Exploring the Therapeutic Use of Dance and Movement in Therapy

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements

For the Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

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November 2016
Abstract

*Trust only movement. Life happens at the level of events, not of words. Trust movement.*

-Alfred Adler

Adler believed that all life is about movement and behavior is best understood as movement toward a goal (Beames, 1992). The individual’s own goals provide them with meaning, direction, and manner in which their movement is conducted (Beames, 1992). With an increased understanding of how clients use physical movement and the possible meanings of this movement, therapists may be better able to help clients understand patterns in their lives, and create new ways of moving, ultimately resulting in change. This Masters Project explores the ways in which dance and movement, physical and emotional, can be understood and utilized, in an effort to decrease clinical symptoms of mental illness, and improve overall health and well-being.
**Table of Contents**

Abstract ................................................................................................................................. 2

Introduction .......................................................................................................................... 5

Adlerian Therapy and Individual Psychology ................................................................. 6
  Adler’s View on Movement ............................................................................................... 9
  Expressive Movement ...................................................................................................... 10
  Metaphors and the Link to Dance-Movement Therapy .............................................. 11

Dance/Movement Therapy ............................................................................................... 11
  Brief Historical Background of Dance Movement Therapy .................................. 13
  Cultural Influences on Dance Movement Therapy .................................................. 15

Therapeutic Use of Dance and Movement in Therapy ................................................. 16
  Benefit of Dance/Movement Therapy to Various Populations ............................. 17

Special Populations .......................................................................................................... 19
  Autism spectrum disorder ......................................................................................... 19
  Post-Traumatic Stress Disorder ............................................................................. 20
  Parkinson’s disease, Alzheimer’s disease, dementia. .......................................... 20
  Chinese population .................................................................................................... 21
  Schizophrenia ............................................................................................................... 21

Movement Use with Clients ............................................................................................ 21
  How does it Work? ........................................................................................................ 21
  Where to Start? ........................................................................................................... 22
  Skills ............................................................................................................................. 24

Techniques ......................................................................................................................... 24
  The Chace Technique ................................................................................................. 24

Interventions ....................................................................................................................... 24
  Mirroring or Empathic Reflection ............................................................................ 24
  Broadening the expressive movement potential. ....................................................... 25
  Movement elicitation/dialogue movements .............................................................. 25

Projective Technique ....................................................................................................... 25

Effectiveness with Trauma ............................................................................................... 26

The Process of the Project ............................................................................................... 26
Design of the Project.............................................................................................................. 26
Target Population.................................................................................................................. 27
Project Implementation......................................................................................................... 27
References........................................................................................................................... 32
Introduction

Dance/movement therapy (DMT), along with its application and effectiveness, is slowly gaining recognition in the field of mental health and health care in general (Koch, Kunz, Lykou, & Cruz, 2014). Duggan and Mercado (2005) maintained that “dance therapy originates from the age-old idea that dancing has the power to cure” (p. 1). Research by Koch et al (2014) on the current knowledge of the effectiveness of DMT supports this idea as dance has been found to increase the quality of life and decrease clinical symptoms of depression and anxiety. The results from this meta-analysis evaluating the effectiveness and therapeutic use of dance as psychological treatment determined dance/movement therapy to be a meaningful, effective and useful evidenced-based intervention for the treatment of psychological problems. The results of this study also demonstrated that dance movement therapy allowed for an increase in well-being, mood, affect, body image.

Dance/movement therapists, as well as other mental health providers, can use movement to help clients heal and express their feelings. Mosak and Rasmussen (2002) argued that the skills and personality of the therapist are as important, if not more important than specific techniques employed. The skills utilized in dance/movement therapy may be dependent on the individual’s preference or need for nonverbal mode of expression for treatment (Dosamantes-Beaudry, 1999). Dosamantes-Beaudry (1999) explained that dance/movement therapy may be especially useful for clients who are limited in their verbal abilities. A few other areas where dance movement therapy may be useful are with clients who experience psychosomatic and somatic symptoms, or who face challenges with body image, self-esteem or social skills (Dosamantes-Beaudry, 1999). Barnett, Shale, Elkins, and Fisher (2014) explain that dance
movement therapy can also be used to address anxiety, depression, fatigue, stress, obesity, and quality of life. Dance/movement therapy emphasizes the integration of the psyche and the soma, as one of its foundational premises, and asserted that emotional well-being is reflected through this integration (Dosamantes-Beaudry, 1999). Through a dance movement therapy lens, dance can be defined as the “act of structured, rhythmic movement coordinated in time and space” (Boris, 2001, p.357). Whereas, movement can be defined as expressive behaviors which bring about an emotional release (Rossberg-Gempton & Poole, 1992). This project’s purpose is to increase awareness of the effectiveness of utilizing dance or movement as a skill for mental health practitioners providing mental health services to those who are drawn to this intervention. Dance movement therapy can be acknowledged as a part of a more comprehensive approach to the progress and management of mental health symptoms.

