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NARRATIVES

Connecting the Practice of Dance/Movement Therapy: What Differentiates Us?

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Abstract Historical appraisals of dance/movement therapy (DMT) generally present a view that the profession's development occurred roughly simultaneously in quite different directions on the East coast and the West coast of the United States. The author, whose formative training was with Marian Chace in Washington, DC, and elsewhere, examines this origin myth from a new perspective. Having been invited in 2016 to join with a number of California-based dance/movement therapists on a panel on Jungian theoretical approaches to DMT (widely considered a quintessentially West coast paradigm), the author recalled an event that foreshadowed this panel presentation at the annual conference of the American Dance Therapy Association (ADTA). Her resulting narrative looks back at a West coast visit that she made as ADTA president in 1972, and her encounter then with sister dance/movement therapists there. She charts several levels of interaction between the two "coastal" approaches, along with significant and illuminating correspondences organizationally and theoretically, which she indicates continue to the present day. Sharing her reflections on the profession at these two distinctive points—in 1972 and in 2016—is meant both to preserve this history and to highlight commonalities across DMT, ideally enabling integration of pivotal aspects of the profession's core knowledge.

Keywords Dance/movement therapy · Jungian theory · Psychoanalytic

An intensive workshop about Jungian theory and Active Imagination was offered at the American Dance Therapy Association's (ADTA's) annual conference in

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Bethesda in 2016, and I was one of several persons presenting. It puzzled me, not being from California, as were the panel's other five members, as to how to think of myself as part of that group. The others met regularly to discuss the topic and I am certainly not recognized as theoretically a Jungian. However, there is a history that may make sense of my invitation.

When the ADTA was formed in 1966, all of its active members were on the East coast, which was where students of Marian Chace, Blanche Evan, Irmgard Bartenieff, Liljan Espenak, and Elizabeth Polk were situated. In the space between the East and West coasts at the time, only one or two people called themselves dance therapists, but in California those who studied with Mary Whitehouse and Trudy Schoop were starting to practice. It is necessary to understand the context of the times. We dance therapists were all evolving this new profession and barely had the words to describe what it was that we were doing, or to differentiate the work being done in one setting or another. It was almost a revelation to finally understand that the differences in approaches and interventions were often related to the different populations (i.e., neurotic or psychotic, etc.), with whom the individual therapist was working.

When I was serving as ADTA president, it was thought important that I try to bridge the gap that existed in the country. So, in 1972, I attended a conference held in Santa Monica where I met all those special Californians, and we discovered that we were not all that different from each other. Indeed, that occasion led over the years to shared learning and questioning, and has since served to build a stronger foundation for our profession. So, I surmised that perhaps history was repeating itself with me serving the same function as the non-Californian on this 2016 panel.

Obviously, many in California had been influenced through Mary Whitehouse to approach dance therapy through a Jungian framework. Primarily, dance therapy had been offered in private settings with individuals having enough ego strength to work with the unconscious. There were some dance therapists who studied with Trudy Schoop, of course, but institutional jobs were not commonly available.

The Easterners on the other hand were influenced by psychoanalytic psychiatry. Much work took place in agency settings such as hospitals and clinics with a more severely disturbed clientele. Private practice was quite limited. Over time, proponents of the two coastal approaches were to influence one another, such that similar work is now being done on both coasts—and happily also in the middle of the country—as we have evolved and grown both professionally and within the larger world of mental health.

Listening to the other 2016 presenters speak of their current in-depth work as Jungian therapists reinforced my belief that there is a core of practice that makes up what we call dance/movement therapy (DMT). There are theoretical differences in interpretation of behavior and how we might approach those with whom we are working—our techniques and interventions. Nonetheless, the basic knowledge of the body, emotions, use of relationships, and belief in the power of dance for expression and communication are much the same throughout.

I learned and apprenticed with Marian Chace, who worked out her ideas in the 1940s and 1950s, primarily while working within St. Elizabeths Hospital in Washington, DC, and at Chestnut Lodge, a private institution with a psychoanalytic

framework where Frieda Fromm-Reichman, among others, worked. Of course, much has been added since those years to help explain Chace's work, as new language and new knowledge have emerged. However, this knowledge has only served to better explain what she intuitively understood about what she called "basic dance" (Chace 1993, p. 257).

