Weaving the Threads: Dancing from One Century into the Next

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Abstract
This article is based on the author's Keynote Address. It discusses the experiences of a pioneer dance/movement therapist through the years of the emerging profession and her reflections on dance/movement therapy today.

Keywords: dance therapy, history, pioneers, Marian Chace

Introduction: Weaving The Threads

Dance, a short word for weaving the patterns of life. Whether it is a form recognised as dance, or movement in response to the moment, it is all dance. Dance in its broadest meanings is the universal force that connects all people. Keeping this in mind can lead us to many possibilities of using dance in many settings and for many purposes. We also weave together the many threads that come from our experiences to form the fantastically coloured and intricate tapestry of our own lives. My personal threads are the many people who have added so much of their heart, soul and knowledge to my being as a person and as a dance therapist. Each of you will have your own colorful list.

Sharon Chaiklin, ADTR, is a pioneer of dance/movement therapy and founding member of the American Dance Therapy Association and President of the Marian Chace Foundation. Sharon's article, 'Dance Therapy', in a 1975 edition of the American Handbook of Psychiatry, was one of the first to outline a theoretical foundation for the profession. Her experiences as a DMT include work at Gundry Hospital, private practice, teaching and supervision in the DMT Program at Goucher College, USA

The tapestry continues to lengthen, growing brighter and more intricate. The image of a tree when incorporated into the tapestry makes the picture more complex and speaks to the flexibility of dance therapy. Its roots support a trunk that is strong and yet flexible, and its many branches growing with promise of its fruit yet to come.

As I think about my career, I remember how those roots developed into the many possible branches that exist today. I hope to leave you with some ideas about how we can continue to evolve even fuller and more varied branches.

My early dance experience

My initial attraction to dance started as a child. Dance was a way of expressing feelings I was unable to speak. I came to formal dance late compared to some, but the many and varied modern dance classes I took at Sarah Lawrence College under the tutelage of Bessie Schoenberg became an important barometer of my evolving personhood. Through my dance I noticed where my body was unresponsive and wondered why it was more difficult to get these areas activated.

Dance is naturally therapeutic and has historically been a source of community expression and bonding. To totally use one's body allows the many parts of Self to be recognised and expressed. When one is trained to know the many possibilities

of movement, a path to creative freedom is built. I discovered this for myself over and over again in the dance studio. My choreography encompassed the grandiose and the simple pleasure of the movement. I experienced my final performance as a triumph. It confirmed my sense of personal growth and stood me in good stead when later I began to use dance as therapy.

So much of dance training has changed over the last half century. When I became involved in the dance world, ballet dancers never ventured near a modern dance studio and I know of one dancer who was thrown out by Martha Graham when her ballet slippers were discovered. Styles of dance were like a caste system. Happily this has dissolved over the years so that dancers today are trained in all types of dance and with new techniques that increase their abilities and add to the possibilities of choreographic inventions. In a parallel way, we recognise that all forms of dance have value when introduced within therapeutic settings for specific purposes. This includes using dance from various cultures as well as familiar and not so familiar forms.

Meeting Marian Chace

Several years after I had left college, I was most fortunate to have the opportunity to train with Marian Chace in Washington D.C. This was before there were any formal dance therapy programs and while we were still trying to understand what it was we were doing and why. It was an incredible learning experience to observe her work in wards with the chronically ill as well as people who were experiencing acute psychosis. Chace's quiet manner and ability to not be demanding of any particular behaviour was a lesson to be learned.

Allowing individuals to say 'No' and not feel a failure was a difficult lesson for a person who wanted to be helpful and thought that if only patients would accept what was offered, it would be wonderful. When a person is feeling helpless and not in control, having their 'No' respected is important. Acceptance of 'No' is a way of neither rejecting nor being rejected. And often we discover that the 'No' eventually becomes a 'Yes'.

Marian Chace was an original thinker who dearly wanted her work to be understood. Like all such people it was not the answers that made this so, but her ability to ask a multitude of questions. Chace never formally taught or provided information spontaneously. One had to ask questions. I remember asking the same questions in different ways until I understood. In that way, she was patient and answered what was asked. If something was not asked, it was never brought up. She had her own standards and if one did not learn and perform according to them, one was unlikely to stay for very long. This was not an easy way to learn and at times it was painful. However, once learned, those lessons were never forgotten.