**Adlerian Therapy and Individual Psychology**

Adlerian Psychology, also known as Individual Psychology, focuses on the beliefs and worldview of the individual, and how this impacts behavior and interactions with others. Adler’s theory postulates that individuals are goal-oriented, with the goals always directed towards social belonging and connection to community (Milliren, Evans & Newbauer, 2006). According to Peluso (2008) Alfred Adler was a “man of extraordinary charisma, keen intellect, and forward-thinking vision” (p.1). Meany-Walen and Kottman (2016) maintained that Adler believed all behavior is purposeful, and that people are social beings searching for a sense of belonging and connectedness (as cited in Adler, 1927/1988). Rossberg-Gempton and Poole (1992) maintained that dance/movement therapy was developed with Adler’s view that “emotions motivate, the mind organizes, and the body performs the action (p. 43). Adlerian theory was a major influence in the development of dance/movement therapy (Rossberg-Gempton & Poole, 1992).
In their expansive work with the development of Individual Psychology, Ansbacher and Ansbacher (1964) argued that as social beings humans seek connections with others. Adler believed that the individual is socially embedded and that individuals must be seen and see themselves as embedded in a larger whole. Mosak and Rasmussen (2002) explained that ‘effective life dancers’ are able to connect with others, share in intimacy, and behave in a socially invested and responsible manner. When trying to explain social interest, Adler described it as an evaluative approach to life (Ansbacher & Ansbacher, 1964). Adler (1958) noted that a metaphor is often used to explain, which reads, “To see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (p.135). Adler continued to expand this concept by stating that social interest directly coincides with his understanding of empathy. Empathy can be defined as having an unprejudiced approach, and seeing with another’s eyes and hearing with another’s ears (Ansbacher & Ansbacher, 1964). Adlerians believe in using this understanding to not only engage with clients, but to have a deeper level of appreciation of others (Carlson, Watts, & Maniacci, 2006). The dance therapist also utilizes an emphatic approach as they observe the client and are attuned to the client’s movement as well as affect (Dosamantes- Beaudry (1999). Boris (2001) asserted that empathy is demonstrated through therapeutic, nonverbal communication. Adlerian theory focuses on the entire person as a whole. Ansbacher and Ansbacher (1964) explain that “in addition to regarding an individual’s life as a unity, we must also take it together with its context and social relations” (p. 127). Adlerians believe that the holistic approach comprises of the goals underlying the individual’s behavior, the directions of the goals, as well as the individual’s sense of community (Beames, 1992). Adler supplemented Jan Smuts ‘holism’ theory by adding that the whole individual is much more than the sum of their parts, and
that the person cannot be examined solely by their parts or their goals (Beames, 1992).

Anthropological perspectives also emphasize the holistic view of the individual. Hanna (1990) maintained that understanding the feelings, thoughts and actions of humans cannot be done separately, but only as a whole, in a holistic fashion. Adlerian theory views the whole person in their present context and social relations, along with the contexts of their past and future (Beames, 1992).

The individual’s life is ruled by meaning and prevails over interactions and behavior (Adler, 1958). Ansbacher and Ansbacher (1964) explained that “a person’s opinion of himself and the environment can be best deduced from the meaning he finds in life and from the meaning he gives to his own life, [his philosophy of life]” (p. 197). Adler used the term style of life, or life style, to describe the things that allow us to create meaning and value in our lives (Peluso, 2008). Adler believed that each individual is creative and unique (Adler, 1927/1998). This uniqueness is expressed through the individual’s thoughts, feelings, words, and actions (Ansbacher & Ansbacher, 1964). Powers and Griffith (2012) noted that “to understand lifestyle is to think in terms of movement and pattern” (p. 9). The style of life, or life style is based on the individual’s ‘law of movement’ (Ansbacher & Ansbacher, 1964). The law of movement is a major influence on the person’s individuality (Ansbacher & Ansbacher, 1964). The recognition of the law of movement of an individual can help explain their behavior, the ways they may overcome problems, as well as the ways in which they move toward or away from their goals. This project seeks to increase the awareness of the Adlerian law of movement as a means of understanding client behavior, understand the effectiveness of movement in therapy, and promote the utilization of movement to address common presenting problems for clients seeking mental health services.
Adler’s View on Movement

Movement includes the thoughts, feelings, and actions of the individual and the direction of movement is influenced by the self-created goal (Beames, 1992). Adler noted that this is one way that the individual’s law of movement is manifested (Beames, 1992). Adler asserted that the individual’s ‘law of movement’ formed the basis of a person’s style of life or lifestyle (Ansbacher & Ansbacher, 1964; Clark & Butler, 2012). The unique law of movement of an individual, including the meaning, direction and manner in which movement occurs, is influenced by individual’s self-created goal (Beames, 1992). Dance movement therapy seeks to address the emotional and physical characteristics of movement through allowing the individual to be attuned to internal feelings, thoughts, and images, expressed in a manner unique to the individual (Barnett et al. 2014).

Forgus and Shulman (1979) highlighted Adler’s theory of viewing all forms of behavior (thinking, feeling, acting, physical responses) as movement for the individual. Beames (1992) noted that movement is one of the basic concepts in Adlerian Psychology. Adlerians view all of life as movement, and believed that human behavior made sense only when viewed as movement toward a goal (Beames, 1992). Adler maintained that movement had both direction and energy (Beames, 1992). Adler (1973) further addressed this viewpoint by saying:

All psychic life can be interpreted in terms of movement…all phenomena which pertain to the psychic life can be seen in space-time relationships…Once we see psychic expression as movement we approach an understanding of our problem; for the chief characteristic of a movement is that it must have a direction and, therefore a goal. (p. 85)

Powers and Griffith (2012) noted that Adler’s perspective regarding the key to an individual’s law of movement was based on the individual’s beliefs and attitudes. The
individual’s law of movement is applicable only to that specific individual, who finds unique and creative ways to solve problems. Ansbacher and Ansbacher (1964) explained this concept further by stating that every individual maintains a unique and personal approach to thinking, feeling, speaking, or acting. Therapists remain cognizant of differences and the individual’s lifestyle.