In thinking about what defines DMT on the East and West coasts, and the vast spaces in between, there is a shared understanding that the body of each human being contains all that is needed for healing. It is understood that the brain is part of the body and that all systems affect each other. The body will express emotional concerns directly or symbolically, whether cognitively understood or just from the experience of muscular movement action arising from old and hidden memories that lead to the pre-conscious. It is also understood that this happens when there is another person willing to watch and listen, and be open to accepting the messages being communicated without judgement, whether we name that person therapist or witness. It is this relationship that allows what is stored in the memory of the body to gradually emerge and take form. Over time, patterns of movement are identified and the potential of new or closed off parts will yield new information toward finding that which relieves or heals. The roots of all this include our understanding of the therapeutic value of dance, which uses the body for expression through time and space.

These statements are the basis of our practice as a profession. It is a shared foundation that organizes and identifies DMT, no matter the setting in which it is practiced. What may vary from practitioner to practitioner are the theoretical concepts and principles that guide ways of thinking, and the assumptions made that then lead to the quality of an intervention. One may have a Jungian approach, or come from a psychoanalytic background, or any other, and this will influence the manner of working as well as behavioral interpretation. These variances, however, do not in any way change or negate the basic and core beliefs that constitute our profession.

In trying to distinguish what might be called the work of Marian Chace and those who studied with her, it is to be noted that, even before the advent of psychotropic medications, Chace's work was primarily with the most disturbed populations. At the time she was developing her own ways of working she was familiar with the work of Harry Stack Sullivan, who taught at the Washington School of Psychiatry. Sullivan (1953) proposed that those doing therapy needed to consider themselves as participant observers in the process. The self of the therapist is the link to a common humanity and the core of his work was communication on an interpersonal level. Anxiety and fear create a tension that limits the possibility of healthy interaction. However, the potential for change through what he called energy transformation occurs within the context of a secure relationship. He recognized that, aside from biology, we are all influenced by the culture around us, of which language and custom are significant components. He spoke of our sentient being that permitted a possibility of empathy with those other than ourselves.

Sullivan's ideas connect to Chace's belief and use of symbolic interaction on both the verbal and body level. The role of the dance therapist was and is an active one, and requires responsiveness to the movement communications that the other

has to offer. Dance/movement therapy is a reciprocal process that enables a dialog and what Sullivan (1953) called "energy transformation" (pp. 35–36). Through her acceptance of all movement and verbal communications, Chace sought to establish the trust needed to engage with the other. She also was able to accept patient transference and respond in the roles she was cast through postures and verbal exchanges.

Chace had the fundamental belief that people want to be seen, heard, and understood. This led to the focus on the use of groups as significant in enabling those who had trouble establishing contact with others to experience some validation for who they are, and thereby break through their isolation. She believed that all individuals wanted to be part of a community on some level. Accordingly, the use of rhythmic action in dance was vital. Rhythm is related to coordination and organization of oneself, and therefore makes sharing with others possible where beforehand there had been but fragmentation. Making use of her knowledge and understanding of the body and its actions, with the therapeutic relationship at the core, Chace showed that movement offered within the group enabled social contact for those who were unable to reach out on their own, whether that communication might be symbolic, metaphorical, or clearly expressive. Movement acts as the bridge between the inner experiences and the outer world.

When I was in California in those early years, I had an opportunity to observe a group in action and became aware of certain West coast particularities in the use of groups. At that time so much of Jungian work focused on the individual. My own training in groups involved examining the matrix and dynamics of the process of the group itself as a separate unit from the individuals within it and how group dynamics affected participants. Ideas about group therapy were emerging and taking hold for the first time, based on the work of such individuals as Wilfred Bion (1961), at the same time that Chace was working. Indeed, the focus on groups led to the unfortunate stereotype of Chace's work being a circle. Certainly, the circle was not invented by Chace, as it has been fundamental to all human cultures due to its role in communal sharing. In Chace's work the circle was and is used most often to start and end sessions, as it is by nature containing, holding, and mutually supportive. Her circle was not to be considered a static shape, but a container for personal and collective growth. It is possible to stretch the space to fill the room or compact it, depending on the needs of those within the group. There are also variations in structure, particularly since groups pass through a phase when the therapist's direct leadership is no longer needed and leadership begins to be shared amongst the members of the group, which may in turn generate varied shapes and rhythms. The themes of the group become evident through the shared movement and language offered, whether overt or latent. The therapist carefully responds to what is being communicated in order to support and make visible those concerns of the group that might be otherwise left unsaid. Finally, to end with a circle ensures that group members leave with some degree of closure and are not left vulnerable.

