

Dance Movement Therapy: Is there scope in Modern Medicine?

Abstract

Dance Movement Therapy (DMT) has evolved over decades and is currently increasing its scope of application in modern medicine. The origin of DMT dates back to the early 1900s. Review of Literature explores the benefits of DMT as a holistic approach in treatment of various medical conditions ranging from mental health to physical rehabilitation purposes. There is a strong argument regarding imbibing DMT in care homes and across all age groups at various levels and forms as it is proving beneficial. Recognised programmes and trainers with knowledge of structured DMT is the way forward.

Key Words: Dance Movement Therapy, Care homes, Mental Health

Introduction

Dance Movement Therapy (DMT) has been characterised as movement that aims to ameliorate the physiology and psychology of an individual (1,2). Through DMT, emotional, spiritual and cognitive improvement within the surroundings can be observed (3,4). DMT includes dance intervention sessions wherein free movement is applied therapeutically. This was brought to the fore as, traditionally, dance was associated with a healing power before its incorporation into modern medicine (5,6). The origins of this field are based on modern dance as the style relies heavily on direct expression (7). Although, controlled research with large sample sizes regarding DMT are yet to be conducted (5). DMT hints at promising health benefits for many, especially the elderly, individuals with mental health problems and even holds therapeutic value for the 'healthy' person (8). Based on first-hand experience, regular dance practice sessions have helped in decreasing stress levels and increased productivity post dancing.

History

Although the origins of several dance styles date back to thousands of years ago, dance movement therapy is still relatively a new concept. In many cultures, dance and music were often linked to medicine as they assisted in expressing one's emotion which aided the healing process. (9) Over the years, the art has evolved and now expresses emotions which may not have been prevalent before. This feature of adaptability is crucial whilst being used therapeutically (9) as patients would be facing different and modern problems and need to be able to communicate them effectively. The medical benefits of dance were recognised and recorded in the early 1900s with Marian Chace being the first to implement the use of dance in medicine such as mental health settings. (9)

Initially, therapists disassociated from imposing movements with strict alignment for aesthetic purposes but instead manoeuvred it to be a form of communication with the

patient that provides them with the opportunity to self-express. (7) Marian Chace, a pioneer in dance movement therapy, expressed that 'dance is a communication' (10,11). Through her revolutionary contribution- Mirroring (a technique in which the therapist mirrors the patient's movement) (12), she ensured that the patients felt understood and used this as a process of reassurance for the patients. (11) Her work was categorized into four aspects: body action, symbolism, therapeutic movement relationship and rhythmic group activity (10). Each of them played a vital role in the release of unconscious emotions and communication being the central idea of DMT. (12). These basic principles and categories are used by therapists today and remain a fundamental aspect of DMT.

Another style of DMT is authentic movement which was introduced by Mary Whitehouse. Authentic movement involves free movement (11) in which the participant dances without restriction, this allows expression without verbal medium which is key in the mental health setting. She played a pivotal role in helping people uncover unconscious thoughts and help people benefit from DMT using themes such as active imagination, bringing emotions buried inside to the surface through movement (9)

Other sessions include group therapy, a format introduced by Yalom. Group therapy provides participants the opportunity to share their experience of DMT with others in a similar situation. New friendships could possibly form resulting in hope being instilled as the participants do not feel isolated and recognise that others are experiencing the same thing this could instil hope of improvement within the participants. (9,13)

An example of therapy is psychoballet which was first used in 1973. Psychoballet included ballet lessons as a form of therapy initially for a group of aggressive girls but is currently applicable for people with any form of disabilities, mental illnesses and the elderly. (14) Psychoballet, being a worldwide recognised program, is taught at a Cuban University and is recognised by UNESCO. (14)

Dance movement therapy is termed as Dance movement psychotherapy in the UK and was initially introduced in the UK between the 1960s and 1970s. There were major changes by pioneers such as Chloe Gardiner and Audrey Wethered. (15) Professor Helen Payne (a key figure in this field) guided the formation of 'The Association for Dance Movement Therapy with Lynn Crane and Catalina Garvey- this initiated the extensive use of this form of psychotherapy (15,16). More recent studies include the incorporation of DMT in conditions with cognitive degeneration such as dementia and Parkinson's disease.