**Expressive Movement**

In Adlerian psychology, it is believed that the client’s lifestyle influences their movement (Beames, 1992). Mosak and Rasmussen (2002) explained that “clients bring with them to therapy their developed styles of movement, derived from their histories of living and moving among others” (p. 2). Adler believed that the expressive movements of the individual is influenced by his/her goals, pace, and schema of life (Ansbacher & Ansbacher, 1964). Adler expounded that an individual’s body postures and attitudes provide us with information about the way the individual approaches their goals (Ansbacher & Ansbacher, 1964). Beames (1992) explained that whether consciously or unconsciously aware, movement of the individual is always towards a goal. Even feelings represent the individual’s goals and are expressed through the body (Griffith & Powers, 2007). Forgus and Shulman (1979) explained that “emotions are the catalysts of action” (p. 63). Griffith and Powers (2007) discussed this idea by explaining that

Where there is tension there is action in the central nervous system; the individual drums on the table, plucks at his lip or tears up pieces of paper, he has to MOVE in some way…

By means of the autonomic nervous system, the tension is communicated to the whole body (p. 224).
Metaphors and the Link to Dance-Movement Therapy

Ansbacher and Ansbacher (1964) noted the importance of metaphors in psychology and their importance to Adler, as he believed that metaphors describe the inner processes pertaining to the functions and organs of the body. Kopp (1989) elaborated on Adler’s emphasis on metaphors and meaning making through presenting his holistic-metaphorical approach. Through this approach, the client problems are discussed through the use of metaphors and the therapist focuses on the language of the client. With an understanding of the metaphorical meaning, the therapist helps the client change the metaphor and meaning, which allows the client to change their pattern of beliefs, feelings, cognition, and behavior that the metaphor represented.

Pistole (2003) explained metaphors as a powerful way to implement therapeutic interventions since the metaphor symbolizes the individual’s experience. Metaphors are also another way that the client expresses their inner emotional world. Pistole (2003) further explained that metaphors can present multiple levels of meaning as well as allow for new possibilities, explain experiences, and provide new meanings. Dance is often used as a metaphor in therapeutic settings, and is found to be useful since dance is present in all cultures (Pistole, 2003). Pistole added that “dance can evoke multiple and varied meanings, which could facilitate or inhibit therapeutic change” (p. 232). In Individual Psychology, the most effective dances are those that are executed in accordance with the life tasks (Mosak & Rasmussen, 2002).

Dance/Movement Therapy

Dance movement therapy falls into the category of expressive therapies. The American Dance Therapy Association (ADTA; as cited in Levy, 2005) defined dance movement therapy as “the psychotherapeutic use of movement as a process which furthers the emotional, physical and cognitive integration of the individual” (p. 11). Therapists utilize expressive therapies with the
understanding that humans have different expressive styles, such as visual, and tactile (Levy, 2005). Malchiodi (2005) explained “when therapists are able to include these various expressive capacities in their work with client, they can more fully enhance each person’s abilities to communicate effectively and authentically” (p. 1). Expressive therapies such as art therapy, drama therapy, music therapy, play therapy and sand tray/play allows individuals to express their thoughts and feelings in a manner that is not limited to verbal communication (p. 1). Dance movement therapy is also considered a “creative arts therapy,” and additionally, it allows for a unique aspect of psychotherapy and counseling. According to the National Coalition of Creative Arts Therapies Associations (2004) dance movement therapy is said to bring about change in feelings, cognition, physical functioning, and behavior. Levy (2005) explained the notion that the mind and body are inseparable, and that this is the basis for the use of dance movement as a psychotherapeutic tool. The ultimate goal of dance movement therapy is to help the client “regain a sense of wholeness by experiencing the fundamental unity of body, mind and spirit” (p. 1). Dance movement therapy is a holistic approach which utilizes body movement to address challenges psychologically and spiritually (Ho, 2005b). Malchiodi (2005) noted the mind-body interventions are defined as interventions designed to facilitate the mind’s capacity to influence bodily functions and symptoms (pp. 11-12). Furthermore, dance movement therapy, an expressive therapy, is considered to be a mind-body intervention due to it being a form of psychotherapy, as well as a therapy that utilizes the senses to effect change. Dance movement therapy is found to be useful in “reestablishing and encouraging healthy attachments through sensory experiences, interactions, movements and hands-on activities” (p. 12).
Dance movement therapy emphasizes the importance of the integration of the body, mind and psyche as a means of healing (Rossberg-Gempton & Poole, 1992). The body’s sensory and neuromuscular systems receive and interpret data from the environment, and the utilization of movement for healing through dance movement therapy allows the body express itself through a nonverbal means of communication (Rossberg-Gempton & Poole, 1992). One of the principles of dance/ movement therapy is that it allows the mind and body to interact, creating a change, and affecting the overall functioning of the individual. Rossberg-Gempton and Poole (1992) maintained that “dance/ movement therapy is considered to be an ideal opportunity for the patient to gain a kinesthetic awareness, and maintain a sense of control over movement patterns and the accompanying feelings” (p. 45). A study by Jeong, Hong, Lee, Park, Kim, and Suh (2005) evaluated the psychological health and changes in neurohormones of adolescents with mild depression after 12 weeks of dance/ movement therapy. The results revealed that dance movement therapy may be effective in modulating concentrations of dopamine and serotonin, as dopamine concentration was found to be decreased, while serotonin increased for the individuals who participated in the program. The results also revealed that psychological distress decreased significantly, it was suggested that dance movement therapy may be able to stabilize the sympathetic nervous system (Jeong et al. 2005).

