. (1970). The role of movement patterns in development. *Psychoanalytic Quarterly*.
- Laban, R. (1966). *Choreutics*. London: McDonald & Evans.
- Mahler, M. (1968). *On Human Symbiosis and the Vicissitudes of Individuation*. New York: International Universities Press.
- Milner, M. & Sweet, G. (1998). *NZAC Newsletter*, 12: 39.
- Mindell, A. (1982). *Dreambody*. Sigo Press.
- Siegel, E. V. (1978). Psychoanalytic Thought and Methodology in Dance Movement Therapy. *Focus on Dance VII*, Washington D.C., AAHPERD.
- Winnicott, D. W. (1976). *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press.