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Maguire

Senior Thesis:

Healing Benefits of Dance

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Loyola Marymount University

December 15, 1994

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The idea of dance as expression and communication is very dear and personal to me. When assigned in a class to write out a poem about what dance is to me, I began:

Dance is the part of me which can not manifest itself in words,...my inhibitions, my fears, which hide behind, and simultaneously, emanate through a theatrical art form.....

Although I have not experienced pure dance therapy itself, I can tell you about the many benefits I have received by being involved with dance since I was a child.

I believe dance helped me form a positive self-image as a child and through my preteen years. Not only was dancing fun, but it was something my mother gushed over, something that made me feel special and unique. Both the way dancing made me feel inside, and the responses from others when I danced, lended to my

overall feelings of self-worth and confidence.

Through puberty and adolescence, when life gets more complicated and "oh, so intense!", dance became a relieving outlet for my typical teen bout with frustration, confusion, and would you believe, even my raging hormones. Through dance I could express all the extreme emotions and desires that are not looked on highly by others, such as sexuality and anger. I truly believe this kept me from behaving in ways that were common amongst my peers, such as substance abuse, promiscuity, and other forms of radical rebellion on a search for the self. Besides keeping me too busy and focused to get into trouble, I found understanding of myself through dance.

I always understood these things on an unconscious level, which is probably what kept me returning to dance even after long periods of not dancing. My first year at Loyola Marymount University, a wonderful thing

happened. I was introduced to Laban Movement Analysis (LMA), and in the process of learning about LMA's concepts and its specified language, I began to make much deeper and clarified connections between dance and well being. I came to understand why dance made me feel good, what my movement preferences are and what they seem to implicate about myself, and why certain movements seem to evoke certain feelings when I do them. I also began noticing others in their movement, both in dance and pedestrian, and found that when I applied what I had learned about the Laban concepts of Shape, Flow, Time, Space and Weight, in the assessment of one's personality and mood, the interpretation of their movement and the reality of their being almost always matched up.

Dance has also helped me to work out painful emotions as a teen, such as my first heartbreak. As a young woman, I have become increasingly thankful for

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the role dance has played in my life and the added insight my theoretical education in dance has given me. Just last year, dance once again proved to be a necessary means of expression and understanding for me. I consider the following my personal informal case study in the dance healing experience.

My Personal Dance Healing Experience

Through dance, two different, intensely emotional experiences became connected for me, ..interwoven, lending through the experience of each an even deeper understanding of the other. This experience began with the unexpected death of my mother in August of 1993, three weeks before school was to begin after summer. The mixed emotions that followed were more than I had ever had to deal with, in intensity, in all my life. Half the time I did not even know what I was feeling because I was feeling so much. Much of the time I was in total denial. Other times, I felt sick with grief,

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and , although I would never admit it at the time, I was angry. Always being one to have difficulty talking about negative emotions and feeling obligated to "stay strong" for my family (especially my father, who could not talk at all for almost two days), I kept shutting off what emotions I could and compensating for those I couldn't by thinking of all the ways this could be worse.

As I returned to school and resumed dance classes, I felt physically different. My torso felt tight. I am normally very fluid in my torso and enjoy the feel of energy that I can usually undulate through it, but no,...something was not right. Undulation no longer felt natural. It became a forced effort. My sternum even began cracking like people's backs usually do. Whenever I would expand my chest, be it in dancing or in my morning yawn, my sternum would make a loud pop. This was most likely due to the musculature of my

"newly acquired" posture was constantly and tightly pulling my chest in and down, so when I opposed this stubborn mind-body set, it "talked back" to me.

Over the course of a few classes, in particular my Dunham technique class where the teacher would always tell us to bring our problems to class and dance through them, I began to feel slightly less constricted. I would free up even more if I would concentrate on the rhythm of the drums.

Within just a few weeks, the director of the dance program at Loyola, Judy Scalin, invited me to participate in a tour group by performing a dance study I did in a class the previous semester. This meant I would have to polish the dance and bring it up to performance level. This particular dance study had to do with a personal experience(s) with some patients, some friends, that had died with AIDS and the anger and frustrated questioning I had about the unjust treatment

of such people. Ironically, the process of creating this study the semester before was extremely difficult for me, but through the process of pushing myself to get it done for the due date; through trying to make sense of it, I made realizations for myself that lead to a comforting resolution which enabled me to better cope with, or at least balance my negative emotions. A study that took shape in anger and disgust ended in sentimental, bittersweet reflection, focusing more on the wonderful qualities of my friends than on the horrifying realities surrounding their deaths.

In re-creating my study for dance tour group, the choreography and performance professor, Rose Polsky, was assigned to work with me one on one to fine tune my dance for performance. To Ms. Polsky, a crucial determinate of a good performance is movement that is truthful to the emotions and thoughts it is expressing, and she will dig, dig, dig until she gets it from the

performer! This digging did wonders for me in more ways than she knows, in more ways than I even knew at that time. Through honest representations of emotions my performance was definitely enhanced, but it also made me re-experience the emotions on a felt level and because of the subject matter and the specific emotions involved, I began to draw parallels between the experience portrayed in my study and experiencing my mothers death at the present. For the first time, I was able to express anger, frustration, even rage in relation to her death.