Chace's annual Christmas and spring productions were equally informative. She made use of her years of choreography and performing in the Denishawn company and others, to enable the patients to give to their families and the community through their creative efforts. Many of Chace's peers did not believe it would be possible for patients to create and perform such artistic performances. Performance is an aspect of dance therapy not widely used today and that may be because of a pull towards the recognition of the behavioural sciences and away from the arts. This is a dangling thread that demonstrates the positive

potential of patients and needs to be woven back into the tapestry.

Early beginnings of dance therapy

While I was apprenticing with Chace, a small group of interested people began to find each other. There were so many more questions than answers; there still are. We knew that what we were doing had purpose and was important because of the responses and results we were seeing, but we did not truly know why. When I began in 1964, knowing that a healthy body with a wide range of movement was a goal, I wondered why and how professional dancers might still have any psychological problems. It took some thought to realize that not all movement is internalized and bodily defenses play a role. I was also under the illusion that when I learned about tension in the body and how to release it, that I would never be tense again! Little did I know!

Chace began her work in the 1940s, before the advent of psychotropic drugs and before all the written literature on developmental psychology and object relations that evolved in the 1970s. The language that came from people like Winnicott and Stern reflected words we were already using that described what we were doing; words like attunement and empathy. Chace's work was then integrated with psychoanalytic theory. She had studied with such thinkers as Harry Stack Sullivan and Frieda Fromm-Reichmann who was the psychiatrist written about in the book *I Never Promised You a Rose Garden* and with whom she worked with for several years at Chestnut Lodge, a well known private psychiatric hospital. Chace also had close associations with psychodramatists such as Moreno. However, she never spoke about her studies and only wrote articles using the language of the body and dance.

My early work in hospitals

It was only after getting 'permission' from Ms. Chace that I dared to approach a local state facility about working there. There were no such job categories as dance therapists, of course, and in my interview, the Head of Social Work was probing about what I planned to do and asked whether I would be giving beauty classes? I think what won them over was my desire to work on what were then called 'the back wards'; the units that no one else particularly liked because the patients were so chronic and so sick. I was assigned to the Recreation Department and it took several months for it to be recognised that I was even there. There were a few difficulties with other staff. I contained myself when a psychiatrist asked if I would teach the cha cha and sometimes nursing staff were not delighted to see me.

For instance, following the model that I had observed with Chace, I was eager to help the women in one ward create a dance performance for the Christmas program that was to be put on. I had two trainees at the time and we had found an assortment of music with a Christmas flavour and asked the women to choose a song. What they picked was something unbelievably called 'Stick 'em up Santa'. We choreographed with them a simple locomotive routine and one woman sang the words. The women were all obese from lack of exercise and starchy food so the costumes were simple vests that we made and straw hats and lipstick.

A dance therapy performance

The women had just been getting quite excited, but when we went to bring them to the recreation hall where the party was to be, it was early evening and they had all been put to bed! We had to get

them up, to the annoyance of the nursing staff. They dressed, left the ward, danced what had been rehearsed when it was their turn, listened and watched others and had a special evening. People need and want to be recognised in their totality and not merely by their disability and the experiences of these chronically ill women confirmed this. There are many such stories from that time. Eventually we were able to have the state develop job categories for each of the arts therapies.

I worked part-time in multiple settings and learned more about working with children, nursing home residents, people with psychiatric diagnoses and those with mental retardation. However, there was so much to know about working in each setting that I finally limited my practice to the psychiatric hospital as I truly enjoyed working with psychotic and schizophrenic individuals.

Laban and Bartenieff

In the 1960s, it was difficult to describe what we were seeing and the movement choices we were making as we were just beginning to learn the language of Laban through Irmgard Bartenieff. I clearly remember a workshop she and her assistant Forrestine Paulay gave in Washington in about 1965. They would suggest various movement themes for us to try and then they would look at each other and nod significantly but we had no idea why. We had no knowledge of what they were seeing as they were just starting to teach the elements and were clearly not yet adept at explaining.

At that time group experiences were emerging in several forms and these were the popular thing to explore. We would go to weekend encounters hoping to learn something new and would almost always be disappointed at the lack of both movement understanding and awareness of the implications of non-verbal behaviour. A friend of mine who was still performing in a ballet company was dismissed by a bio-energetic group leader because of the flexibility of her hips saying he couldn't do anything with 'these dancers'. We took workshops about group process which we were already practicing but had no language for.

