

Healing Through Movement:
Dance/Movement Therapy for Major Depression
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“When the individual reacts to his own body, he is stirred and aroused in a manner that rarely occurs when he reacts to the non-self world.”

– Fisher and Cleveland (1965)*

* Arthur Robbins, *Expressive Therapy: A Creative Arts Approach to Depth-oriented Treatment* (New York: Human Sciences Press, 1980), 169.

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Introduction

Dance. Movement. Expression. All three words are part of my everyday life, and they have been companions of my soul for the past fifteen years. Through pure movement of the human body, my body, I can express myself better than in any other way. One usually associates dance with clarity and beauty, a performing art that is pleasing to the eye. People go to theatres, concert halls, and outdoor venues to watch dance and appreciate the magnificence that lies in the technique and musicality of the dancers as well as the choreography itself. Most of us fail to realize, however, that dance goes beyond aesthetics. Dance is as powerful a therapeutic art as it is a performing art. Dance can heal and cure people. It can provide a healthy and comforting environment for individuals suffering from psychological disorders, mental retardation, autism, cancer, and other conditions. Dance can set people free on a physical and, especially, a psychological level. It is a means of expressing oneself without any boundaries.

In this paper I will focus on the use of dance/movement therapy to deal with major depression, another term for clinical depression. Today, depression is believed to be one of the most common and distinctive mood disorders; yet, people continue to look at depression as a temporary psychological state of mind. People suffering from depression are either too embarrassed to talk about it or remain silent in the hope that someday the heavy load of disappointment and grief they

bear will somehow disappear. It is important to understand, though, that depression is not a condition that people can successfully overcome themselves. Depression is a real medical disorder, like anorexia, epilepsy, and autism. It is strongly recommended that people who suffer from depression for long periods of time get professional help.

To date, relatively few studies have focused on the effects of dance/movement therapy on people with depression. However, the results have pointed in a positive direction. The down-mood of patients seemed to improve on days they were in therapy as opposed to days they were not. Even if past studies have not closely examined the long-term effects of dance/movement therapy on depression, I have found a number of sources verifying its impact on the lives of people with major depression. I believe that if movement therapists as well as psychotherapists pay close attention to this condition, there will be a significant increase in research on using dance to reduce severe depression and melancholia. Why dose the body with antidepressants or force words out of a person's mouth when there are better methods to treat depression?

A significant part of my research is based on looking at past studies of dance/movement therapy on people suffering from this disorder. By comparing the studies and patients' responses, I explain whether dance/movement therapy can really be effective, and how and why it is a better option than medication and talk therapy.

Major Depressive Disorder

We all feel blue at some time in our lives. It is normal to feel moody and depressed every now and then, as long as these down-moods do not persist for long periods and do not interfere with daily activities and relationships. If they do, Dr. Keri Peterson explains, the person is sufficiently suffering from what “is called *major depressive disorder* (MDD), a real medical condition that shouldn’t be taken lightly.”¹ Major depression is often treatable, but to do so, it first has to be diagnosed.

Major depression is episodic, meaning that it comes and goes. Sixty-six per cent of those who suffer an episode of major depression are likely to experience additional episodes over time. Down-moods can last from a period of several weeks to many months or even years. Statistical research shows that women are twice as likely as men to develop major depression.² Alcohol, which is a natural depressant, and drug abuse are also possible risk factors, along with a lack of social communication, despite the need of support from family and friends. In addition to these psychological and social-environmental factors, major depression can also be caused by biological factors, such as an imbalance of chemicals in the brain. Quite a few people are genetically predisposed to this medical condition because of a family history of depression.³ The biochemistry of the nervous system is so sensitive that any irregularities can trigger some sort of dysfunction. Irregularities in the release

¹ HealthiNation <http://www.healthination.com/>
HealthiNation is a media company that produces and syndicates health and lifestyle videos.

² Ann Marie Kring et al., *Abnormal Psychology*. 10th ed. (Hoboken, NJ: John Wiley, 2007), 231.

³ *Ibid.*, 238-239.

and re-uptake of the neurotransmitters norepinephrine (NE) and serotonin are linked to mood disorders and are also implicated in depression.⁴

The two most common symptoms of major depressive disorder are overwhelming sadness and lack of interest in activities. Other classic symptoms include lack of motivation, weight gain or loss, change in sleep patterns (insomnia or hypersomnia), fatigue or extremely low energy, feelings of worthlessness, trouble concentrating, and in severe cases thoughts of death and suicide. Furthermore, there are people who become very anxious or even physically sick, but major depression does not affect everyone the same way. People experiencing at least five of the above symptoms, one being depressed mood or loss of interest or pleasure lasting throughout most of the day for a minimum of two successive weeks, should immediately see a doctor. Six to fifteen percent of the U.S. population suffers from major depression every year, out of which approximately 3.4 percent commit suicide.⁵ Hence, people should not underestimate the danger of this mood disorder, and it is of crucial importance that they talk to someone when they feel hopeless and/or helpless.

I am twenty-one years old, and I know at least ten people my age who see a psychologist on a regular basis. A number of them are even on medication but they have not experienced lasting results. Science may have found a cure for most diseases, but it has not found a remedy for major depression. Medications are effective biological treatments for major depression, but they are not necessarily treating the root of the problem. Antidepressants can help someone feel better, but

⁴ Ibid.

⁵ Ibid., 261.

their effect is instantaneous. They do not treat the biological cause of depression, unlike antibiotics, which can cure strep throat, for instance. In other words, antidepressant medication cannot remodel the brain; hence, people with depression must take antidepressants consistently in order to maintain a healthy state of mind. Medication is perhaps the only way to affect people directly, but even neuroscientists agree that medication alone is not enough; additional treatment is needed.⁶ I am personally against all medication because it is an artificial way of dealing with the irregularities of the brain. I consider dance/movement therapy a more natural way of treating mental disorders, and also a more effective one, since patients are in close contact with therapists, who encourage them to engage in purposeful activity. Unlike medication, dance/movement therapy can cure depression by helping people come to terms with reality, view their problems through a more optimistic lens, and make it easier for them to accept who they are. Once the patient can accept himself for who he is, both in appearance and in character, then he will learn to accept others as well. Especially in group therapy, cooperation and the sharing of feelings can make patients feel better as they realize that they are not alone. In wanting to help my friends and others who suffer from depression, I am hoping to uncover the potential of dance/movement therapy to heal people's souls, and explain how and why it is a better solution than medication or talk therapy.