Scope of Dance Movement Therapy in Modern Medicine

After Chace's integration of dance in a mental health setting, it is widely being used within this field; this is made apparent as they provide an opportunity for interpersonal contact and the sessions themselves are enjoyable. Given the current COVID- situation, DMT has promising potential in helping people overcome high levels of loneliness and anxiety, especially those in high risk categories such as the elderly who have been shielded for longer periods of time. Previous research suggests that DMT also improved memory, self-esteem and alertness among the elderly (17). Dance movement therapy has also proven to benefit the physical wellbeing of the elderly by improving their stability, strength and mobility thus

preventing falls (18), which is common among the elderly. Although many of the elderly patients may have limited mobility, these sessions celebrate the movement they can do opposed to what they cannot. (18).

Research has been carried out investigating the effects of dance movement therapy on patients with dementia (a set of symptoms that are caused by disorders affecting the brain). Dementia greatly affects their daily life as there is generally a loss of: memory, language, problem-solving and other thinking abilities. Other symptoms include spatial disorientation. (19, 20). Studies highlight that the dance interventions stimulate areas of the brain linked to memory and motor skills (21), this is crucial for patients with dementia as it may help stall the advancement of the condition. As dance involves rhythmic patterns, the sessions conducted in previous studies included rhythmic movement which seemed to be beneficial for mood and memory among older adults with cognitive impairment (22). Group dance therapy interestingly provides a sense of connection with others, which may lessen the spatial disorientation experienced by the patients (20). The approach also provides a medium of non-verbal communication for patients with declining verbal ability as they can use this method to express their thoughts and emotion (23).

A recent study also highlights the lack of motivation, fear of failure and increased levels of loneliness amongst teenagers in crucial years of education during the pandemic (24). Here, DMT could be endorsed to alleviate the increase in mild mental health problems in the post COVID-era as these interventions provide face-to-face interaction as well as an activity to release stress or act as a “vent”. There is evidence that DMT is effective amongst this age group following a trial by Jeong et al.(2005) (25) as improvements amongst teenage girls with mild depression post DMT sessions were noted. However, these improvements were not limited to these specific age groups, DMT sessions decreased anxiety and depression levels in various age groups. DMT could also reduce low self-esteem and body image issues amongst teenage girls who grow up believing they are overweight (26) especially due to unrealistic societal standards regarding physical appearance portrayed on social media leading to severe lack of confidence and social anxiety. Dance movement therapy boosts the teenagers’ confidence as it provides: a sense of achievement, an opportunity to express concerns and a “vent” in order to reduce daily stress.

As cancer treatments are physically and mentally demanding, dance movement therapy could prove to be beneficial for cancer patients (27). Dance interventions for breast cancer patients help them to reconnect with their body and gain self-confidence, especially as seen post mastectomy or a lumpectomy (27). There are also physical benefits for example, improvement in the range of arm motion could be noted (27). However, dance movement therapy could be used for all cancer patients as it allows them to address feelings of isolation, depression, anger and fear (27) which are commonly felt during the strenuous treatment process.

Conclusion

Dance Movement Therapy benefits patients but can also have a beneficial impact on society as it helps with daily stress and general low mood. Dance intervention sessions embedded within care home routine would benefit the residents both mentally and physically as well

as providing an enjoyable experience. It could also be integrated within the educational system as it is an effective confidence booster and aids with mental health problems within the student community. DMT has a recognised place in modern medicine as a treatment modality ranging from dementia to cancer. Literature and personal experiences suggest that cultural contexts within the dance form does have an impact on the therapeutic affects since the psychology is linked to the previous experiences of the individual in a given culture. However, wider evidence-based research is needed in this area.