What I have described is a process much like the ones intentionally pursued in dance movement therapy. I am convinced that this experience, coupled with my other dance classes (especially Dunham technique where therapeutic ideas are integrated) has kept me from going into complete inertia. My dance experience allowed me to feel the emotions, acknowledge and accept

them, and still continue to go on.

Dance Therapy: Its Influences and Development

Like me, the pioneers of dance movement therapy began by simply dancing and having ideas, personal experiences, and intuition about the powers of dance. In the 1940's, their shift from dance to dance therapy began. Through observation and educated thought, they began making more concrete connections between movement and emotions, movement and the unconscious. From that point, others took hold of their ideas and ran with them, adding their own ideas. Dancers were not the only ones interested in such concepts. Prominent figures in the discipline of psychology had, and were producing theories that reflected a heightened interest in the body/mind connection. Carl Jung and Wilhelm Reich, both students of Freud, were two such figures whose theories both influenced and supported the ideas behind dance movement therapy.

Reichian Influences

With psychoanalytic emphasis, Reich focused on how the body communicates repression through tension and decrease or lack of mobility (Bernstein, 1979). His theory suggests a positive correlation between held back mental and emotional expression and inhibited physical expression. Reich did not stop at theory, he applied it by designing physical exercises that were to counteract repression (Bernsteing, 1979), implying that by freeing the body, one can change the mind, a philosophy that lies at the heart of dance movement therapy.

Jungian Influences

Carl Jung promoted the observation of movement to understand his more withdrawn patients after a personal success with a severely regressed mute woman due to listening to her bodily gestures, accepting them as a valid form of communication, and interpreting them

(Chodorow, 1991). Jung instituted the use of "active imagination", a technique that uses movement and dance to tap into feelings as well as dreams and/or fantasies (Bernstein, 1979). He did this over two decades prior to the emergence of dance therapy as a discipline (Chodorow, 1991). Joan Chodorow, a certified Jungian analyst, has written extensively on Jungian contributions and influences in dance therapy. In her writings, she claims Jung to hold that "emotion functions as a dynamic bridge - a kind of dialectical interaction between psyche and soma" (p. 46).

Influences from the Beginnings of Time

Some of dance therapy's roots grow from even deeper than late nineteenth century and twentieth century psychology. In fact, they go back to the beginnings of civilizations. Being dancers, the early pioneers of dance therapy were knowledgeable in the history of their art and its role in society and

culture. Of special interest to dance therapy is the role dance played in primitive societies. Addressing dances origins, Penny Bernstein, PhD., DTR writes:

"imitative dance was used as a vehicle for the allaying of feelings of powerlessness and the transmitting of possible potential anxiety into a creative releasing form which permitted wo/man to feel the s/he did in fact, have some control over personal substinense" (1979, p. 1).

Bernstein also mentions "imageless dances" such as transdances, where the dancer eventually gives in to rhythm and releases the self along with fears and frustrations resulting in an overall feeling of oneness and belonging within the group. She notes that dance therapy methods have been greatly inspired by these dances and their effects.

Marian Chase Outlines Fundamentals for Dance Movement Therapy

Rhythmic movement and group interaction in circular formation are components to "primitive" dance that Marian Chace carried into her approach to dance therapy (Stanton-Jones, 1992). Rhythmic activity was such an important concept in Chace's approach that it was noted as one of four major concepts in her methodology (Levy, 1988). Chace's approach became the fundamentals of dance movement therapy and her original concepts and session structure still permeate the field today (Stanton-Jones, 1992). Although there were other pioneers who helped pave the way, I will focus on Chace's approach and underlying philosophy as it seems to form the basic structure to which most other approaches are variations or elaborations of the same, or they are the basic structure filtered through the ideologies of various psychological schools of thought.

The first of Chace's concepts is Body Action, which maintains that all we feel, think, and believe is

apparent in our postures and movement, even in our breath. In line with Reich, Body Action also held that if we could learn to change, and internalize the changes, in our postures and movement, a change in mind would follow (Bernstein, 1979). In dance therapy, the change in movement is an aim to integrate the body and broaden the patients movement vocabulary from which he or she draws from in expression. By broadening the patients scope of ways to approach and deal with emotions and thoughts on a body level, it is supposed to broaden the patients ability to better adapt on a mental level (Stanton-Jones, 1992).