I studied in a program that focused on newly developing group process theory and was fortunate to hear Murray Bowen speak about his work with families, and Albert Ellis share his ideas of cognitive thinking in therapy. I integrated those ideas in my work with movement groups in the psychiatric hospital. I stayed at that first hospital for seven years and then went on to a smaller women's hospital where I was able to work more closely as part of a team and had far more responsibility. I remained in hospital work for more than 33 years. I also had a private practice over the years which I began initially with some trepidation when a student pleaded that she needed to have dance therapy experience for herself.

Dance therapy pioneering still required

I wonder if students today realize how fortunate they are to have programs where so much information is integrated and passionately shared? I don't believe students need to experience all that we went through in creating dance therapy and new jobs, but I hope they understand and accept that there may not be jobs waiting for them and they also need to create. We are still all pioneers as there is much yet to be done in educating ourselves and others. Learning is not only about receiving knowledge but also

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in meeting the challenges. This may be in the therapeutic work, creating a new job title, or in questioning the assumptions of society. We will have to help allay the fears of the unknown, to help others through the transition of viewing dance through a narrow lens. We are only limited by our imaginations.

Forming the American Dance Therapy Association

In the small group that formed the American Dance Therapy Association, we were all beginning (note all the times I use the word 'beginning', as it was indeed the start of so much). Those of us who were beginning to work as dance/movement therapists were searching and exploring as to the meaning of what we were doing. We knew we had to be able to communicate with each other and share our new knowledge by forming an organization.

Convincing Marian Chace of the importance of this was the first step as she was afraid that her work would be trivialized. Three of us sat in a Chinese restaurant near St. Elizabeth's Hospital in Washington D.C. with Chace and convinced her that someone else in New York was about to start an association. This was enough to have her agree with us. Against her real desires, she was made the first President in order to concretise the solidity of the organization. I was selected as her Vice-President and later to take over as President. I think if she is watching over us she would be very pleased as to what has happened with the seeds and first threads that she generously shared with those who were willing to listen with their hearts, as well as their minds.

The charter members of the ADTA attracted others to join. We got input from other original thinkers, such as Mary Whitehouse, who worked with a neurotic population using a Jungian orientation. Blanche Evan, Alma Hawkins, Irmgard Bartenieff, Trudy Schoop, and Liljan Espenak emerged as the major teachers at that time and we tried to absorb what each had to offer.

The first conference

In 1968 a small conference was held to stimulate a dialogue to accelerate research in the field. Hosted at the Postgraduate Center for Mental Health in New York City, videotapes of dance therapy work, myself with a group and Mary Whitehouse with an individual, were shown and then discussed by psychologists, sociologists and psychiatrists. The questions that arose there almost forty years ago were:

- What are the factors that distinguish dance therapy from other kinds of therapy that also involve the body?
- Does the utilisation of a movement vocabulary stemming from a particular cultural source close-out patients whose background is different?
- By what means is it possible to identify the effective therapeutic factors in a dance therapy session or sessions?'

Do these sound familiar?

The story of growth and development of dance therapy is likely to be similar here in Australia where a few people began to

learn and share and others joined them to form your organisation, based upon the same need for communication and recognition as a profession.

The first dance therapy training

It was a big step when Claire Schmais along with Elissa White opened the first graduate Masters Dance Therapy program at Hunter College in New York City in 1973. To be a profession, an occupation requires mastery of a complex body of knowledge and specialised skills, learned both formally and through practical experience. There are standards to be met and a moral responsibility to those whom one is serving. It was a reflection of our growth that there was enough organized knowledge to offer a program within an academic setting. Other programs followed and there are several existing today that are excellent. Sadly some closed, as courses are expensive and dance therapy programs do not have large numbers of students to support them. As educational funds are cut, so then are our programs.

Two factors are vital and relevant to the growth of dance therapy: educational programs that develop our knowledge base in order to create expert clinicians, masterful teachers and creative researchers; and, an organisation that both serves its members through supportive services and deals with the vagaries of the outside world. Together they create a profession.

Dance therapy around the world

We have now grown internationally. There are many dance therapists now working in varied settings around the world. Practitioners in other countries have found their own way of working and are now building the profession by evolving those two important elements; programs and an organisation. Some come to the United States to learn and then return to their own countries to develop their profession. Many practitioners from the United States have gone elsewhere to teach and support the learning of others, like Marcia Leventhal has in Australia.

And of course there are those who work hard on their own to develop their creative thinking. There are now close to thirty countries that have dance therapists practicing. There are associations and programs in Australia, and in Germany, England, Argentina, Japan, Israel, Korea, Italy, Spain and the Netherlands. A European Association of Dance/Movement Therapy has just begun to organize within the past few months with a meeting held in Estonia.