References:

1. **Sandel SL (1975)**. Integrating dance therapy into treatment. *Hospital and Community Psychiatry*, 26, 439-441
2. **Weiner IB, Craighead WE (2010)**. *The Corsini encyclopedia of psychology* (Vol.4). John Wiley & Sons
3. **Payne WH (1984)**. Responding with dance. *Maladjustment and Therapeutic Education*, 12(4), 46-57
4. **Rosberg-Gempton I, Poole G. (1992)**. The Relationship between body movement and affect: From historical and current perspectives. *The Arts in Psychotherapy*, 19, 39-46.
5. **Koch SC, Riege RFF, Tisborn K, Biondo J, Martin L and Beelmann A (2019)** Effects of Dance Movement Therapy and Dance on Health-Related Psychological Outcomes. A Meta-Analysis Update. *Front. Psychol.* 10:1806. doi: 10.3389/fpsyg.2019.01806
6. **Molinaro J, Kleinfield M, Lebed S.(1986)**. Physical therapy and dance in surgical management of breast cancer. *Physical Therapy*, 66, 967-969
7. **Shalem-Zafari Y. (2016)**. Dance Movement Therapy, Past and Present: How History Can Inform Current Supervision. 663-672. 10.15405/epsbs.2016.12.81.
8. **Ritter M, Low KG (1996)**. Effects of Dance/ movement therapy: A meta-analysis.
9. **Corteville MK (2009)** Dance your way to communication: Dance movement therapy to increase Self-esteem, poor body image and communication skills in high school Females. *Counselor Education Master's Theses*. 21.
10. **Chaiklin S, Schmais (1979)** Marian Chace: Dancer & Pioneer Dance Therapy. *ADTA-Marian Chace Biography*. Retrieved from www.adta.org
11. **Levy FJ (1988)** Dance movement Therapy: A healing Art: *Virginia: National Dance Association*
12. **Shingala R (2016)** Marian Chace: Dance Therapy Pioneer- Biography, Theory and Methodology, *Indian Magazine of Dance Movement Therapy*
13. **Yalom I (2005)** The theory and practice of Group Psychotherapy (5th ed.). *New York: Basic Books*
14. Retrieved from <https://www.sandrawellerfoto.com/psicoballet>, *Psycho Ballet. Havana, Cuba*
15. Retrieved from <https://admp.org.uk/about-us/history/>, *History, Association of Dance Movement Psychotherapy*
16. **Payne H (1984)** Moving towards Dance Movement therapy as a profession. *Laban Guild Journal*, 71, 12-22

17. **Ashley FB and Crenan M (1993)** Dance: the movement activity for the elderly. *Nursing Homes*, 42, 50-51.
18. **Learner S (Editor) (2016)** Why care home residents should be dancing. Retrieved from *carehome.co.uk*.
19. Retrieved from www.alz.org. What is Dementia? Alzheimer's association
20. **Rainbow T H Ho, PhD, Ted C T Fong, MPhil, Wai Chi Chan, MD, Joseph S K Kwan, MD, Patrick K C Chiu, MD, Joshua C Y Yau, BA, Linda C W Lam, MD,** Psychophysiological Effects of Dance Movement Therapy and Physical Exercise on Older Adults With Mild Dementia: A Randomized Controlled Trial, *The Journals of Gerontology: Series B*, Volume 75, Issue 3, March 2020, Pages 560–570, <https://doi.org/10.1093/geronb/gby145>
21. **Foster PP (2013)**. How does dancing promote brain reconditioning in the elderly? *Frontiers in Aging Neuroscience*, 5, 4.
22. **Pearce ND (2007)**. Inside Alzheimer's: How to hear and honor connections with a person who has dementia. *Taylor's, South Carolina: Furrason Press*
23. **Hamill M, Smith L, Röchricht F (2012)** Dancing down memory lane': Circle dancing as psychotherapeutic intervention in dementia- A pilot study. *Dementia*, 11, 709-724
24. **Hemanth LK (2020)** Changing trends of social interaction during the Pandemic and its effect on Mental Health- A Student's Perspective. *Asian Journal of Education and Social Studies*.9, 3 (Jul. 2020), 7-17
25. **Jeoung YJ, Hong SC, Myeong SL, Park MC, Kim YK, and Suh CM (2005)**. Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *Int.J. Neurosci.* 115
26. **Jambekar S, Quinn DM, Crocker J (2001)**. The effects of weight and achievement messages on the self-esteem of women. *Psychology of women Quarterly*, 25, 48-56
27. **Bradt J, Shim M, Goodwill SW (2015)**. Dance/ movement therapy for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews 2015, Issue 1*.