

Psychotherapy Guidebook

# DANCE THERAPY

Penny Lewis Bernstein

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# Dance Therapy

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## DEFINITION

Dance Therapy is defined as the psychotherapeutic use of movement toward the physical and psychic integration of the individual. It is viewed as a holistic healing process that assumes there is a natural flow of energy existent in all living entities. Disruptions of this flow, manifested by maladaptive movement, posture, and breathing patterns, are seen as an indication of conflict. Movement, a fundamental source of communication, is the primary medium used for the understanding of somatopsychic dysfunction and the facilitation of change.

## HISTORY

Movement ritual has allowed man since the beginnings of civilization to bridge the gap between himself and his universe. It has afforded a vehicle for his expression and transmission of fear, sadness, anger, and ecstasy in his quest for survival and the meaning of life. Dance was used for allaying feelings of powerlessness and transmitting any potential anxiety into a creative release that permitted man to feel that he did, in fact, have some control over

his existence.

Twelfth-century Europe turned its back on this form of therapeutic dance — a trend that continued until the beginnings of the twentieth century, when Isadora Duncan emerged barefoot and emotive on the stages of the West, and modern dance was born.

Therapy evolved gradually, with a firm foundation in the worlds of ritual, modern dance, and psychology. Roots in the latter have stemmed more directly from the concepts of Jung, Wilhelm Reich, and the ego psychologists than from Freud. It was Mary Whitehouse, a California creative dance teacher, who, after Jungian analysis, began to draw connections between the authentic movement expressions of her students and the flow of symbolic unconscious material being shared at the end of her classes. Her shift into the, at the time, undelineated role of dance therapist was a gradual evolution.

In the East, private patients of some leading psychiatrists in a large federal hospital, St. Elizabeth's, were among those attending Marian Chace's dance classes. As the psychiatrists observed the effects of these classes on their clients, they decided in 1942 to invite Chace to work with them, in the drugless wards of St. Elizabeth's. With highly honed creative and intuitive processes, she engaged the most severely disturbed nonverbal individuals in movement.

Two other prime contributors to the development of Dance Therapy are Trudi Schoop, who, with an improvisational developmental approach, paralleled much of Chace's work on the West Coast, and the followers of Rudolf Laban. Laban devised a system of observation and notation of movement entitled "effort-shape," which focuses on how an individual moves. The Dance Notation Bureau, founded in New York City by Irmgard Bartenieff, provided a center where emerging dance therapists could learn a movement language for evaluative, communicational, and testing purposes.

By 1964, a small number of dance therapists were ready to become a professional body. With Chace as their president, seventy-three people formed The American Dance Therapy Association the following year. The association's goals are to denote and promulgate professional standards and to afford a vehicle for communication for isolated dance therapists. In 1972, a registry was instituted to further delineate professionalism.

## TECHNIQUE

The techniques vary with the frame of reference utilized. They will therefore be discussed in relation to the most widely employed theoretical approaches to the movement therapeutic process.

- 1. Chace Dance Therapy.** An empathetic, synchronistic, being-with-the-patient at his energy level characterizes the relationship

of the Chace dance therapist. Music that reflects this energy level is played, and a group approach is employed. With reinforcement given through careful mirroring of movement by the therapist, the repetitive rhythmic music, and the other participants, the individual begins to trust the others and risk expression through dance-movement. The therapist picks up on and develops potential expressive gestures and patterns into total body releases of the blocked emotions of the group. Member interaction, breathing in service to the developing emotion, as well as verbal associations are encouraged. Expressive peeks of anger, sadness, fear, and joy ebb and flow; times of sense awareness focus, nurturance and verbal communications connect the experience to the overall existence of the individual and group.

**2. Jungian Dance Therapy.** Here the dance therapist, with as few suggestions as possible, creates an environment for the client to enter into his unconscious through active imagination. A bridge for primary-process authentic movement is formed and seemingly simple gestural patterns emerge. Repetition of these patterns are encouraged. These movements frequently enlarge and encompass more of the body. Breathing and sounds originate from the emotive impetus. Often images imbued in mythological themes develop as the client experiences in symbolic bodily form what they mean to him. The dance therapist acts as witness and guide, and facilitates a verbal discussion of the experience in the light of analytic intuitive processes.

**3. Developmental Dance-Movement Therapy.** With a physiologic



ego-psychology orientation, the dance therapist first ascertains, through observation and interpretation of his movement repertoire, the developmental level at which the individual is functioning. Effort-shape as well as other systems are utilized in this evaluatory process. The therapist then creates an environment through the therapeutic relationship and developmentally related movements. This environment attempts to facilitate the organization and integration of the conflictual areas.

**4. Gestalt Movement Therapy.** Body awareness and movement as an experiment are the prime tools of the movement therapist here. An understanding of the somatized conflicts as viewed by Reich form the basis of conceptualizing the bodily manifestation of unresolved Gestalts. Experiencing the figures through dramatic bodily movement serves to draw polarized conflictual patterns into contact and resolution.

## APPLICATIONS

Emphasis is placed on the specific choice of Dance Therapy for those individuals who have not had success with other modes of psychotherapy. Individuals who have benefited from Dance Therapy are: those who are on, or have regressed to, a nonverbal level of functioning, such as with certain autistic and psychotic patients; those who tend to somatize their conflicts, such as clients with ulcers, migraines, low-back pain, tension, obesity,

vaginismus, etc.; those who utilize intellectualization as a primary defense in lieu of experiencing their existence and growth process; and those who have both a functional and organic dysfunction such as a stroke, Parkinson's disease, or cerebral palsy, or a learning disabled individual with emotional difficulties.