There are many paths to build the profession and threads can be woven in many ways. We are in a period of growth and this will bring many transitions. As dance/movement therapists, we are all going through such transitions; professionally, organisationally, politically, and personally. Starting with dance therapy practice, the transition of going from the moment to the unknown is likely one of the most difficult parts of the work for both the therapist and the client. All therapy might be considered as a transitional place.

Into the future

The quest is to discover how we perceive ourselves and our relationship to the world around. Can we look with newness? As we learn, can we change our perceptions and allow new possibilities? Changes occur when we either attempt, or accidentally stumble upon, a different response to familiar experiences. Our process of transformation entails chaotic moments, transitions, shifting sands, taking steps into

the unknown untried places of insecurity, unbalance, mystery. Perhaps into places one might prefer not to venture, confusion, anger, sadness and not knowing what is on the other side.

Why does the human spirit continually reach out into the unknown despite the discomforts? Because there is always the potential of discovery, innovation, excitement, creativity and new perceptions that lead to change, new learning and transformation. It is a continual process that permits personal change. Equally it functions for us professionally, as dance therapy can be an ever shifting modality that is responsive to outside factors. We can glory in the ambiguity that allows for creativity. While there is knowledge to be learned and experienced, there is also the creativity related to the art form itself which is of utmost importance. Spontaneity and drives toward health are a vital part of the ability of us all to change.

While dance/movement therapy began in psychiatric institutions, its impact has spread to many other venues as it has been accepted and appreciated for its value. It was first necessary to receive recognition from other established and more powerful professionals within health care institutions. As a professional association, the ADTA was invited to testify before Congress about the use of the arts for the elderly and was thereby included within provider legislation. Sandman Syms, an old time tap dancer, performed and actor Jack Palance did his famed one-handed push-ups. It was quite a sight when I then got the congressional audience to stand and move to music.

Times have changed and while pathology is still part of our vocabulary, there is a broader understanding of the more common life span needs of normal individuals related to coping with the uncertainties of life. While prevention is a vague term, health systems are more willing to subsidise care that might enable avoidance of further breakdown. Educational systems are recognizing the importance of movement and dance for those with different disabilities as well as for regular school populations. For example, bullying has come to the forefront as a problem (though it always existed) and some dance movement therapists like Rena Kornblum and Lynn Koshland have developed dance therapy methods for elementary schools that have proved to be successful.

Connecting to other disciplines

There has been much discussion of late about the knowledge we need in terms of neuroscience and the language connected to it. How do we connect to other disciplines so that they understand our work? I use the word 'work' but really mean our passion, our belief and desire to see our treasury of information acknowledged and recognised for its worth. We do need to develop languages for communication with others, as they are not learning our language. The language of dance and movement is foreign to them. One of Chace's common adages was that we must remember to use words as well as movement, as we need all systems of communication available to us.

So learning and understanding favoured terms like 'mirror neurons' helps to explain to others what we do. It is important that we consider whether dance therapy has a theoretical base beyond our relationship to psychology, psychiatry, anthropology, bioscience and so on. We do need to retain our own steadfastness in remembering that dance therapy does have very sound theories of practice of its own.

Neurobiology and neuroscience

The current neurobiology and neuroscience that has begun to explain the underlying basis of our work is very exciting. It is wonderful to have others scientifically prove that what we are doing has validity. Yet I wonder if others truly understand our work? I find it most frustrating to not be recognised after having worked this way for more than fifty years. Chace intuitively understood what was important about the dance in therapy and her ideas are being validated by such people as Pert, Damasio, Shore and Van der Kolk.

While these writers speak of the body and movement, it still seems hard for them to use the word 'dance'. In a recent article in the Annals of New York Academy of Sciences, Bessel Van der Kolk brought attention to sensation and movement for Post Traumatic Stress Disorder (his specialty) and mentioned ten body therapies but not dance therapy (Kolk, 2007). He also said that 'while each of these techniques involves very sophisticated approaches, the nature and effects of these practices are not easily articulated and...their meanings are not easily captured in the dominant intellectual categories' (p. 285).

Research in dance therapy

There is obviously some bridging to be done from the intellectual categories to the non-verbal embodied categories. This clearly needs to evolve as an interdisciplinary task. We have unique research tools of movement observation and assessment, although we could use more PhDs trained in research methods. Publication of clinical and research topics is essential if our knowledge is to be retained and widely disseminated so that we are recognised as a substantial profession.