The principle of Symbolism is another Chace contribution. This principle holds that bodily movements are indeed symbols that communicate what speech can not (Bernstein, 1979). This would mean it is an ideal approach for someone who can not talk due to lack of vocabulary, such as young children, or who

physically can not vocalize feeling for one reason or another, such as with one who is mute, or someone whose language centers in the brain have been damaged. It is the symbolism in dance movement that allows one to more comfortably and readily re-experience or act out repressed emotions and experiences (Bernstein, 1979). After one intense session, a patient of Chace prodigy, Sharon Chaiklin "relaxed heavily in her chair, and in response to the... question 'You are tired?', she answered, 'Yes, I have just lived twenty years and now I am here.'" (Bernstein, p. 18).

Chace's third principle is of Therapeutic Movement Relationship. By mirroring a patients' movement in shape as well as in quality and attitude, the therapist gains repoire with the patient. Because the mirroring nonverbally communicates understanding, it acts as a reinforcer, giving encouragement and support so the patient will continue to advance in their symbolic

expression (Bernstein, 1979).

The last, and previously mentioned principle is Rhythmic Group Movement which is utilized to strengthen the feelings of community which adds to individual feelings of strength and self-worth (multiple sources).

I reiterate that Chace's model served as the foundation for dance movement therapy, which came to be defined by the American Dance Therapy Association (ADTA) as "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual." Marian Chace founded the ADTA in 1966.

Although some therapists choose to take different perspectives in dance therapy, such as Jungian, Gestalt, Psychodynamic, or perhaps Humanistic, like in general psychology, most therapists take an eclectic approach (Stanton-Jones, 1992).

The Role of Laban Movement Analysis

Another important person in the development of dance therapy is Rudolf Laban. His contribution was not in a model of therapy like Chace, but in a common language by which to communicate about and gain insight into movement through specified description analysis. Irmgard Bartenieff, a leader in the field of body/mind study, claims Laban Movement Analysis (LMA) to be "a vital resource for the development of dance therapy as a discipline" (Bartenieff, 1980, p.150).

LMA is all about movement and its possible implications, for example, one of Laban's major concepts, Effort, is about the qualities found in movement. There are eight distinct qualities of movement that lie within Space, Weight, Time, and Flow. It is said that the qualities one expresses within these four components reveal things about the way that person deals with life through varying degrees of attending, intending, making decisions, and progression

(Bartenieff, 1980). To exemplify, one of the movement qualities related to Flow is bound flow, so one who moves in extreme bound flow may progress through experience, through life, in an extremely careful manner, resisting change and possibly adaptation (Chomut, 1992).

With the use of LMA, the therapist is better equipped to recognize where there may be imbalances in a patient's movement patterns. Through the use of LMA language, the therapist can communicate more clearly with the patient in order to integrate movement qualities that may be lacking (Bartenieff, 1980).

Specific Applications of Dance Movement Therapy

In its youth, the great majority of work in dance movement therapy was with severely depressed, withdrawn, and psychotic patients, usually in hospitals and institutions (Stanton-Jones, 1992). In her beginnings, Marian Chace worked extensively with

patients diagnosed with schizophrenia. Today, dance therapy has become utilized as an alternative and/or enhancing therapy for just about anything addressed by traditional psychology. Just some of the areas dance therapy is branching into is phobias, especially agoraphobia, learning disabilities, sexual abuse, autism, and the list goes on. Dance therapy has also been recognized for its effectiveness in its application to some of our biggest current national concerns; dealing productively with our country's growing geriatric population and their specific issues on wellness, as an enhancing rehabilitation and treatment program in our nation's struggle with drugs and alcohol, and as an innovative approach to aid and empower people diagnosed with terminal illness, such as Cancer and AIDS. I am focusing on these three applications primarily because prevalence of each is so great, especially in comparison to other disorders and

concerns that dance therapy is currently being applied to. I venture to say that not one of us has not known someone who is personally struggling with one of these challenges or is very close to someone else who is. These are definitely some priority issues to contend with, and dance therapy may just turn out to be a prime contender.

Dance Movement Therapy with Geriatrics

Marian Chace worked with the elderly as early as 1942. Thereafter, dance was not used much with geriatrics. Recently it has gained greater recognition. As more and more people are living into their 80's and 90's, it has become necessary to address the special needs of this growing population.

Just some of the goals of dance movement therapy in working with geriatrics are to help the patients regain self-esteem and productivity, to provide a social and emotional outlet and support system, to

expand range of movement, increase overall health, provide sensory stimulation, and to alleviate stress and depression. The therapy is aimed at satisfying the needs that are unique to the elderly population and is usually done in group settings at community recreation centers, hospitals, and retirement homes.

Major issues of aging. Senior citizens fall victim to societies negative stereotype of the unproductive, helpless, dependant man or woman on their last leg of life. This stereotyping can result in self-fulfilling prophecy for the elder. He or she may begin to think of themselves in the negative ways (Levy, 1988). It is important to combat feelings of worthlessness, helplessness and depression brought on by such stereotypes. Norma Goldberg, DTR, stresses the role of leadership exercises in re-establishing self-worth and independence (Leatherbee & Wood, 1981).