⁶ Kring et al., 256-257.

Rudolf Laban

In all the writings on dance/movement therapy that I have come across, there are references to Rudolf Laban, “the father” of modern German dance,⁷ his life and work, his career, and his influence on therapeutic dance. One of the most prominent movement theorists of all times, he was born in Pozsony (today known as Bratislava), Hungary, in 1879, to a noble family. His father was an Austro-Hungarian field marshal, who governed the provinces of Bosnia and Herzegovina. Laban grew up in the courtly circles of Bratislava and Vienna, and also in the cities of Serajevo and Mostar. In Bosnia and Herzegovina, Laban was an artist and architect at the beginning of his career. It was only in the early 1900’s, after he left Central Europe, that he became a dancer.

As an abstract artist, Laban was drawn to the expressionist ideas of various theoreticians of the late 1850’s, such as Ernst Haeckel and Wilhelm Wundt. Basing their art theory on the spiritual context of Darwinian natural philosophy, they developed “new, rationalist, so-called ‘psychophysical’ methods to establish a philosophical basis for the unity of mankind and nature.”⁸ In 1900, Laban went to France to study graphic arts, anatomy, and architecture. The American dancer Isadora Duncan also arrived in Paris around that time. Unlike Duncan, who created lyrical movement portraying Greek figurines, Laban believed that movement was generated from the self rather than from the music. He claimed that movement is

⁷ Alexandra Carter, "German Dance and Modernity: Don't Mention the Nazis." *Rethinking Dance History: A Reader* ed. (London: Routledge, 2004), 107.

⁸ Evelyn Dorr and Lori Lantz, "Rudolf von Laban: The 'Founding Father' of Expressionist Dance," *Dance Chronicle* 26.1 (2003), 2.

what creates the space around us; dead space did not exist for him. He wanted to liberate movement from any feeling of constraint, and so find total harmony of soul and spirit. At the age of thirty, he moved to Munich to study fine arts, in the center of the Expressionist avant-garde. In 1913, he began teaching a course in movement studies that he himself had designed. The fundamentals of his course were based on rhythmic gymnastics. Mary Wigman, the German pioneer of expressionist dance, was among his students. According to her, Laban was a perfectionist boiling with rage, who desperately wanted to achieve objectivity. "Every movement had to be done over and over again," Wigman wrote. By combining dance, movement, and poetry, he formed his system on the organic, natural movement of the human body. He demanded an extra amount of precision, and focused on the techniques of tension and release. To be able to distinguish tension from release and let go of any constraint is the first step in dance/movement therapy.

In the early 1920's, Laban developed a new concept to give people the "shared experience of the joy of moving," which he called *Bewegungschöre* or movement choir. Movement choirs were designed to give people – dancers and non-dancers, professionals and amateurs – the opportunity to move within a group. Laban considered dance a very important component of life, and he wanted people to experience it actively, as participants, rather than as viewers. He created various sequences of steps and movement patterns accompanied by rhythmical elements for groups at outdoor festivals, thus producing an organic whole. "Laban had staged choreography that, as it were, embodied in dance the idea of the national

community rhythmically oscillating in unison.”⁹ He was trying to educate people on a social as well as cultural level, and so create a stronger Germany. He wished to restore every aspect of life and heal people through dance and expressive movement.

Laban created abstract choreography to express the ever-changing human nature. By incorporating the elements of rhythm, space, and flow, accompanied by the stylistic methods of symmetry, variation, and mirroring, he hoped to find wholeness and harmony in the human body. “The dancing body is ‘organic nature’ and generates dynamic forms that, like ‘natural images,’ can grow, change shape, gain strength, consume each other, fight, split up, or re-form finally achieving order in the ‘zone between the fixed and the movable.’”¹⁰ An outgrowth of expressionist principles, group dancing is very often parallel to dance/movement therapy, when this is administered in groups. In group therapy, the patient comes to realize that all ways of expressing the self are acceptable. He manages to get rid of his shyness little by little and eventually starts to perform different movement patterns in unison with the other patients, immediately becoming an active member of the group. In that sense the patient learns to be a leader and at the same time a follower. In this life-changing experience, there is truthful sharing of bits and pieces of one’s inner world in the form of spontaneous movement, and to me that is wonderful. Dance becomes a unifying source to raise people's spirits. In the sessions, the patients can be whoever they want to be.¹¹ This liberating sensation gives them the opportunity

⁹ Dorr and Lantz, 23.

¹⁰ Ibid., 6.

¹¹ Elizabeth Rosen, *Dance in Psychotherapy* (New York: Teachers College, Columbia

to replace their negative thoughts with more neutral or positive ones, a process known in psychotherapy as cognitive restructuring. Furthermore, there is behavioral activation, since the dance/movement therapy session is designed to increase the patient's positive experiences.¹²

Laban did not really care about politics. The ideal future for him was a celebration of life and spirit, where “all [are] participants in communal thinking, feeling, and doing.”¹³ He wanted to see man evolve and better himself, making it possible to live a good, happy life. He believed that *bedürfnislosigkeit*, meaning “needlessness” or “demandlessness,” were essential in the pursuit of happiness, for “one needs to have one’s energy and time free to devote to festive exaltation.”¹⁴ His book *Die Welt des Tänzers* [The Dancer’s World], published in 1920, had a major influence on the dance culture of its time. Known as “the bible of dance movement,” the book talked about Laban’s “evangelical mission” and “his mountain-moving faith in the power of dance.” Laban was interested in the way people around the world viewed dance, and he came up with a new term to justify his beliefs: *Choreosophy*. Choreosophy is composed of two Greek words: “choreo,” the word for space, which Laban regarded as the essence of dance, and “Sophia,” the word for wisdom. Etymologically then, choreosophy referred to the “teaching of knowledge of space” or “the wisdom of dance.” Laban wanted people to recognize his choreosophy as a branch of philosophy. In other words, through his vision of dance, he wished to

University, 1957), 61.