**Brief Historical Background of Dance Movement Therapy**

Levy (2005) noted that dance therapy was first established in the 1940s and 1950s due to an increased interest in nonverbal and expressive aspects of personality. Also noted by Levy, Marion Chace was one of the major pioneers of Dance Movement Therapy in the United States; meanwhile, Mary Wigman was one of the leaders of this new movement in Germany. Wigman focused on building a foundation for exploring human emotion. For Wigman, the “major
requirement was that the students finds his or her own unique style, once given the elements of dance upon which to build” (Levy, 2005, p.3). This aligns with the Adlerian therapeutic perspective that the individual has their own unique law of movement (Ansbacher & Ansbacher, 1964).

Levy (2005) discussed at length the development of dance therapy, noting that Wigman taught dance and pioneered a dance style to students such as Mary Whitehouse, Franziska Boas, Blanche Evan, Marion Chance, and Lilian Espenak, who later became some of the original dance therapy pioneers. Mary Whitehouse and Marion Chance were initially dancers and performers, but were so intrigued by the psychotherapeutic aspect of dance that they left the performance industry to focus on the use of dance for self-expression in psychotherapy. These pioneers of dance therapy focused on the development of the individual’s expressive styles and placed an emphasis on self-expression. Blanche Evan and Lilian Espenak utilized Adler’s contributions to psychotherapy in their development of dance movement therapy. Evan and Espenak believed that Adlerian theory corroborates the use of body movement in psychotherapy. In essence, it can be understood that the body can be used to create change and influence mood through movement. Levy continued by explaining that “individuals who could learn to use their bodies in assertive, confident and competent ways, expressing feelings of independence and autonomy, would be able to more easily express such self-reliant behaviors and attitudes in other aspects of their lives” (p. 6). The American Dance Therapy Association (ADTA) was created in 1966 and this organization developed the psychotherapeutic definition of dance movement therapy based on the integration of the body and mind (Dosamantes-Beaudry, 1999).

Another psychological theory that influenced the development of dance movement therapy is the humanistic theory (Dosamantes-Beaudry, 1999). Levy (2005) noted that these
pioneers of dance movement therapy also acknowledge the uniqueness of the individual, and believed in helping the individual to explore their creative potential. As in humanistic theory, dance movement therapy focuses on the healthy aspects of the individual, rather than the symptoms, and thus creates the opportunities for expression in various forms (Levy, 2005).

Many theories contributed to the development of dance movement therapy, however, the distinguishing characteristic of this therapy would be the ability to safely express and communicate feelings through dance (Levy, 2005). Dance therapy provides a medium where emotions can be expressed through the use of both verbal and nonverbal methods (Levy, 1995). Emotions are stored within the body and dance movement therapy allows clients to regulate emotions through expressive movement (Brignola, 2009). Dance movement therapists are attuned to the psychodynamics which evolve throughout the movement experience, and facilitate the processing of the meaning of the experience for the client (Dosamantes-Beaudry, 1999). Dance movement therapy was developed around the same time as other action-oriented therapies (Levy, 2005). These action-oriented therapies were developed with the idea of being more inclusive, since formal psychoanalytical or strictly verbal therapies were found to not be suitable for everyone (Levy, 2005).

Cultural Influences on Dance Movement Therapy

Dance is found to be universal, as it exists in most cultures and can change to express different cultural meanings (Pistole, 2003). While dance is universal, the countless cultural influences, adaptations, and evolvement over time allows for many different forms and varieties (Pistole, 2003). Some of these cultural foundations and influences of dance have become the “source of dance/movement therapy education and practice” (Capello, 2007, p. 37). Since dance
may vary from culture to culture, the diversity of ethnic dance styles may influence therapy, as well as the meaning and function that dance serves in different cultures.

As dance is ever-evolving, adapting, and being influenced by various cultures, dance therapy is also following the same pattern. The theory and practice of dance/movement therapy could be enriched by the adaptations that the different cultural patterns provide (Hanna, 1990). One example of adapting the theory and practice with cultural influences is through the use of salsa for dance/movement therapy with inner city at risk and conduct disordered youth. Through their implementation of salsa dancing into their work and research, Duggan and Mercado (2005) found that “salsa has unique attributes, which allow for exploration of therapeutic issues such as impulse control, sexuality, sensation seeking, coping with anxiety, communication, collaboration, and learning” (p. 2). Their research also revealed that the “interactive, partner aspect of salsa also provides a format for addressing issues of socialization” (p. 2).

**Therapeutic Use of Dance and Movement in Therapy**

Dancing is universal and has been a part of most cultures, as such the metaphor of dance may be especially useful with clients, as they may have internalized meanings and images of dance, even if they do not know how to dance themselves (Pistole, 2003). Mosak and Rasmussen (2002) viewed psychotherapy as not just an art, but a dynamic interactive dance involving sights and sounds and movements. Roberson and Pelclova (2014) discussed dancing as being associated with happiness and wellness, perhaps because attention is focused on one’s body as the individual moves to music.