Another major problem that accompanies old age is

sensory deprivation due to increased isolation as well as physically impaired sense receptors of sight, hearing, and smell. Perhaps the most deprived senses are the kinesthetic sense (due to stiffened skeletons and weakened muscles leading to inactivity), and the sense of touch because they become socially isolated (Leatherbee & Wood, 1981). Studies on the effects of sensory deprivation in both animals and humans show devastating results. Animals locked in sensory deprivation chambers died within three days, while humans began to take on psychotic behavior (Mook, 1988). Thus, it is easy to see why this is a major need to be satisfied. Dealing with the anxiety and fears associated with old age are also an important task for dance therapy.

A fourth common problem is loss of fitness due to inactivity and diseases of old age such as hypertension, heart disease, and arthritis (Leatherbee

& Wood, 1981). Most of these diseases, however, that are written off as just being a natural part of aging, are not so much as natural to aging as they are to anyone at any age who is considerably inactive. Most of these "diseases of aging" are really hypokinetic ailments and therefore can be helped with increased activity (Payne, 1992). This lends strong support to implications made by Garnet (1978) for the use of dance movement therapy as an alternative to some of the many drugs used to treat such diseases in elderly people. Realization of such a proposal would be highly beneficial, as in my own experience I have witnessed many senior citizens that are on so many different drugs for so many different ailments that the combined side effects make for a miserable existence.

Dance therapy with geriatrics focuses on these problems. It deals with social problems by addressing needs for social interaction, communication and group

support. It addresses needs for emotional expression, self-esteem, and an enriched quality of life to fulfill the psyche and treat the soma, and it addresses the need for physical activity (Levy, 1988). Improving cognition and enhancing spiritual awareness are also goals of dance therapy. The spiritual element is very important in coping with the deaths of the many friends and loved ones they may have outlived. It also helps them face their fears about their own deaths (Levy, 1988).

Therapeutic approaches. The two main approaches in geriatric dance movement therapy are the psychological and the somatic. Both approaches aim to address all of the forementioned issues, but each does so from a different point of entry, giving greater weight to some aspects and less to others.

Susan Sandel developed a specific approach in working with geriatrics over thirty years ago. Her

approach is based on Chace's format and focused on Psychological needs foremost. It laid the groundwork for the psychological approach.

The techniques she incorporated into her approach were:

"circular formation, mutual touch, music, vocalization, props, empathic movement, imagery, and reminiscing...the circle is the primary spatial form for interaction and contact....a good way to begin and end sessions....mutual touch encourages people to reach out to one another, sensory stimulation, and facilitates emotional contact. Music can help to engender a feeling of group unity...through rhythm, the creation of atmosphere, or the invocation of memory. Vocalization can enlarge movement and expression of feelings. Props can help stimulate activity and interaction. Empathic movement will

involve the therapist supporting, intervening in, and challenging what a client expresses. The use of imagery shifts the experience from that of a simple action to ...a symbolic shared act,... reminiscence can be a behavioral adaptation to growing older...(Payne, 1992, p. 95).

In the psychological approach, reminiscence and imagery are often used as an entry point. Norma Goldberg likes to use old familiar music that they associate with their past to go into reminiscence in order to explore their past and reconnect it to themselves at the present in order to strengthen identity and a "sense of continuity" (Leatherbee & Wood, 1981, p. 74).

Eva Desca Garnet takes the somatic approach, emphasizing the physical features of old age. She feels that once the psychosocial issues are born from physical limitations and ailments, then the physical

limitations and ailments should be addressed first.

The somatic approach is centered on exercises to improve elements of fitness such as range of motion, strength, flexibility, along with techniques from yoga for relaxation. In this approach, the psychosocial benefits, such as heightened self-esteem, feelings of community, are seen as natural results of participating in the physical activities (Levy, 1988), whereas in the psychological approach, the physical benefits are seen as a byproduct of participating in activities aimed at healing the psyche.

The best approach would probably be an equal focus on both the body and the mind. Fears and anxiety to come from physical problems such as weak bones, muscular atrophy, and decreased overall fitness, but it is also important to deal directly with psychological issues that are born from such physical problems as well as from social stereotypes, cognitive self-

perceptions, and isolation.

On a final note, it is evident that with retirement usually comes decreased status, income, and inactivity which often leads to impaired health, not to mention loneliness and isolation. This, in its own right, is a form of death. It is important to keep the person psychologically and spiritually alive. Our culture spends so much time and money trying to keep the body going into its 80's and 90's, or even beyond. It is about time that research and effort into keeping the spirit and mentality alive bear equal weight so that the final years of life are spent living, not waiting to die.