¹² Kring et al., 253-254.

¹³ Martin Green, *Mountain of Truth: The Counterculture Begins: Ascona, 1900-1920* (Hanover : University Press of New England, 1986), 102.

¹⁴ *Ibid.*, 97.

make people question the true meaning of life. He wanted to make people think about the origins of humankind, the genesis of thought, and man's place on earth.¹⁵ Laban was eager to bring universal order to the world through dance. He believed that by moving in space, the dancer had the power to construct the essence of the world. "He viewed the 'creation of dance' as 'serious cultural work' and dance as a physical, spiritual, and intellectual educational force, a cultural factor. By means of the *Harmonielehre der Bewegung* (Harmony Theory of Movement) he attempted to create a new human being, the so-called 'complete man' or *Volmensch* who cultivates his will, thoughts, and feelings into a 'harmonious whole,' in accordance with the ideal prescribed by nature."¹⁶ Laban strongly believed that dance could set man free and make him stronger, so that he could live happily.

Laban was charismatic and inspiring, not only in his work, but also in his personal life. He was a powerful man with an enormous range of experiences. He had a broad vision and penetrating eyes. Laban was fascinated by human movement and analyzed it with terms like "body," "space," and "effort" qualities. He paid close attention to the body, trying to understand how movement was generated. He also wanted to write about his observations, as the idea of preserving movement was very important to him. Laban eventually devised a system for recording dances known as *Labanotation*, which is still used today. In 1928, he published his first notation recordings as "Kinetographie" in *Schrifttanz*, a journal of the Expressionist dance movement in Germany.¹⁷ Through this constant process of transformation,

¹⁵ Dorr and Lantz, 8.

¹⁶ *Ibid.*, 10.

¹⁷ Introduction to Labanotation," *Home - Goethe-Universität*.

exploration, and investigation, Laban was able to describe movement and its relation to effort and space. His fundamental aim was to retain amateur dance in the creative arts, for it expressed the *im Lebewesen waltenden Triebe*, “the drives that dominate living beings.”¹⁸

During the rise of Hitler in the 1930’s, Laban had an official position with the Nazi regime as director of the Deutsche Tanzbühne. In 1936, his name and career were destroyed by the Government Propaganda Ministry, so he went to *Dartington Hall*¹⁹ in South Devon, United Kingdom.²⁰ In the midst of World War II, at age sixty, Laban moved to Manchester to introduce time-motion studies. He wanted to lay emphasis on the educational rather than the artistic aspect of dance. With help from Lisa Ullmann, a dancer of German-British origin, he was approved by the British Ministry of Education to teach school children. At the same time, he helped men in industry improve their working skills for better and more efficient results.²¹ This emphasis on behavioral movement enabled Laban to form the basis of dance/movement therapy.

Today, Laban’s revolutionary observations about “body connectivity to let movement come to life,” are milestones in pedagogical studies, child development and educational theory, and non-verbal communication studies. Laban Movement Analysis, which grew out of his ideas, is about observing, understanding, and

<<http://user.unifrankfurt.de/~griesbec/LABANE.HTML>>

¹⁸ Green, 109.

¹⁹ The Dartington Hall Trust is a charity center specializing in the arts, social justice, and sustainability.

²⁰ "Rudolf Laban," *Trinity Laban Conservatoire of Music and Dance*.

<<http://www.trinitylaban.ac.uk/about-us/our-history/rudolf-laban.aspx>>.

²¹ Green, 86.

describing movement through the human body. The disciplined study of movement advocates mind-body interactions so that human wholeness can be attained. In Laban's words, "It is in this sense that movement can be called a common denominator – a common denominator of the mind/body functioning which also takes in the expression of emotions and the spirit." The pioneering dancer Franziska Boas, who seems to agree with Laban, explains that through this experience of movement in dance people may find "a renewal of life, a stimulus of creative action and certainly a better understanding of the intricacies of human nature."²² Following these ideas, it is not surprising that Laban's theories of movement of the human body have gained considerable importance in the field of dance/movement therapy. When people begin to look at themselves as natural beings and creations of nature rather than as social beings bounded by cultural norms, then, one day, we may all find our peace of mind and live freely. On that day, people will be socially and psychologically liberated.

Dance in Psychotherapy

Some people are not good with words. This means it is too hard for them to communicate verbally, and so they have to find different ways of expressing themselves or else feelings of loneliness and helplessness will constantly plague them. As I mentioned briefly above, people with depression are reluctant to express themselves because they are scared that what they say or do will be misunderstood by others. Recent studies on expressive therapy for depression have shown that

²² Carol Moore and Kaoru Yamamoto, *Beyond Words: Movement Observation and Analysis* (New York: Gordon and Breach, 1988), 171.

music therapy can eliminate self-defeating beliefs and direct patients toward a more positive outlook, while dance in psychotherapy can help people overcome past traumatic experiences through movement, instead of forcing them to expose themselves and somehow transform their overwhelming feelings into words.²³ In this case, movement itself becomes the physical manifestation of the psyche, and the body is the medium through which emotions are released to the external world. In other words, movement in its pure sense conveys the patients' thoughts, feelings (conscious and unconscious), issues, and insecurities. According to the American Dance Therapy Association, dance/movement therapy is "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual."²⁴ "Psychotherapeutic" refers to the psychological rather than the medical means of treating a mood disorder, in this case depression.