During the therapeutic process of dance movement therapy, the therapist helps the client to address the meaning of experiences which may have created unwanted or conflicting behavioral patterns in the client’s life (Koch & Fischman, 2011). The therapist encourages the
client to explore these experiences through movement and make sense of the experience in this new setting, thus facilitating the emergence of a new pattern. The client and therapist discover the client’s unique behavioral patterns as well as new possibilities through the use of movement interaction. Through the use of movement, the client is allowed to generate free associations which is helpful in the process since the client is able to experience images, metaphors and verbalizations which hold meaning. Dance movement therapy focuses on experiencing as opposed to analyzing and talking in traditional therapy. Koch and Fischman (2011) explained that through dance movement therapy “we can go beyond the limits of our conscious memory and encounter the roots of our kinesthetic consciousness” (p. 7). It allows the client to make sense of behaviors on a nonverbal level (Koch & Fischman, 2011).

**Benefit of Dance/Movement Therapy to Various Populations**

According to Malchiodi (2005) mental health professionals are starting to acknowledge the benefits of expressive therapies. When compared to traditional verbal therapies, expressive therapies provide many different ways in which therapeutic work with clients is enhanced. Malchiodi (2005) also explained that “when therapists choose to use expressive therapies, they give their clients the opportunity to become active participants in their own treatment and empower them to use imagination in productive and corrective ways” (p.14). In contrast to traditional therapy, Malchiodi (2005) outlined the various ways that expressive therapies provide a unique dimension to the psychotherapeutic process. A few of these characteristics include: self-expression, active participation, imagination, and mind-body connection. Expressive therapists focus less on interpretation. Rather, expressive therapists allow the client to express themselves and create personal meaning and understanding of life experiences. While all the
expressive therapies provide therapeutic benefits to clients, dance/movement therapy specifically, allows opportunities for social interaction and the ability to build relationships.

Duggan and Mercado (2005) noted that the partnership style of salsa dancing allows for communication and collaboration between partners. For example, partners learn to be sensitive to each other, trust each other, accept responsibility, and offer support. In addition, the structured position of the dance promotes connection and protection between partners because of the anticipation and attentiveness of the dance. When describing the concept of family and its interactions, Goldenberg and Goldenberg (2008) explained that “the interaction of family members typically follows organized, established patterns, based on the family structure; these patterns enable each person to learn what is permitted or expected of him or her as well as others in family transactions” (p. 80). The family is an organized whole which constitutes of members interacting with each other, often through repeated patterns which encompass time and space (Goldenberg & Goldenberg, 2008). Duggan and Mercado also found that having a salsa dance therapy group helped to create a sense of identity for the members of the group. Goldenberg and Goldenberg (2008) discussed Bowenian theory of what constitutes a healthy family, and this included maintaining intimacy with others while being able to differentiate oneself from the group. Salsa dancing was found to help therapists promote healthy interpersonal relationships as dancers develop positive prosocial skills and learn to work with each other to accomplish goals (Duggan & Mercado, 2005).

Beardall (2011) explored the relationship between self-esteem and dance with 28 eighth grade students in a public-school system during a school year. The goal of the program was to help the students maintain the connections between their bodies and their voices during the transition into adolescence. The results revealed aspects of the therapeutic value of dance
therapy, with participants reporting a significant increase in self-esteem scores at the end of the
school year as determined by the Piers- Harris questionnaire; which was administered to the
students before starting dance therapy and after completion of the program.

Additionally, Beardall (2011) found the students had become more integrated and
expressive, which contributed to their self-esteem and empowerment as was evidenced by
student reports of increased resiliency and feelings of empowerment. Dance movement therapy
can be effective in the K-12 school system as therapists contribute to the “social, emotional,
psychological, physical and cognitive development of students” (p. 6). Beardall also suggested
that dance movement therapy in the schools can be conducted through a range of programs,
including one- to one, small groups, classroom settings. Dance movement therapy is also able to
address various special populations such as autism, developmental delays, physical disabilities,
and social and emotional problems.

Special Populations

Autism spectrum disorder. Research conducted by Mateos-Moreno and Atencia-Doña
(2013) on the effectiveness of dance/movement therapy with individuals on the autism spectrum
revealed that the combination of dance/movement therapy and music therapy could be effective
for the improvement of autistic symptoms in adults diagnosed with autism if used regularly.
Samaritter and Payne (2013) explained that using dance/movement therapy with clients on the
spectrum allows the practitioner to address challenges clients face with non-verbal
communication, and focuses on their abilities by providing a form of expression through the use
of the body. In a study involving young adults with autism spectrum disorder, Koch, Mehl,
Sobanski, Sieber and Fuchs (2015) found that participants reported improved well-being.
improved body awareness, improved self-other distinction and increased social skills after completing a dance movement therapy program.

**Post-Traumatic Stress Disorder.** One study, which implemented a DMT program with elementary children who were at high risk for PTSD, found that it was especially useful for psychologically traumatized children who lack appropriate verbal skills, due to its expressive approach (Lee, Lin, Chiang, & Wu, 2013). Lee et al. (2013) explained that “the dance therapy approach does not directly teach children the relationship between knowledge and experience but instead allows their bodies to direct them toward re-experiencing the past and creating something in that context” (p.151). The therapist creates an environment which facilitates the best situation to encourage healing (Lee et al., 2013).