Dance Therapy as Part of a Substance Rehabilitation Program

Dance movement therapy has been quite effective in helping to work through the resistance and defenses put up by substance abusers. By helping the individual to

stop relying on defenses and thus, to better tolerate sensations and fears, the person is able to express themselves more freely. This leads to more satisfying relationships and better problem solving skills. All together, it helps keep the patient from reaching for their drug of choice to numb the pain and avoid feelings because they come to see themselves more capable of tolerating and coping with issues in alternative, more productive ways (Milliken, 1987). Dance therapy with substance abusers is usually done within the framework of a short-term inpatient treatment program and in a group setting as it lends support.

Partnership with traditional seven-step program.

An approach originated in 1977 with heroin addicts relates dance movement therapy with the seven-step program for substance abusers. In the seven steps are specific issues, or tasks, that must be accomplished.

The first task is detoxification followed by learning to express feelings and to function with others as equals. The next steps involve learning to talk and listen more effectively, learning more positive ways to experience pleasure, and how to maximize problem solving in interpersonal relationships. Finally, the addict needs to recognize their own positive attributes and plan to use them for a more productive future (Wyman, 1978).

The dance therapy is used to enhance the traditional step program and implements breathing exercises, mirroring, partnering, discussion of experience, and problem solving through movement in accordance with the specific steps. For example, the sessions would center on relaxation techniques during the detoxification period to help with both the physical and mental stresses caused by the process. During the sixth step of learning how to resolve

problems in relationships, the emphasis would then be activities where problems are solved through movement, such as give and take exercises. Weight shifting with a partner, or mirroring where two people have to resolve who will lead, who will follow and how they can interchange are examples of give and take exercises (Wyman, 1978).

Research has shown a 50% cure rate with this treatment approach and patients claimed that "movement therapy experience helped them to reduce the tension associated with withdrawal, relate to other group members more easily, and offered an outlet for creative expression" (p. 29).

Challenges specific to substance abuse. Rebecca Milliken, M.A., DTR., (1987) outlines some challenges specific to substance abusers that need to be dealt with in dance therapy.

First and foremost, she notes that addicts are

usually very resistant to treatment and in denial that they have a problem. This is probably the toughest challenge to break through and it requires that the therapist be prepared for, and understand, the numerous defenses of an addict. Rationalization, denial and projection are the most commonly employed.

As the first challenges are dealt with, intense anger and hostility emerge as the patient comes to realize their dependency, but this anger is often held in along with other feelings that are intolerable to the addict (Milliken, 1987). This fight to avoid and repress such feelings is apparent in the tense and rigid postures common in abusers. According to Milliken (1987): "at times this tension becomes an active blocking of flow, thus preventing successive movement in the body or into space. A narrowed rigid trunk is common with...peripheral movement used to ward off others or protect the body" (p. 91).

Lastly, it is very difficult to establish a trusting relationship between the addict and the therapist as the addict usually has an intense fear of intimacy.

If it is so difficult, is it a good idea? Many would say that perhaps dance movement therapy is not a good therapy to implement if it is this difficult to get the addict involved. I say that it is perhaps one of the best therapies to implement, especially compliment to other approaches. Any type of therapy would run up against the same challenges, and other therapies are missing some vital elements.

Dance therapy incorporates levels of experiences that are offered by other approached such as interpersonal and emotional levels of experience, but it also offers physical, sensory, and creative-aesthetic levels of experience which is not offered by many of the other approaches (Wyman, 1978). The

incorporation of so many levels of experience makes the emotional level even more intense, more complete. Many participants in the research with heroin addicts reported feeling so emotionally good that it was comparable to, and therefore a positive alternative to, a drug induced high (Wyman, 1978).

It is my sediment that the physical level of experience is perhaps the most potent in getting out genuine emotions. Milliken (1987) notes the irony in traditional therapy for addicts such as Narcotics Anonymous (NA). She points out that in the supposed open comradeship approach of the meeting, they seem to sit in postures that shut everyone out. In my own experience I have seen the same. A friend of mine of 22 years just recently went through rehabilitation. When I was in town (Reno) visiting, I took her to her meetings and stayed. I was curious and thought it would help me to understand what she was fighting. Being a dancer, I

couldn't help but to notice what people were saying with their bodies. I saw several versions of "leave me alone". Most interesting to me was the speakers, particularly those still in the process of rehabilitation. Their bodies often slumped lifelessly or extremely rigid. Their focus was very straight, their eyes almost in a daze, their voices reporting flatly like a child who had only just learned to read....flat, detached...no emotion or connection. Dance movement therapy would be just the thing to get beyond this detachment. Because the body is engaged, emotions have to be experienced at a felt level and dealt with as if in the moment, whereas in mere discussion and reporting, emotions can easily be glazed over.

Dance Therapy with Cancer and Aids Patients

Much of the earlier application of dance/movement therapy with AIDS patients took its cues from dance

therapy approaches with cancer patients as both could be seen as being in limbo between life and death.