It is still arguable whether healing patients through dance and movement is a new treatment or whether it is a discipline emerging from the distant past. As the Dutch psychoanalyst Joost Meerloo has noted, "the dance of the medicine man, priest or shaman belongs to the oldest form of medicine and psychotherapy in which the common exaltation and release of tensions was [sic] able to change man's physical and mental suffering into a new option on health."²⁵ It is truly amazing to see how movement is able to recollect histories from the past, apply them to the present, and prepare the body for the immediate future. Dance continually grows. As it evolves, it inevitably leaves a mark on the people and cultures that experience

²³ Melissa Jackson, *Dance Therapy for Mental Patients*, BBC 2011.

²⁴ Moore and Yamamoto, 168.

²⁵ *Ibid.*, 169.

it. Through this experience the physical and psychological world of the individual people are brought together, and through the sharing of emotions comes awareness. The power of rhythm is very significant in this. "In the natural rhythmic movements of the dance, free of restraint and innately functional and expressive, the patient may find an avenue of social expression which he is capable of utilizing."²⁶ Rhythm has always been the vehicle for connecting people in almost every aspect of their daily lives. In the past, people of different ages united to dance before harvests and hunts; they danced to proclaim war, and they danced to celebrate important events.²⁷ Rhythm possessed their bodies, and they all moved together as one unit. Group dancing is in fact a significant part of dance/movement therapy.

It is generally believed that dance/movement therapy is an outgrowth of modern dance rather than any other type of dance.²⁸ Ballet, folk dances, and social dances, have distinctive techniques and organizational styles. Ballet is very technical and formalized, while folk dances and social dances consisting of complex formations often divide dancers into groups and place them a certain distance apart from each other. Consequently, the dancer is restricted in one way or another and complete expression through the body cannot be attained. Modern dance, on the other hand, is more open to experimentation, creativity, and the expression of the "totality of the human experience through movement."²⁹ Modern dance technique is essentially based on the natural movement of the body free of any boundaries;

²⁶ Rosen, 48.

²⁷ Claire Schmais and Elissa Q. White, *Workshop In Dance Therapy: Its Research Potentials* (New York Committee On Research In Dance, 1970), 1.

²⁸ Rosen, 61.

²⁹ Schmais and White, 1.

pioneers of early modern dance such as Isadora Duncan, Ruth St. Denis, Martha Graham, and Doris Humphrey, created movement straight from their bodies. Graham's dances, for instance, are chiefly based on her inventive movement discoveries. Graham technique is floor-bound to begin with, with an exaggerated use of contraction and release to portray such psychic connotations as pain and ecstasy.³⁰ Doris Humphrey's technique has a more natural and theoretical appeal, with an emphasis on fall and recovery. Humphrey's dances are contrasting in rhythm, design, dynamics, and gesture, which she regards as the four components of movement.³¹ These dancers-choreographers danced with their souls, developing their own principles and methods, which have become the foundation of modern dance technique. "When movement is liberated from the constricting armor of stylized, pre-conceived gestures, an innate feedback process between movement and feeling is generated."³² In this flexible form of dance, the patient can express himself as explicitly and intensely as he wants, so the dance becomes his personal statement. He internalizes generic movement in his body and makes it his own.³³ As the German-American psychoanalyst Karen Horney has said, "It is of great importance to psychotic balance that there be areas accessible to spontaneous emotional experiences; creative abilities, for instance, may be a salvation."³⁴ Hence,

³⁰ Jill Johnston, "The New American Modern Dance," *The New American Arts*, ed. by Richard Kostelanetz (New York: Collier, 1967), 164.

³¹ *Ibid.*, 165.

³² Anna Halprin, *Dance as a Healing Art: Returning to Health with Movement & Imagery* (Medocino, CA: Liferhythm, 2000), 24.

³³ Schmais and White, 1.

³⁴ Rosen, 1.

in a way it is as if the therapy session becomes a form of play, a game with a restructuring function.

Modern dance classes seemed a way to access these experiences. In the late 1930's, modern dance classes began to be taught in psychiatric institutions and private clinics, and proved very beneficial to the patients. Dance teachers were therefore motivated to explore the possible therapeutic aspects of dance and movement. Marian Chace, a dancer and teacher at the Denishawn School of Dancing and Related Arts in Los Angeles,³⁵ was authorized to practice dance therapy at St. Elizabeth's Hospital in Washington, D.C., in the 1940's, after teaching dance to children and adults.³⁶ Chace believed that dance therapy could initiate contact and provide support among individuals, allowing them to relate to others when they could not communicate meaningfully otherwise.³⁷

Today, dance/movement therapy is slowly becoming more widespread as people begin to recognize its potential. Since the founding of the American Dance Therapy Association (ADTA), which I will discuss in the next section, dance/movement therapy has gained greater legitimacy. Dance/movement therapy sessions are offered in many countries and sometimes take the form of recreational dance classes.

³⁵ The *Denishawn School of Dancing and Related Arts* was founded in 1915 by Ruth St. Denis and Ted Shawn, in Los Angeles, California. Martha Graham, Doris Humphrey, and Charles Whiteman are amongst the school's most distinguished students. The school became famous for its emphasis on ethnic, experimental modern dance.

³⁶ Schmais and White, 1.

³⁷ Rosen, 60.

Venues for these therapeutic sessions can be either outdoors, in a natural environment, or indoors, in a dance studio, a large room in a mental health clinic, a residential treatment center, a rehabilitation center (particularly for addicts), or even a cozy room at home. Whatever the environment, limitations will sometimes be present. Some venues do not provide adequate space for the performance of certain exercises. In such cases, it is the therapist's job to modify the exercises. Using the floor might not be an option, either because it is too cold or because the surface is uneven, in which case the therapist will have to work with other objects or perhaps furniture, such as a chair. The important point here is that wherever these sessions take place, the patient should be able to feel comfortable and filled with positive energy. According to Chace, a typical dance/movement therapy session in a hospital should be as follows: "In the hospital a positive quality of aliveness is present in the group of dancers, which is in strong contrast to the patients who are sitting listlessly, absorbed in no activity, withdrawn from all others in loneliness. It is exciting to see one of these passively still people rise as though drawn by a magnet and move toward the living group. One must subscribe to the belief that rhythm and a shared emotional experience are important to a feeling of well being."³⁸ Dance/movement therapy should take place in warm and pleasant places where patients can be themselves.³⁹

³⁸ Moore and Yamamoto, 168.