**Parkinson’s disease, Alzheimer’s disease, dementia.** Kiepe, Stöckigt, and Keil (2012) reported on the benefits of dance movement therapy and ballroom dance with patients suffering breast cancer, depression, Parkinson’s disease, diabetes, and heart failure. The results of this study proved that dance movement therapy improved quality of life, shoulder range of motion and body image in breast cancer patients, improved balance and coordination for patients suffering from Parkinson’s disease, and reduced psychological distress for patients suffering from depression. Mau (2010) found that DMT may be especially appropriate as a clinical intervention to not only delay onset of Alzheimer’s disease by enhancing brain growth and health but also by slowing the progression. In addition, DMT caters to the needs of patients suffering from dementia and Alzheimer’s disease to participate in group activities based on their own capabilities since it utilizes movement and other nonverbal behavior as the “primary means of communicating and connecting” (American Dance Therapy Association, 2008, p. 1).
Chinese population. Increased research conducted with various cultures demonstrates the efficacy of dance movement therapy. For example, Ho (2005a) maintained that dance movement therapy is suitable for the Chinese population due to its holistic emphasis on the connection between the mind, body and spirit, which is in alignment with their cultural concept of balance (yin and yang). Further research on the effectiveness of dance movement therapy with the Chinese population, specifically with cancer patients, yielded results such as significantly increasing patient’s energy, self-esteem, sense of hope, strength, and social support, along with decreasing negative mood, fatigue, and worry about the future (Ho, 2005b). The results of this clinical case study also yielded a substantial improvement in the overall mood of depressed cancer patients (Ho, 2005b).

Schizophrenia. Lee, Jang, Lee, and Hwang (2015) researched the effectiveness of dance movement therapy with patients suffering from schizophrenia. The findings revealed that patients who received both medical treatment and DMT as opposed to only medical treatment, showed a marked decrease in anger and depression, negative psychotic symptoms, and a marked increase in anger control.

Movement Use with Clients

How does it Work?

Emotions are stored within the body and dance movement therapy allows clients to regulate emotions through expressive movement (Brignola, 2009). Van der Kolk (2014) discussed Darwin’s biological view on human emotions. He noted that the word emotion comes from the Latin word ‘emovere’, which means “to move out”. Van der Kolk (2014) explained that emotions “give shape and direction to whatever we do, and the primary expression is through the muscles of the face and body” (p. 75).
The autonomic nervous system play a role in maintaining the body’s energy (van der Kolk, 2014). The sympathetic nervous system (SNS) is known for arousal and its role in the flight- or- flight response. It is responsible for producing adrenaline, speeding up the heart rate, and increasing blood pressure (van der Kolk, 2014). The parasympathetic nervous system is responsible for calming the body, as the release of acetylcholine slows the heart rate, and relaxes muscles (van der Kolk, 2014). During the cycle of arousal (involving both the SNS and PNS), the person “may experience trembling, shaking, vibration, waves of warmth, fullness of breath, slowed heart rate, warm sweating, vibration, warm sweating, relaxation of the muscles, and an overall feeling of relief, comfort, and safety” (Levine, 1997, p. 128).

Where to Start?

Van Der Kolk explained that with dance movement therapy, the therapist must help clients notice and describe feelings in their bodies, using adjectives to describe the physical sensations beneath the emotions. The therapist then helps the client to identify “sensations associated with relaxation or pleasure” (p. 103). The client is also assisted with having an awareness of breath, gestures, and movements. While these sensations may be distressing for the client, and may bring about flashbacks, the therapist must have methods of providing comfort and preventing the client from becoming retraumatized through accessing these emotions and images. The client may express their emotions through crying, trembling or some other physical response (Levine, 1997). The physical expression of distress needs to occur for the client, and be validated and normalized by the therapist (Levine, 1997).

The role of the therapist here is to create a safe environment for the client to express their natural responses (Levine, 1997). Van der Kolk (2014) explained that “for our physiology to calm down, heal and grow we need a visceral feeling of safety” (p. 81). The therapist needs to be
attuned to feelings and the body’s responses. The therapist may help the client acknowledge the responses, and in doing so helps to enhance the responses. Nemetz (1995) used a case example to further explain this concept. During a session, her client, an elderly woman diagnosed with dementia and depression begins to rock side to side, swaying her arms and cradling the space (Nemetz, 1995). The therapist encourages the movement to be enhanced. After fully expressing the physical response to her feelings, the client “breathes deeply, and begins to cry the tears that have been so close to the surface, and for the first time, is able to tell the groups how she very recently lost her son to cancer” (p. 7).