There are many common denominators between the psychology of cancer and AIDS patients, for instance, extreme anger and depression due to the loss of control over one's destiny, over one's body (Chaquiar & Richman). Denial is also readily recognized as a defense mechanism employed by both types of patients, and following denial, preoccupations with death and disintegration often permeate the psyche. The pain of somatic ailments also lie at the root of many emotions and cognition shared by people with cancer and AIDS (Halprin, 1994).

Chaquiar (1988) notes that dance therapy is such a wonderful compliment to traditional treatments with cancer patients because it addresses all of these issues, and more, by getting the patient so actively involved that they are as responsible, if not more

responsible, for their journey as is the therapist. This is empowering to them as they realize they do have a voice in what is happening to them. This is also true of dance therapy for HIV and AIDS patient.

The Halprin Approach. Anna Halprin is a leading advocate on the healing powers of dance for cancer and AIDS patients. She has devoted her life to work and research in this area as co-founder of Tamalpa Institute outside of San Francisco. Her philosophy is "when the body is out of balance (illness), we need to go back to the body to reconnect with nature's own healing (1994).

Through her work at the institute, Ms. Halprin has developed her own specialized technique based on dance movement therapy integrated with other arts as well. She calls this her "Life/Art Process" which she uses in her "Moving Towards Life" program geared specifically to cancer and AIDS patients.

Before the emergence of AIDS, Halprin worked only with cancer patients and used what she terms "Psycho-kinetic Visualization" which became the cornerstone of her approach. It uses a combination of movement and then drawing what is visualized and triggered by the movement to get at repressed emotions and sensations. Through this process, she diagnosed and cured her own cancer (Halprin, 1994). After drawing a grey ball in her abdominal area, she went to a Doctor and found that there was a tumor. Her visualization allowed her to take the necessary steps for early diagnoses, treatment, and ultimately helped her survive the cancer.

From her personal experience, she outlined the five stages of healing; identification of an illness (physical or psychological), confronting the illness, releasing it, integrating the changes, and then applying it to live. These stages have become

sequential goals in her program (Halprin, 1994).

Halprin emphasized the benefit of working with images in therapy with cancer patients, particularly animal images as they "allow us to express qualities inherent in our nature that social taboos repress in ourselves" (1994). Animal images seem to become an ally in healing and gives the patient a better sense of strength. Along with animal images, she also works with expression of belief systems, prayer, ritual, and self-perception. She likes to begin and end a session with self-portrait drawings and descriptions in order to recognize both subtle and overt changes the dance has made possible.

Treatment more specific to AIDS. Gary Corgiat is a psychotherapist who has worked extensively with people between life and death. He just recently became director of the psychology department at Pacific Oaks, one of California's leading AIDS care facilities. In

his experience working with AIDS patients and their loved ones, he notes some major issues that they deal with in traditional psychotherapy are dealing with imminent mortality, closure, finding the will to continue, the discouragement of dealing with multiple ailments sequentially or simultaneously, and social stigmas and prejudices which can make patient feel isolated (Corgiat, 1994). These problems are generally more specific to AIDS than to cancer.

Being an ex-professional dancer and experiencing the healing and coping powers of dance himself, Corgiat often refers patients and their lovers to dance therapy to enhance the traditional approach he takes. He has found dance therapy to be an effective way to deal with these AIDS specific issues and he stresses the importance to also involve lovers, family and friends in the therapy process, as they too have many unresolved issues to deal with that are related to this

disease (Corgiat, 1994).

Anna Halprin began working with AIDS patients ten years ago using her Psycho-kinetic Visualization process that she originated with cancer patients. She found that she could use her basic techniques of movement, visualization, and drawing with AIDS patients, but in a slightly different way.

Because you want to keep the virus calm with AIDS patients, she did not use the animal image as it had a greater potential to "excite the virus" (1994). The function of imagery is still to get at repressed emotions, but with AIDS it is even more crucial that it be a gentle process, but it is just as crucial that the repressed emotions are dealt with. Expression of repressed emotion is a must to help keep the immune system operating at decent level. Emotions that are repressed are strongly connected to plummeting T-cell counts (Corgiat, 1994). To address this problem,

Halprin has implemented the visualization, or imagery, of the Cedar Tree. She claims that it helps sooth the exposure of repressed emotions because it is "generous, stable, strong,...it is rooted, reached to the sky, and has outreaching branches,...it is a mothering, comforting symbol" (Halprin, 1994).

The utilization of the Cedar Tree image has been particularly helpful in helping Anna's patients face and deal with their fears about death. One patient, during the visualization process, drew a cedar tree in different frames until it fell, but when he went to dance his vision, he could not dance the last frame. Anna gently helped him to dance out the last frame where the tree falls, which symbolizes death. Afterwards, the patient reported feeling stronger and more able to live a full life after facing his fears of death. His mind was freed.

Halprin also spends more time focusing on the

patients receiving touch to feel support. Breathing and relaxation are also emphasized to calm the system and help the pain, and community rituals are used to alleviate feelings of isolation due to the stigma and depression associated with the disease.