³⁹ Halprin, 37.

American Dance Therapy Association (ADTA)

The American Dance Therapy Association was founded in 1966, after several efforts by Marian Chace. In 1965, a conference was held in Washington, D.C., attended by Chace, Trudi Schoop, Mary Whitehouse, Alma Hawkins, Franziska Boas, and others who believed “that [it] is possible to reach people’s feelings through the exciting, enlivening and calming power of dance.”⁴⁰ As Schoop wrote, “If psychoanalysis brings about a change in the mental attitude, there should be a corresponding physical change. If dance therapy brings about a change in the body’s behavior, there should be a corresponding change in the mind. Both methods aim to change the total human, mind and body.”⁴¹ *Psyche* (soul) and *soma* (body) are closely related. Self-awareness manifests itself in the body. Thus, the mind-body interaction is extremely important in dance/movement therapy. The movement of an individual speaks for the kind of person he is. Once the therapist becomes aware of the patient’s personality and state of mind, he will assist him in moving in certain ways that will improve his mental health state. In Moshé Feldenkrais’ words, “Direct attention to the soma and psyche makes complete functional maturity possible.... Re-education of the kinesthetic sense, and re-setting it to the normal course of self-adjusting improvement of all muscular activity – the essence of life – is

⁴⁰ Moore and Yamamoto, 168.

⁴¹ Rosen, 60.

fundamental.”⁴² It is true that a healthy state of mind can only be attained through a body in good physical shape.

At present, the American Dance Therapy Association is the foremost dance/movement therapy institution, consisting of about 150 members in twenty-two States, Washington D.C., Norway, and Canada,⁴³ who work toward the advancement of education and practice in the field. ADTA follows a code of ethics and aims for the highest standards. Moreover, the association publishes academic and other research work in the *American Journal of Dance Therapy* (AJDT) twice a year. The American Dance Therapy Association is supported by the Marian Chace Foundation (MCF), a nonprofit organization established to promote further scientific, educational, and artistic development of dance/movement therapy.

The Expressive Therapist

The dance/movement therapist should be alert at all times and observe movement as carefully as possible. Based on what he observes, the therapist should then compare what he sees in others with his own personal experience. For example, what are the similarities and differences between the patient’s movement and his own movement? Are there any peculiarities? Are the patient’s movement patterns stable, or is he moving around with little self-control and body awareness? Only by close observation of even the tiniest movements will the therapist be able to make some hypotheses and hopefully come to certain conclusions about the

⁴² Quoted in Rosen, 27. Moshé Feldenkrais was a physicist from Israel who developed the *Feldenkrais Method* to increase self-awareness through movement, and so improve human functioning.

⁴³ Schmais and White, 2.

patient's mental state. Since "research hypotheses emerge from a free, bias-unfettered use of curiosity and the exploratory drive," it is the therapist's job to make sure that all measurements related to the patient's physical appearance are taken into consideration.⁴⁴ In dance/movement therapy for major depression specifically, indicators of major depressive disorder (MDD), such as behavioral deficits (e.g., lack of eye contact), changes in motor behavior (e.g., head down, decreased smile, poor grooming), and changes in language (e.g., slower speech, more self-focused negative comments, fewer words about achievement goals), should be closely examined.⁴⁵

In that sense, "movement is a language."⁴⁶ The way the patient moves, his body posture, the direction of his gaze, the distribution of his arms, and his facial expression, make up the vocabulary that the therapist uses to make sense of what he sees. Movement, in its natural sense, conveys certain feelings that carry their own meaning. A depressed person, for instance, will most likely perform sluggish movement that evokes powerlessness and misery, with his body curved and his focus turned downward. His arms will be bent close to his body, and his legs will appear heavy and tired. Therapists acknowledge that "the viral, the ecstatic and the passionate are physically expansive while the frightened, the intellectual, and the sickly are contained."⁴⁷ Understandably, being able to read the patient's frame of mind through his physical manifestation is imperative in dance/movement therapy.

⁴⁴ Quoted in Dr. Bernard F. Riess, *Workshop In Dance Therapy*, xiii.

⁴⁵ Kring et al., 246.

⁴⁶ Moore and Yamamoto, 107.

⁴⁷ *Ibid.*, 110.

Dance therapists must be able to observe people's behavior and movement, and get a sense of how they feel. They must also be able to encourage their patients to engage in purposeful activity. Therapists are required to be active participants in the therapy session. When the therapist is dancing with the patient, he communicates with him through movement. It is as if he is comforting him: "I feel every emotion – I know hate, sadness, and loneliness; I know all these moods that separate you from people. I can feel all these things too, and I am not repelled. By dancing with you, I accept you – and we know one another for a moment."⁴⁸ In order to do that, the therapist needs to develop a strong awareness of how he himself uses movement. In other words, what is his movement signature? This can only develop after years of dedicated dance training, through which the therapist learns how to express himself through improvisation and creative dance. Eventually, he will learn to fully empathize with others, "an empathy based on visual and kinesthetic perception."⁴⁹ When the patient is comfortable around the therapist, it becomes easier for him to extinguish his fear and anxiety. The therapist will then try to uncover his patient's repressed memories, so that he can finally move on with his life. Hence, the stronger the relationship between the patient and the therapist, the more effective the treatment.

One of the most important goals of the dance/movement therapist is to help the patient discover his inner child. "The child plays in order to recreate and to gain control by mastery and understanding," explains the English pediatrician and psychoanalyst Donald Winnicott. "Certainly, the ability to play is essential for the

⁴⁸ Rosen, 60.