During this time of physical expression, the feelings are not evaluated or manipulated by the therapist or client. The focus is on experiencing in the moment, and allowing the body to respond naturally. When the client is allowed time to feel and experience, healing can then occur (Levine, 1997). Van der Kolk (2014) explained that “the mind needs to be reeducated to feel physical sensations, and the body needs to be helped to tolerate and enjoy the comforts of touch” (p. 103). The therapist will demonstrate empathy with the client. In dance movement therapy, empathy is often demonstrated through therapeutic, nonverbal communication (Boris, 2001). Van der Kolk (2014) uses the term ‘reciprocity’ to convey this concept. He describes it as “being truly heard and seen by the people around us, feeling that we are held in someone else’s mind and heart” (p. 81). The therapist then helps the client to interpret and process these emotions, as well as learn skills to cope and move towards their goals. Van der Kolk (2014) asserted that “we do not know ourselves unless we can feel and interpret our physical sensations; we need to register and act on these sensations to navigate safely through life” (p. 274).
Skills

Distress tolerance skills are often used in dance/ movement therapy (Levine, 1997). Distress tolerance can be termed as the ability to accept without judgment and develop coping skills (Brignola, 2009). Two of the skills taught includes engaging the senses, and self-soothing (Levine, 1997). Some techniques used with these skills include “body awareness, relaxation and the exploration of props [that] serve for soothing and self-engagement” (Levine, 1997, p. 87).

Techniques

The Chace Technique

Marion Chace was one of the major pioneers of Dance Movement Therapy in the United States who developed a technique utilized in group therapy sessions (Levy, 2005). It focuses on dance and movement as the major means of interaction, communication, and expression (Levy, 2005). This technique consists of three phases: the beginning (warm up), middle (theme development) and end (closure). The interventions utilized are dependent on the phase of the technique. During the beginning phase for example, three different intervention styles are utilized, and divided into three categories. This includes: a) mirroring or empathic reflection; b) clarifying, expanding, and broadening the expressive movement potential; and c) movement elicitation/dialogue movements.

Interventions

Mirroring or Empathic Reflection. During the mirroring and empathic reflection intervention, the therapist attempts to experience the feelings and physical responses being communicated by the client. The therapist will ‘mirror’ what has been perceived and experienced, using their own body and verbal reflections. This is often referred to as “kinesthetic empathy or empathic reflection” (Levy, 2005, p. 27).
**Broadening the expressive movement potential.** The intervention of clarifying, expanding and broadening the expressive movement, follows the mirroring and empathic reflection. After the therapist meets the client where they are at, and engages in mirroring, the therapist may add a gesture to enhance the focus. This allows the expression to evolve into a fuller movement, aiding the client to further identify and express themselves on a deeper level (Levy, 2005).

**Movement elicitation/dialogue movements.** During the movement elicitation and dialogue movement intervention, interactions are verbal and nonverbal, and conducted to provoke a response (Levy, 2005). This may be done through movement dialogue, role playing or images, and is chosen based on the body language and expressions of the client (Levy, 2005).

**Projective Technique**

Blanche Evan was another pioneer of dance therapy and believed in using creativity and the body in psychotherapy (Levy, 2005). This technique can be used for either self-expression or diagnostic use. Evan believed that it could be helpful to have the client use movement to express being an animal, color, texture, or theme. The client could be asked to express themselves in a form of water. This could result in a projection of their feelings being expressed through that movement. The feeling could end up being expressed as “ice, vapor, the ocean, a brook, a shower, or a storm” (Levy, 2005, p. 41). If the client chooses a storm, the feeling of anger may be explored, and could evolve into anger at a specific person or event in the client’s life. The therapist and client will then share insights and reflections, and the client could be directed to further explore the image or conflict that has surfaced through movement (Levy, 2005).
Effectiveness with Trauma

Van der Kolk (2014) explained that “trauma victims cannot recover until they become familiar with and befriend the sensations in their bodies” (p. 102). Dance provides a way for the body to express itself (Leseho & Maxwell, 2010). Clients who struggle with talking about their trauma can express and release their emotions through movement. Dance acts as a means of healing, since it is a way of communicating our feelings and emotions, and it allows for the cathartic release of emotions (Leseho & Maxwell, 2010).

Van der Kolk (2014) explained that although trauma is an event that occurred in the past, the imprint of the experience is present in the mind, and body. Leseho and Maxwell (2010) asserted that “dance acts as a bridge between the mind, body and spirit” (p. 19). Dancing was found to help trauma victims embrace their bodies and feel safe in their own bodies again (Leseho & Maxwell, 2010). Dance and movement was found to be a way move through anger and learn to trust others again (Leseho & Maxwell, 2010). Leseho and Maxwell (2010) explained that “dancing seems to create a sense of presence or grounding in their bodies to the here and now in both time and space” (p. 24). Expressing emotions through talking is often difficult for victims and survivors of trauma (Leseho & Maxwell, 2010). Van der Kolk (2014) noted that “severely traumatized people may get more out of simply helping to arrange chairs before a meeting or joining others in tapping out a musical rhythm on the chair seats that they would from sitting in those same chairs discussing the failure in their life” (p. 87).

The Process of the Project

Design of the Project

This project was composed of two parts; a paper component, and a presentation component. The paper component explored Alder’s views of movement (how people interact
with their internal space), therapeutic use of dance and movement, and discussed ways that Adlerian concepts are integrated in Dance/ Movement Therapy. The presentation component discussed a new dimension of thinking pertaining to the use of movement in the psychotherapy. It further promoted the notion that dance and movement could be used as a meaningful and effective method for the treatment and prevention of a variety of mental health problems, as evidenced by Koch et al. (2014). The purpose of the presentation was to spread knowledge on the current research, therapeutic use, and effectiveness of Dance/ Movement Therapy (DMT).