It is also important that the therapy differs depending on the stage of the illness. In the first stage, HIV, denial and fear must be dealt with. Here, pleasurable movement experiences are essential to help the patient "re-connect to the enjoyable aspects of their bodies, to reinforce positive body-ego" (Chang, 1988, p. 105). In the second stage, after recurring problems and opportunistic infections, patients fears intensify. Imagery becomes increasingly important to deepen relaxation and deal with fears in order to reduce anxiety. In the final stages, full blown AIDS, there should be minimal physical activity. The main purpose at this point is to relax and cope with the

pain (Chang, 1988).

Although there is no cure, dance movement therapy has done wonders in improving the quality of life for AIDS patients. In Ms. Halprin's experience, cancer and AIDS patients come into a session or a program feeling drained, tired, and discouraged, but they leave feeling encouraged and supported. In one remarkable case, during one of her ten day community ritual workshops, a man with AIDS came in with a T-cell count of 40. He was scheduled for a blood transfusion at the end of the ten days, but did not need it as his T-cell count skyrocketed to 250 four days into the workshop.

A Step Back; Synthesis.

So far, I have focused on the application of dance in the form of therapy in working with geriatrics, substance abusers, cancer, and AIDS patients. Although dance therapy is applied for a great many varying reasons in each of these cases, the common use of the

dance therapy is to address the manifestations of the physical ailments as well as the disturbances of the mind, such as cognitive schema, helplessness, and fear or anxiety, that work both to exacerbate and maintain the effects of the physical illness. The ally of these physical ailments and negative perceptions work together to keep the person from experiencing life to the fullest. Dance therapy works to empower these people, to rid themselves of self-defeating cognition so that they can better deal with, and get past their physical ailments and again experience the pleasures in life.

Another commonality between these applications is that they clearly illustrate the powerful link of the body and the mind, and the effectiveness of dance to bridge the two in the healing process. We must ask ourselves then, if dance is the element responsible for this bridge and healing, then what distinguishes dance

from dance therapy?

Dance vs. Dance Therapy

Helen Payne (1992) designates that:

"Dance movement therapy programs seek to integrate physiological, psychological, and sociological elements and give meaning to movement through the development of images within the movement interactions. Movement activities are not the goal of the experience, but the tool for creating a therapeutic environment" (p. 28).

She goes on to say that dance, on the other hand, may have therapeutic benefits, but the approach is different. In learning to dance, the goal is movement and artistic activity.

From this, we can conclude that therapeutic elements are indeed inherent in dance, be it in a therapeutic approach, a recreational approach, or an artistic approach. Although a dance class may not

address specific issues of AIDS such as dealing with death, or issues of drug abuse such as dependency, nor does it deal with social stereotypes of the geriatric, but it will allow for self-expression. Being involved in a dance class also sharpen body awareness, re-connect the body with emotion which leads to self understanding, and it can lend to a feeling of accomplishment. A dance class can also serve as a cathartic mediator for negative emotions such as frustration and anger whether or not the teacher leads the class in that direction. I have known several dancers who take a class when angry and report it makes them feel better.

Both dance and dance therapy fuse all of the life energies; cognition, emotion, physicality and spirituality, yet the two are not exactly interchangeable. In more severe cases of mental disturbances or life changes I would never suggest a

dance class as a treatment alternative to dance therapy, as this type of patient would need the intentional focus on healing and regimented process of dance therapy along with the scientific knowledge of the therapist. However, in minor life changes that call for personal adjustment, for release of normal anxiety and stress, and for personal growth, discovery and development I would gladly endorse taking dance as a coping and developmental tool.

Dance in Education

Since dance appeals to all aspects of human energy, dance can greatly influence an individuals growth as a living, feeling, thinking, evolving being. This is what, in part, makes dance therapy such an effective approach to treatment. This is also what makes dance, outside of the framework of therapy, the perfect form of art/physical education for use in our school system. I sustain that dance in the school

system may just help us find the solutions we have been searching for in not only dealing with children with learning disabilities, but in dealing with low achievers, preventing delinquent tendencies, addressing special needs of underpriveledged students, and even bridging cultural gaps in understanding which can ultimately lead to a more harmonious future society.

I see dance in education as an especially important opportunity for children with certain learning disabilities or who are underpriveledged (meaning their families can not afford to send their kids to art classes or extracurricular activities). Unfortunately, these children often attend schools where there is even less funding for arts and sports than in more affluent districts. I believe dance experience is important for these children because they are more likely to have difficulty in other forms of communication. Those with learning disabilities may

have trouble with writing or speech. Those who come from poverty stricken families and neighborhoods are consistently given negative reinforcement from society, and sometimes even from their own families that they will never amount to much more than their parents, leaving them with feelings of hopelessness. Whatever the specific case, any of these situations can lead the child to develop a bad self-image, low self-esteem. They may feel they are "stupid" so they will not even try to express themselves, thus miss out on an extremely important stepping stone to human development. I firmly hold that so many of these kids that are labeled as unintelligent or low achievers, are not unintelligent at all. On the contrary, amongst them may be geniuses in hiding, suppressed by negative messages from society and concealed by their own lack of confidence and disability to see themselves in any way other than what they have been sadly labeled. If