Kinesthetic empathy, or as Chace described it, "antennae all over the body," an expression she shared in speaking to her students, is used to pick up the communications being shared by group members. This relates to Sullivan's (1953) description of the development of empathy. Kinesthetic empathy, and the use of

creative imagery, allowed the therapeutic process to emerge and continue from session to session. Whoever was in the room was part of the session, whether mute or verbose, still or passionately dancing. Chace had the ability to be patient and wait until an individual was ready to reach out for contact, and also to accept when someone said, "No." She understood that the presence of others dancing had an influence upon them. She welcomed spontaneous fragments that might emerge from subliminal memories, which expressed the chaos that might reside within. Her warm-up movement was meant to warm up the totality of each individual so that all group members might find what had meaning to themselves and feel free to share it, whether or not it could be verbalized.

Chace's experience in being part of Ruth St. Denis' Denishawn Dancers offered her some knowledge of dances of different cultures. She made use of these in offering varied movement experiences to the groups she worked with, noting from where they originated, and thereby introducing unused and new movement learning by way of dance forms. She frequently connected these with feeling states in order to connect the movement with language. For example, while she might use waltzes at times because she believed them to have minimal emotional tags, she would introduce marches to move toward anger, or Hawaiian music to suggest relaxed and quiet moments. These were not arbitrarily chosen, but were in response to what was being communicated by group members as the feeling tone to be supported or expressed.

While Chace's method evolved from working with the severely disturbed, its understanding of the body and movement and dance are all translatable in working with any designated group or individual. The differences in the interventions lie in the amount of ego strength available to those participating. Chace believed that within the confused and ill parts of the individual, there were still healthy areas that could be called upon. She believed that the work she did was to call upon those parts that functioned positively in order to enable strengthening and healing through the relationship with another. By working with what individuals are able to do, it is possible to gain knowledge of the areas that cause dysfunction. These individuals are thereby able over time to choose to take control and view differently those painful areas, and move toward healthier functioning.

It has been a while since I have worked clinically, but I still recall events that felt important and which speak to relationship, movement, and symbolic expression. I ran a group for men in a locked ward of a state hospital, where usually there were about 40 residing. Called chronically ill, they were all more or less able to participate. There was one man, though, who never joined the group. He had a gesture that repeated with his arm moving from high downward. I went to him one day and joined his gesture, not trying to do exactly as he did, but nearly doing so, as if to make it a conversation. He still did not join the group, but he displayed the biggest smile, and I felt as if he were pleased to have had the conversation.

Another time that is very powerful still in my memory is when a nurse (who always remained in the nursing station when I was there) stormed out when I was leading a session with women who were rarely included in the larger community and instead were locked on what was called the "back ward." This nurse strongly objected to our moving together to Mahalia Jackson's gospel songs, as it offended

her religious beliefs. The participants usually requested this music, and when she yelled at me to take off the recording and I refused, almost everyone in the room who had been sitting got up and joined the group in solidarity. These were women who were basically not functioning, and it was incredibly moving to me that they found the strength and fortitude to make a stand for what they wanted.

One ward was for men who were considered trouble makers and were put together in a separate section. There I was, trotting in with my record player and records, and offering them a chance to move in what was considered a strange manner related to their past dance experiences. Once I had established myself through a few visits, if a newcomer should get too aggressive or sexual (I was young then.), other men quietly communicated that I was to be respected. As a result, I was always protected. When we offer respect, trust, and something meaningful, people respond, no matter the circumstances.

In summary, dance, relationships, and the offer of new possibilities for expression and communication through the use of the body are fundamental to our work as dance/movement therapists, no matter which theoretical framework guides our focus and direction. So, Jungian, or psychoanalytically trained, or other, we are united in our core beliefs and often may make good use of what we learn from each other.

Compliance with Ethical Standards

Conflict of interest This author declares there is no conflict of interest to report.

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