**Target Population**

This presentation was conducted with a group of Mental Health Providers at a mental health clinic in Minnesota, which currently provides various types of therapies such as Play Therapy, Trauma Focused- Cognitive Behavioral Therapy, Eye movement Desensitization and Reprocessing, and Narrative Therapy among others. These Mental Health Providers work specifically with at-risk children in an inner-city elementary school located in St. Paul, Minnesota.

**Project Implementation**

The presentation demonstrated some of the various ways to analyze movement (and/or dance) from the physical and psychological perspectives. Therapists could benefit from this understanding since mental illness often encompasses both physical and psychological distress, and dance movement therapy has been found to address both the psychical and psychological distress of the individual (Ho, 2005a). A holistic lens is also beneficial for therapists to utilize, not only for the benefit of the client, but also due to the possible collaboration with other health care providers. The presentation also discussed how to analyze movement, for example within a
session (physical space and use of space, connection to others etc.), outside of the session (use of movement in their lives—physically and psychologically).

Reflections

Presentation Outcome

The presentation was conducted on November 7th, 2016 at 9:00am at Family Innovations School Based Team Meeting, held at Como Park Elementary School in St. Paul, Minnesota. It was filmed for educational purposes and was delivered at the team’s monthly staff meeting, which is usually an hour in length. Despite the interruption of a school fire drill, and adjustments for time due to this, positive verbal feedback was received after the presentation.

Developing the Presentation

The PowerPoint presentation was developed in consideration with the target audience. Examples were used that were relevant and applicable to the client population of the Mental Health Practitioners. The purpose and objectives were shared, along with a brief history of Adlerian theory and the importance of its integration into this project. The therapeutic use of dance and movement in therapy was discussed, along with the types of clients that could benefit from dance movement therapy. Questions were developed and asked to help participants understand and apply the concepts to their current client population. A few videos were utilized to demonstrate how dance and movement can be used in a therapy session, as well as some of the metaphors which may be represented through dance and movement. A specific video on the use of metaphors through movement with children was chosen, since the practitioners work with children and often use metaphors in their work. The cultural influences on dance movement therapy and the utilization of culture in choosing an intervention was highlighted. The example of the therapeutic use of salsa dancing in a public-school system was provided, along with
research on the effectiveness and outcomes. This cultural example was chosen for the presentation, with the knowledge that the practitioners work in the public-school system, and that they also work in a Spanish immersion school, often with clients of Hispanic or Latino cultural background. The fact that dance movement therapy is a mind-body intervention was specifically emphasized since the practitioners’ scope of practice include teaching clients to regulate emotions, often through ways that utilize the body.

**Personal Reflection and Evaluation**

This Master’s Project was developed and researched over the course of several months, but has been brewing in my heart and mind for years. Having experienced personally the physical and emotional benefits of dance from a young age, I slowly became more curious about the psychological benefits as began to study psychology at the undergraduate level, and then counseling and psychotherapy at the graduate level. Additionally, I had always wondered if there was a possible way to merge my two passions; helping others through therapy, and dancing. During my graduate program, I was pleasantly surprised to learn that not only was this possible, but that it’s been done for years and there was research to support the efficacy and effectiveness! I became excited at the opportunity to not only be able to research the history, development, and utilization of dance movement therapy, but to begin receiving training as a dance movement therapist. Receiving training provided first-hand experience of what it would be like to become a dance movement therapist and conduct therapy sessions utilizing dance and movement in way that allows for therapeutic change. The helped tremendously while presenting as I could pull from my own learning experiences, in addition to the research. I felt privileged to have had the opportunity to conduct research and create a project involving two of my greatest passions. I was pleased to learn that Adlerian theory heavily influenced the development of dance movement therapy, and that the Adlerian and holistic approaches integrated easily into this project. I was fortunate to be able to
present to my team of other mental health practitioners, who appeared eager to learn about my research and in support of my passions.

Despite the interruption of a fire drill, and having to get creative with adjusting for time, and my nervousness (that came out of nowhere even though I was more than well prepared), I felt that the presentation went well and that the outcomes of the project were met. The atmosphere was a relaxed, conversational, yet educational one, and I was provided with positive feedback after the presentation. I was grateful for the opportunity to find research supporting the integration of my passions; helping others through therapy, helping others through dance and helping others understand and utilize an Adlerian approach. I was grateful for the opportunity to spread knowledge on the current research, therapeutic use, and effectiveness of dance movement therapy.

During the oral process, I was asked to pursue more research on the application of dance movement therapy and interventions used in sessions. This was useful because it allowed me to focus not only just on the theory and development of dance/movement therapy, but more on how exactly dance and movement is used in a therapeutic way with clients. It allowed me to focus more on the actual application of the material and how I can not only implement, but explain this process to others in the future. I look forward to continued research and implementation of dance and movement therapy as I move towards being a Licensed Marriage and Family Therapist in the future.

**Conclusion**

This project provided the opportunity for mental health practitioners to have an increased understanding of how clients use physical movement and the possible meanings of this movement. With this understanding, therapists may be better able to help clients understand patterns in their lives, and create new ways of moving, ultimately resulting in change. It explored the ways in which
dance and movement, physical and emotional, can be understood and utilized, in an effort to
decrease clinical symptoms of mental illness, and improve overall health and well-being.
It further promoted the notion that dance and movement could be used as a meaningful and
effective method for the treatment and prevention of a variety of mental health problems.
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doi:10.1037/e510302014-001