only they were given the opportunity to express themselves at something other than math, science and grammar.....if only they were given the opportunity to express themselves through the arts, dance, perhaps they could gain self-esteem and self-knowledge thus enhancing their confidence, and if anything, enriching their life experience in a way that only creative activity can do. The new visions of their selves may give them that extra drive it takes to work with and overcome their set backs in other areas. In otherwords, participation in dance may enhance overall motivation and achievement, but they only way some of these children will get such an opportunity is through the school system.

Participation in dance can also decrease probability of delinquency. Not only can it serve to give a child something productive to do with their spare time, but it can give a child inspiration to

become something great. If the child becomes good at dance, it gives them something by which to identify, something to be proud of which enables them to develop greater self respect which becomes important in dealing with many issues that seem to creep into adolescence such as sexuality, alcohol and drug use, and general reckless behavior. Dance can also teach children how to communicate, relate, and work with others which can overspill into their daily lives on how they solve conflicts with others. Problem solving and social skills seem to play a major role in adjustment and poor adjustment often makes itself evident in delinquency (Davison & Neale, 1994).

Another important area that dance can deal with through the educational system is bridging cultural gaps, by developing greater understanding and awareness of other cultures as well as instilling appreciation of cultural differences through dance. It is possible that

such early dance experience could influence a child to be more accepting and tolerant of people with different beliefs, cultures, and physical features in their adulthood. Teaching children dances of other peoples can teach that differences are to be enjoyed, not feared. Dance has been used in a very innovative way to resolve cultural conflict and deepen understanding with the Jewish-German Dance Theater. Although this program was geared at bridging cultural gaps and healing cultural wounds between adults, it has far reaching implications for the use of similar programs in our school systems, especially when there is racial tensions.

Jewish-German Dance Theater

In 1985, gentile Germans and American Jews united to form the Jewish-German Dance Theater in an attempt to "come to terms with the Shoah, ...examine how the inheritance of the Holocaust affects their

relationships as Jews and Germans born after the war" (Garber, 1988). Bjorn Krondorfer, a German member of the ensemble, goes into great detail about the experience. It is evident that the performance provided ideal expressive outlet, raised questions, and made important statements about the occurrence of the Holocaust, but as Krondorfer points out, the "preparation and rehearsals are more concerned with the art of teaching." From his experience with the experimental dance troupe, he comes to several meaningful realizations and formulates some promising theories on the role of dance in teaching the Holocaust. He outlines specific techniques and exercises used by the dance troupe concluding that "If these techniques are sensitively applied to classroom situations, they can provide students with deepened understanding of the ethical and emotional complexities involved in the Shoah" (p.231-262).

Again, I reiterate that this program, specifically geared towards teaching adults, could also serve as a model in working with students on similar sensitive issues dealing with cultures and prejudices, in fact it would have been a wonderful idea to implement a program after the Los Angeles riots. On this topic, Krorndorfer has made a name for himself in my book of favorite quotes. He states:

"It should be understood, of course, that my conclusions are tentative and preliminary, and require the courage of teachers to test them carefully. As with all issues which involve and provoke strong emotional responses, hurt and healing lie close together" (p. 235-236).

Final Thoughts

I have discussed dance and its benefits, be it on its own or within a therapeutic framework. In closing,

I would like to stress that, like in all forms of psychotherapy, dance therapy is not just for the mentally ill or people with severe life problems. Dance movement therapy can be an excellent and gratifying way to find self-awareness (Payne, 1992). I like to say it is a wonderful way to grow deep as we grow up. So many of us go through life maturing socially and realizing our successes and functioning quite well, but on the journey we get to really know about almost everything except ourselves. It usually takes a personal crisis for us to make deep connections between the world and our true selves. As a society we are so busy doing that we often miss out on truly feeling, sensing, experiencing and soaking it all in. Through dance, or any of the arts for that matter, we get to know a part of ourselves that daily life does not make evident. In dance, and in dance therapy, we get to use and gain greater awareness of our sixth sense, the kinesthetic

sense. It is through our senses that we gain knowledge about ourselves and the world around us, so it makes sense that, by becoming more aware of what passes through our sixth sense, we become more aware of and understanding of ourselves and the world around us.

What connects all that I have discussed in this thesis, is that participating in dance, be it in the form of therapy, or dance in itself, can lead to improving the quality of one's life. Dance can improve the quality directly because it is pleasurable. The mere sensation of it brings the participant to greater sensitivity, self awareness, and renewed significance in life and life events.

Dance can also improve the quality of life vicariously, through healing the illnesses and ailments that hinder one's ability to receive life's full beauty, be they mental ills, physical ills or social ills.

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