⁴⁹ Schmais and White, 6.

success of any form of therapy.”⁵⁰ In dance/movement therapy the patient gains control over his reality through “play,” where all sort of movement is made accessible to his body. As the Austrian psychoanalyst Sigmund Freud has stated: “Art is one of the forms of adult activity which continues the play of children. Play is a complex process that fulfills various needs. Among them we encounter, as a comparatively constant purpose, the attempt at mastery through play.”⁵¹ The kind of “play” that patients perform is based on their age, sex, social and cultural background, interests, and experiences.⁵² Through “play,” the patient discovers movement, and he is given the opportunity to establish new aspects of his identity. In the course of movement he is detached from his “old” self, and it is almost as if he creates a new personality. Hence, play helps patients rise from their problems and see things from a different perspective, a more positive and promising one.

Before becoming a dance therapist, students must learn to distinguish normal versus abnormal movement and to assess the patient’s movement patterns in relation to that of “normal” students. The therapist should be able to identify limitations in movement, and immediately proceed to his therapeutic goals. The patient-therapist interaction is what will eventually determine whether dance/movement therapy can benefit the patient. Once the therapist accomplishes that, he should then be able to explain what he did and how he did it. This can only be done through analytical research. “For the dance therapist, research can provide an understanding on what takes place and how change is effected, in order that the

⁵⁰ Robbins, 176.

⁵¹ Quoted in Judith Lynne Hanna, *Workshop In Dance Therapy*, 40.

⁵² Rosen, 15.

field of dance therapy can develop a large transferable body of knowledge (theory), and a measurement of effective techniques and the variables of behavior necessary to be an effective practitioner.”⁵³ Research in dance/movement therapy as a communication system is nevertheless comparatively new.

Psychological research in dance starts with an emphasis on body movement; from the simplest gestures, to more complex movement patterns of the individual body parts, to facial expressions, all convey important information, such as the individual’s personality, social background, and stereotypical behavior. The “aesthetic illusion” that is so significant in dance as a performing art ceases to matter in dance as a therapeutic art.⁵⁴ In dance/movement therapy, movement becomes more expressive because it is intended for exploring thoughts and feelings. Patients are encouraged to “experiment” and get to know their bodies better in an environment free of social hierarchies. They become aware of where they stand, physically and mentally, and they begin to establish interpersonal relationships. They can then “listen to their bodies” and discover different ways of moving that are beneficial to them. In Dr. Riess’ words, “Both practitioner and researcher are involved in a joint enterprise, the subject of which is a multiplex system-structured and resistant to reductionist and simplistic techniques of study.”⁵⁵

⁵³ *Workshop in Dance Therapy*, 54.

⁵⁴ Rosen, 46.

⁵⁵ *Workshop in Dance Therapy*, xiii.

Studies

Before reviewing the dance/movement therapy literature on depression, I would like to relate to the short interview I had with a close female friend who has been depressed for the past two years.⁵⁶ Melina Agathocleous is twenty years old, and she is currently a student at the University of Reading, in the United Kingdom. She is majoring in psychology, and although usually busy with schoolwork, she continues to dance for at least two hours per week. Dance means a lot of things to Melina; it is a form of self-expression and liberation, but mainly she dances because it makes her feel good. When I asked her whether it makes her feel good physically or psychologically, she said that dance has an impact on her physically, since it is a form of exercise, but it also has a psychological impact on her, as it always elevates her mood and raises her energy levels. I then asked her whether she feels different on days when she dances as opposed to days she doesn't, and she said that yes, she does. She explained that the practical aspect of dance makes her feel better physically, but on a psychological level, dance makes her feel better from the point when she looks forward to dancing to the time she is engaged in dancing and even after she stops dancing. That said, I think it is very inspiring to see what a positive impact dance has had on Melina; it helps her rise above her problems and has opened her heart to a field of happiness, artistic motivation, and expressiveness. Moreover, she expressed her preference for salsa and belly dancing. When I concluded that it seemed like she is a fan of lively and energetic music, Melina said,

⁵⁶ Melina Agathocleous, Interview by the author, New York City, 6 Nov. 2011. At the subject's request, her name has been changed.

“Well, this is the sort of music I like to dance to more, because I can relate to it and feel connected to the music whilst dancing.” Here we see how this particular kind of music gave Melina the confidence to move and feel good about herself.

In dance/movement therapy, music should encourage the patient to move freely in order to release any muscular and psychological tension. “Music has a stimulating and unifying effect on its own. As an accompaniment to the dance, it helps to enhance its appeal and to strengthen and reinforce movement responses.”⁵⁷ The piano is very influential in therapy because it is a percussive instrument with a strong beat that establishes the bass line for the patient to create movement on. Simultaneously, it can form a melody to accompany the dancer with the best possible sound.⁵⁸ Since Melina enjoys salsa and belly dancing more than any other type of dance, it is more likely that songs and instruments of those genres will touch something in her. Hence, the main function of music is to stimulate the senses, change the patient’s mood, and help patients get over their shyness.⁵⁹ It is important that the music makes the patient feel comfortable moving, so they can find pleasure in dancing.

In a case conducted to illustrate the effectiveness of dance/movement therapy on psychotic children or adults, Michael, a man in his early twenties, entered therapy because of recurring panic attacks and “feelings of unreality.” Michael had lost many people in his life. His parents divorced when he was four years old, and he lived with his mother and younger brother since, but rarely saw

⁵⁷ Rosen, 8.

⁵⁸ Ibid., 9.

⁵⁹ Ibid., 34.

his father. During his first dance therapy session, Michael didn't really know what to do, and he could not express his feelings. He requested the therapist to teach him several dance routines in order to help him "move more gracefully and to feel less like a robot."⁶⁰ Michael began to move around in the studio, and at the same time he talked to fill up the physical space around him. His moves were light and consisted of many turns, but they lacked fluidity and wholeness.

