

Articles Developed from Conference Presentations

The following articles were written by presenters of most of the experiential workshops given at the third Dance-Movement Therapy Conference - 'Weaving The Threads' - in Melbourne in 2007. To illustrate their work, each of the presenters has taken a different approach to the development of their written paper.

Since the conference we have had such a richness of material to publish that we are only now able to bring you this series of workshop papers. But, despite the length of time since the conference, we believe that they will be of interest to all of our readers - both those who were able to be there at the particular presentations as well as those who were not.

Papers from the formal presentations have been extensively worked on for publication in *Dance Therapy collections 3*, which is close to publication. (Eds.)

Returning to the Basics of Dance/Movement Therapy or Coming Full Circle

Sharon Chaiklin



Sharon, ADTR, DMT therapy pioneer, founding member of the American Dance Therapy Association, president of Marian Chace Foundation, studied with Chace in 1964 at St. Elizabeth's Hospital, Washington. Her article, 'Dance Therapy', in a 1975 edition of the *American Handbook of Psychiatry, Vol. 5* was one of the first to outline a theoretical foundation for the profession. Her experiences as a DMT include working at Gundry Hospital, private practice, teaching/supervision at the DMT Program at Goucher College, USA. Her warmth, vitality, and dedication to the field have made her a key figure in the profession.

Marian Chace worked using dance as therapy from the 1940's until her death in 1970. She did not have the not-yet-written background of object relations and developmental psychology to draw on. Yet, she seemed to have found the concepts basic to any psychological theory that has emerged since that time based upon her understanding of dance and movement and the need of human communication. She was grounded in Harry Stack Sullivan's ideas and worked at Chestnut Lodge with Frieda Fromm-Reichmann where the work focused on relationships. But Chace only spoke in terms of dance as communication.

The workshops I presented at the conference were meant to provide some experiences to illustrate the way dance (in its broadest sense), the body, the role of the therapist, relationships with others, the process of a group all were part of Chace's early observations and the way they affect dance/therapy practice. These concepts are seen as a process over time and not just techniques. They are ideas to develop, sustain and deepen.

The therapeutic relationship is based upon a neutral, consistent, nurturing but also challenging presence. The role and skills of a dance therapist are built on the therapist's knowledge and experience. In order to build the trust and potential for changes, the therapist makes use of the following:

Structure that permits a sense of physical and psychological safety, direction, continuity and establishes the norms for a group. Without it there

is chaos. There are many kinds of structures including use of music, movement interventions and verbal suggestions.

Security that one's explorations are acceptable and have a chance of being understood and not used to destroy, shame or embarrass.

Support for exploring new risky movement, to get past being afraid of being visible and past one's own censoring of self.

Self as a role model in developing an interactional model and a model of bilateral decision making and mutual respect. This needs to move from dependence to peer relationships. Use of self can be a guide by making use of one's own feelings, energy, memory, observations, and experiences in service of the client. Our presence is an intervention.

Skills include picking up moods, tensions, communications, themes in order to enlarge, clarify, question, focus, organize, develop, assess and plan strategy, initiate, respond, bridge, contain, use of voice and words, touch or not, timing, and making use of kinesthetic empathy etc.

Chace focussed on the use of the following in order to provide interventions:

- The Body with its messages through posture, gesture, memory, body image and boundaries, etc.

- Symbolic Movement that makes use of imagery, creativity that emerges between the functions of the ego and the unconscious, expressions that may not be verbalized as well as shared meaningful movement.

- Rhythmic movement that helps to organise the self and enables groups to share energy, feeling states and memories in order to provide therapeutic interventions. Group dance therapy attends to cultural differences and makes use of group dynamics to include all the foundations of therapy such as resistance, transferences, transitions. The therapist uses his or her own awareness to frame the warm-up, development of themes and closure of each session (also within individual sessions).

The workshop also included some discussion and work about relating to those who are severely disturbed. The disorganization of ego functions in all sensory modes and distorted body boundaries were explored.

Attendees were wonderfully available to participate from deep within their personal sense of self and past experiences so that important questions were asked and discussed. I so appreciate and thank each one for making it so rich a time of sharing.

“Polka-dot curtains brightened the windows, and red valentines fluttered from the walls. But there was only blankness or despair on the faces of the score of patients who shuffled one day last week into a recreation room at the Federal Government's St. Elizabeths Hospital for the mentally ill in Washington, D.C. Schizophrenics who had been hospitalized for a year or more, they drifted silently in their own private worlds. One man was racked with uncontrollable tremors. Another lifted his head as if to hearken to inner voices.

Then a greying, grandmotherly woman wearing dancing slippers put a Strauss waltz on the phonograph and went to work. As always, the goal for Marian Chace, 62, the nation's leading dance therapist, was to make contact with the mentally ill, through music and movement.

‘Beat Me Up.’ She started slowly, encouraging her patients to make hand movements in time to the music. To help them work off hostility, she put on a polka and danced from man to man, staging mock punching battles to the bouncing beat. “You can really beat me up,” she cried breathlessly. “Yes, I can feel anger too!” After half an hour, everyone was trying to dance, even the tremulous man who could do little but rub his hands together. The session ended with a slow waltz that lulled the patients with a soothing, cradling motion”.

Quoted from **Medicine: Dance Therapy** printed Monday, Feb. 13, 1959 in Time Magazine, with apologies to the author whose name is not mentioned and with thanks to Christina Devereaux who drew our attention to it.