Robyn Cruz, the current President of the ADTA, recently wrote that:

> *Since the 1940s, the profession has flexibly accommodated trends in healthcare and changes in the understanding and treatment of different disabling conditions. The richness of DMT with its unique focus on the language of movement and the body has much to offer mainstream research and healthcare, and I hope that in the future DMT makes its own impact through contributions to research and clinical practice* (Cruz, 2007).

Transitions are difficult. Ending my clinical work was a struggle and yet letting go allowed a new phase of my life to begin. As all transitions prove, there is so much to discover on the other side. I continue to struggle at letting go and hoping the next transition will prove to bring good things. But I thrive on all that has happened in this international world of dance therapy and know that we are creating an incredible group of men and women who will continue to bring beauty, spontaneity and joy to so many others through the love of dance.

I feel most grateful that I was around at the beginning as beginnings are always exciting. However, it feels to me as if our profession will always be at the beginning of something new as we expand to meet the needs of the world around us. Dance therapy has always been built on what people want for themselves and the strength that each has to make it happen.

Now that we are in the 21st century, how do we think of the future of dance therapy? We know that dance is a creative force for change. It weaves the inner and the external into a solid fabric. As more

of the health, educational and scientific disciplines recognise the body as part of the totality of a person, we have much to offer within interdisciplinary cooperation. Many directions may be built upon using the basic understanding of the natural therapeutic nature of dance and making use of the concepts that Chace and others so wisely fathomed; body action, relationship, symbolic expression and group process through rhythmic activity. Use of these concepts supports work in so many settings, some of which we do not even imagine as yet.

Extending dance therapy

By learning all that is encompassed in being a dance therapist, we can extend dance therapy in so many ways and within different contexts. We all have different strengths and inclinations in the ways we prefer to practice. By making use of these, we might also incorporate the language and system of another discipline. For instance, working in corporate settings is quite different from mental health settings and developing strategies for use within educational settings entails learning about the school system. Most importantly however, we need to think of dance and dance therapy as a primary and not a secondary source form of therapy in order to work interdisciplinarily. We have much to offer as we listen, one to the other.

The context of where we work will dictate the goals of practice. We might need to break down the elements of dance into small segments to find what is necessary to meet the goals for a particular group. This brings us full circle to what Chace did so many years ago when she began her practice within a psychiatric hospital. In those early days, there was concern about calling what we did dance therapy if it was not within an agency of some sort. Our vision had not yet broadened, we had still a young sapling growing with few branches. Recently a friend who is teaching related subjects in a university, but not practicing dance therapy, shared his knowledge within a workshop for aspiring dance therapists. He wrote in a letter to me that he realised from this experience that once skilled as a dance therapist, one is always a dance therapist. It is clear that it is possible to use the knowledge and those skills of dance therapy in so many ways that one is doing the dance even if it is not named so. We now appreciate the new possibilities and the many different abilities that are unique to each of us.

I applaud the creativity that new practitioners have shown in opening work situations that have never previously existed, as we have all done from the very beginning. It may not always have the name dance therapy, but if practiced with integrity and using the basic concepts of healing related to our profession, it is indeed new fruit on our tree. For instance there is much community work coming from both the nature of dance and understanding the needs of a community to heal from trauma. Marylee Hardenburgh created a large on-site dance project in Sarajevo after the wars and is currently working on one in Jerusalem to include Palestinians and Israelis. Using dance therapy concepts, David Harris worked to incorporate child soldiers back into their community in Sierra Leone.

It is my belief that if people would dance with each other they would be open to each other with their differences as well as the similarities. It is hard to continue negative feelings while dancing. Dance usually brings smiles to people's faces and there is a sharing of the pleasure of rhythmic movement with others. Therefore, the more people allow themselves the joy

of moving in the company of others, the more, I believe, there will be changes in the community in which we live. Perhaps I expect too much from our little profession of dance therapy, but I think we can begin the process of bringing change first to individuals, families, and our communities. Can you just imagine what it might look like to have those who consider themselves enemies dancing together? Such a fantasy makes me smile but unless we have dreams there is no chance of any change. I hope you all have such outrageous dreams. By sharing them with others and taking the first steps, who knows what may be possible. We might achieve more than we could have imagined.

With passion and commitment, the dance ahead can be full of the same excitement that we had at the beginning. The tree is standing tall and strong. It is now up to you to keep on weaving those threads and tending the roots.

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