During another therapy session, Michael expressed his astonishment that one of his good friends had told him that he didn't really know him. Michael did not understand why, since he thought of himself as a "very open" person. "What does being open mean?" he asked the therapist. The therapist in turn asked him whether he was comfortable expressing himself in front of his friends, and after a moment of thinking, Michael said that he wasn't. He added that since he was a young child, he would talk to his mother about the way he felt, but most of the time she would say, "You can't feel that way. I don't know anyone who feels like that." Hence, Michael stopped expressing his feelings, believing that he was meant to keep them to himself. This uncertainty was also present in the therapy session, and Michael was hesitant to open up and talk about his feelings. The therapist's aim was to help Michael express a wide range of emotions and eliminate any external factors that seemed to prevent him from doing so. They worked together for months, moving together like mother and child, and following each other bodily and verbally. "The child seeing himself reflected in the mother's face develops the origins of a reliable

⁶⁰ Robbins, 174.

sense of self.”⁶¹ The therapist was trying to help Michael figure out where he stood, so they could pinpoint the source of his problems.

One day Michael walked into the session somewhat differently. He moved more slowly than usual; his back was bent and his shoulders slack. “I think I’m depressed,” he exclaimed; “I think I’ve been depressed a lot in my life.” After validating Michael’s feelings, the therapist asked him to expand on them further. Michael was able to describe his physical state and relate his impressions to his psychological state. This movement experience enabled Michael to deal with his feelings of alienation, and his panic states ceased to interfere with his daily activities. With the therapist’s help, he was finally able to find himself and get back to his body.⁶²

Understandably, it was the direct, intuitive, and experimental movement experience with the therapist that provided Michael with the possibility to uncover his memories and move on with his life. Michael was suffering from emptiness and depletion, but he was not aware of that since expressing his thoughts and feelings was no longer an option. The therapist helped him discover his inner child. It is important to understand here that the therapist helped Michael *do* things, instead of making him *produce* things.

In another case study, the patient suffered from an overwhelming feeling of powerlessness and immobility.⁶³ Barbara, a forty-year-old secretary, claimed she could no longer be creative at work. Moreover, she was unsuccessful in her love

⁶¹ Quoted in Robbins, 175.

⁶² Ibid.

⁶³ Ibid., 214.

relationships, and since she spent most of her time with other women, it was difficult for her to approach men. Barbara had previously been in talk-therapy for sixteen years, but it only helped her slightly, if at all. Hence, she decided to enter expressive therapy, the use of creative arts (including dance) as a form of therapy, as her last chance to recover. Not surprising, when she first started therapy sessions she was not very optimistic about the outcome.

As a young girl, Barbara was very affectionate towards her father, but her relationship with her mother was troubled. Most of the attention in the family was directed toward her older sister who attended law school, and demanded complete silence in the house so she could concentrate on her studies. Barbara always felt pressure from her sister, although she had a decent relationship with her younger brother.

When Barbara initially entered therapy she was unemployed, so she spent most of her days doing nothing but feeling hopeless. During her first therapy sessions she was filled with a rage that was hard to control, and her inability to cope with it turned into a fear of losing her balance. In the course of treatment, she had a hard time letting the therapist into her life. With time, Barbara's negative view of the world grew more optimistic, and her depression began to lift. Barbara explained that what bothered her most was her lack of femininity and womanliness. She considered her severe aggressiveness as something completely unfeminine. She needed a male presence in her life, something she had never really had. In a way, she had forced herself to adapt to the male role.⁶⁴

⁶⁴ Ibid., 215.

According to Barbara's therapist, expressive therapy was more suitable for her. He wanted to focus on movement in her arms, so instead of making Barbara move around in space, the therapist carried out personality tests in which she had to make drawings to stir her imagination. Barbara was speaking with her hands. She was so determined to get better, and at the end of every session she sat down to discuss her test results with the therapist. Eventually, Barbara was able to elaborate on her feelings and engage in playful activity with the therapist. The therapist explained that while Barbara had poor imagination to start with, she was now more willing to fantasize and experiment. She had come to terms with reality and felt ready to talk about her sexual identity. Due to her family history, Barbara had always been unhappy with herself, but after getting into expressive therapy, she aspired to be more in touch with her inner self.⁶⁵

In both studies the patients lacked "play" in their lives. By discovering their inner child, they were able to bring their issues to the surface and deal with them. This freed them, both physically and psychologically, and it also gave them the autonomy to socialize with others and engage in activity.

In another exploration study,⁶⁶ experimenters examined the efficacy of ballroom dance lessons for geriatric depression. For this study all participants were required to meet the following criteria: (a) 60 years old and above, (b) no terminal illnesses, (c) no physical handicaps that would make dancing difficult, (d) no concurrent psychological or psychiatric treatment, (e) no other disorders such as

⁶⁵ Ibid., 222.

⁶⁶ Amanda Haboush; Mark Floyd; Joshua Caron; Mark LaSota; Krisann Alvarez, "Ballroom Dance Lessons for Geriatric Depression: An exploratory study." *The Arts in Psychotherapy* 33 (2006), 89.

alcoholism/substance abuse, bipolar disorders, or suicide risk, (f) a score of ten or higher on the Hamilton Rating Scale for Depression (HRSD)⁶⁷, and (g) no apparent cognitive impairment as evidenced by a score of eight or higher on the Mental Status Questionnaire (MSQ). Twenty-five depressed older adults were enlisted to participate. The average age of the participants was 69.38 years, and sixty-seven percent of the population was female. Half of the participants were living alone, while the other half were living with at least one other person.⁶⁸ The Symptom Checklist 90, Revised (SCL-90R)⁶⁹ was used to measure the overall psychopathology of the patients, while the Beck Hopelessness Scale (BHS)⁷⁰, the Therapeutic Reactance Scale (TRS)⁷¹, and a self-efficacy measure specifically created for this study were used to evaluate the participants and predict the outcome. Furthermore, at the end of the first ballroom lesson, each participant was asked to fill out a questionnaire consisting of the following questions: “What was the most helpful part of the program?” and “How could treatment be improved?”⁷²

⁶⁷ The Hamilton Rating Scale for Depression (HRSD) is a questionnaire in multiple-choice format that clinicians use to rate a patient’s level of depression.

