

The Concept of Dance Therapy and the Body in Dance Therapy Education

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This title may look natural or odd, depending on who reads it. The Body in creative therapies was a theme of a congress in Finland. The first reaction of a Finnish therapist and educator was: whose body? Can one dance without a body? In deep trance yes, but in dance therapy? This essay discusses the idea of the body in two different dance therapy forms, the body of knowledge, and how to make sense of therapy or how therapy may make sense. The perspective is integrative.

Keywords: dance therapy, the body, therapist, therapy import or creation

Introduction

The dance movement therapy (DMT) of this European pioneer since 1972 is here an example of a dance therapy form. It all began when this author was invited to dance with patients in the North-Norwegian Psychiatric Hospital in Tromsø in 1969. The milieu therapy of the hospital incorporated aspects of Wilhelm Reich's body legacy (Heller, 2007), body therapies, awareness and encounter groups and eco philosophy into its schooling, supervised by Professor Bjarne Aasum. After a few years of additional schooling this dance therapist was invited in 1976, as the first dance therapist of the country, to the Mid-Norwegian Psychiatric Hospitals in Trondheim by Dr. Aasum, now the head psychologist of this hospital complex. The task of the dance therapist was to introduce this new therapy form, to work with long term patients, educate her coworkers, supervise and lecture, and to enlighten the asylum with new spirits. In this psychiatric setting a new integrative, clinical DMT found its form (Parvia, 2024). In 1999 this therapist was granted Senior Registered DMT competence by ADMT (Association Dance Movement Therapy) UK. Later the senior registered members were granted psychotherapy competence in the UK.

DMT Developments

DMT developments can be traced back to theater, to Delsarte's theories, sociodrama, social dancing, group DMT, and individual DMT initiated by performers. Theater lurks behind DMT concept formation, the view is that of an onlooker. The development of group dancing towards DMT seems related to the introduction of pharmacology and psychology to psychiatry. Psychology provided perspectives to observe and interpret patient's dance expressions. The American pioneer, Marian Chase, conceptualized her patients using psychological terms as did Liljan Espenak, who interpreted movements of her individual clients in terms of Delsarte's theory fused with Adolf Adler's individual psychology. Espenak appears the first to attempt a DMT theory ADTA caught the

idea, defined DMT as psychotherapy, established an ADTA-proved DMT education, and got its monopoly; Espenak's body-dance therapy was out of DMT.

During the 1970s another power game was staged in psychiatry between the somatic model of psychiatrists and that of psychotherapists. As the somatic model won, DMT had to leave psychiatry. DMT moved toward verbal therapy, private markets and created new forms such as Gestalt therapy in Europe (Kepner, 2001), and authentic movement, religious mysticism and limitless self-expression (Adler, 1996), the violence of expression and the resulting hyperventilation seem explained in terms of religion. DMT here moved away from psychotherapy. DMT is being exported worldwide.

The Body

The human being in Anglo-Saxon terms is structured as a divided body-soul. In Finnish there is no division. In death the breath spirit departs leaving the body. Anatomy dissects the body into its organs. Physiology collects the organs into a system. The human being functions as whole with its problems and all.

Dance Therapist

Dance therapist here is the kinesthetic tool in her therapeutic integrations. To become such a tool she needs integrity, creativity, her own therapy, a body of knowledge, and to be able to define her basic attitudes: The therapeutic, metaphysical, and epistemological basic attitudes. She also needs practice under supervision (Parvia, 1976; 2004). How to make sense of the therapeutic processes? For example: The relationship between A and B? A relation is not a thing, there is nothing between. Why not; how A and B relate. Finnish, an oriental language, the oldest in Europe, due to its linguistic structures aids better in conceptualizing multidimensional therapeutic events. The language is also economic: "Nouti vaimonsa sairaalasta;" (he brought his wife back from the hospital). Three words tell that he also first had taken his wife to the hospital.

There are different culturally determined ways of structuring the world including therapies. Such a difference is illustrated by Anglo-Saxon and Finno-Ugrian ways (Kadar, 2010). A therapy form imported from the Anglo-Saxon thinking universe into the Finno-Ugrian poses problems. The therapy imported may in itself be problematic with its split in thinking—caused by split thinking. Thinking in dual terms, per definition, cannot heal any split (Bateson, 2000). Finnish thinking relates, synthesizes, and creates transformations from one level of abstraction to another. How does therapy import to work, such as American DMT, when it lacks accept as psychotherapy in the USA?

Conclusion

Therapy makes sense on the premise that the logical levels of the communication system correspond and confirm each other. This being the case a reader can follow the process from practice to theory building. It was indicated how a therapy form in itself may obstruct itself, or how an academic model may conflict with a clinical one, and create a paradox—an ethical issue, or even change the culture—a political issue. Therapy may reinforce culture (Parvia, 1976; 2024).

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