⁶⁸ Haboush et al., 91.

⁶⁹ The Symptom Checklist-90-R (SCL-90-R) is an instrument used by clinical psychologists, psychiatrists, and professionals in mental health, medical, and educational settings to assess a wide range of psychological problems and symptoms of psychopathology. The instrument is also useful in measuring treatment outcomes and the progress of patients.

⁷⁰ The Beck Hopelessness Scale (BHS) is a self-report inventory designed by the American psychiatrist Aaron Temkin Beck to measure three major aspects of hopelessness: loss of motivation, feelings about the future, and expectations. It consists of twenty items, and it is suitable for adults in the range of seventeen to eighty years old.

⁷¹ The Therapeutic Reactance Scale (TRS) is used to assess client resistance. It is a test consisting of several questions (the exact number will be based on the study) to measure client resistance.

⁷² Haboush et al., 91-92.

The participants were divided into two groups: Group 1 and Group 2. Group 1 was to start forty-five-minute ballroom dance lessons once a week right away, for a total of eight weeks. Group 2, consisting of the participants who were placed on the waiting list, was asked to have another evaluation prior to treatment after the eight-week waiting period. Then, like Group 1, they had a forty-five-minute ballroom dance lesson once a week for a total of eight weeks. All lessons were private in order to give as much attention to every participant as possible, and they were paced according to the individual's ability. To wrap-up, each participant received a total of eight private ballroom lessons lasting for forty-five minutes each, in which six different dances were taught: foxtrot, waltz, rumba, swing, cha-cha, and tango.⁷³ All lessons were recorded on video. The participants were evaluated at the end of the eight-week period, and there was a three-month follow-up. Along with that, their depression level was monitored every week via a short phone interview, where a psychologist asked the participants to rate their depression on a scale of 1-10 (1 = mild, if any; 10 = severe), and to state whether they felt worse, the same, or better than the previous week.⁷⁴

The results were more or less as expected. Only twenty participants completed the full eight-week course of treatment. One participant dropped out before the first lesson. One participant completed five lessons and another participant four. One participant completed three lessons and then dropped out due to health reasons, and another participant completed the treatment but was

⁷³ Ibid., 89.

⁷⁴ Ibid., 92.

unavailable for the post-treatment evaluation.⁷⁵ Since the study consisted of such a small group, it was considered a pilot study. The ballroom dance lessons were not specifically designed to treat depression, but merely to help the elderly participants engage in activity and become more active. The participants' feedback indicated that dancing was helpful, but further examination with a larger sample size is required to establish the effectiveness of ballroom dance lessons on geriatric depression. A positive aspect of the study is that it seems easier for older people to agree to attend ballroom dance lessons than seek help from mental health professionals. In the course of treatment many participants experienced some frustration for not getting the steps as easily as they wished, but the overall interaction with the dance instructor was positive. Even if the dance instructor was not a psychotherapist, he did show concern and empathy for the participants. At the end of the study, fourteen participants stated that they had truly enjoyed the lessons and found pleasure in learning how to dance; two claimed that they always looked forward to their ballroom dance lessons and that it was the only time they left the house; two expressed their enjoyment of the music, while two others said they liked the exercise aspect best.⁷⁶

Ralph, an artist in his early twenties, is another patient whose case was supervised.⁷⁷ At first, Ralph complained about his relationship with his parents and his girlfriend and expressed the fear of being too dependent on them. As he went on talking, the therapist could sense feelings of insecurity and depression as he beat

⁷⁵ Ibid., 93.

⁷⁶ Ibid., 94.

⁷⁷ Robbins, 173.

around the bush instead of getting straight to the point. The superfluous words and whirling mode of speech were signs of Ralph's efforts to avoid having to deal with his distress. He resisted facing up to his problem because he was frightened. During the movement session, the therapist had Ralph whirl in space. At the end of the whirling exercise, Ralph was finally able to say things he'd been wanting to say for long, but had never had the courage to. By admitting to the therapist, and most importantly to himself, that he was depressed, he was now ready to defend himself.⁷⁸

This case study is relatively short compared to the other studies presented here, but it shows how necessary it is sometimes to experience certain feelings and emotions directly through our bodies. By building a bridge between his body and soul, Ralph had gained a deeper and more accurate insight of his mental state, which he ultimately managed to improve.⁷⁹

Conclusion

These studies of patients with major depression make clear that movement and dance can be important therapeutic treatments, enabling patients to resume normal interpersonal relationships and break down antisocial barriers. Dr. Bela Mittelman, an eminent psychiatrist, states, "In all individual, healthy and sick, motility plays a significant psychodynamic role as revealed in their observable motor behavior, in their past history and in their dreams."⁸⁰ Dance in its purest form

⁷⁸ Ibid.

⁷⁹ Ibid., 174.

⁸⁰ Quoted in Rosen, 48.

has the power to express something intangible, something that can't possibly be expressed in any other medium. Once the patient in dance/movement therapy manages to eliminate the "self" so that his emotions are projected in the form of abstract movement and figures, then the viewer, a therapist, can watch him dance and appreciate what he has to offer to the world.

In everyday life, the human body functions as a tool of communication. Consequently, movement reflected through the human body has gained significant importance in every culture of our society. For that reason, dance and movement respectively can provide the means to re-establish socialization in the mentally ill and mentally disturbed people. In that perspective, dance becomes a tool for restructuring.⁸¹ The essence of dance/movement therapy lies in the course of treatment rather than in technique. The human psyche is laid bare, and no attention is given to artistic talent. The patient can finally expose his inner reality to the outside world, the real world.

⁸¹ Ibid., 4.

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