

TR 91-29 ✓

A CRITICAL REVIEW OF CONTEMPORARY DANCE/MOVEMENT THERAPY

THESIS
Submitted in Partial Fulfilment of the
Requirements for the Degree of
MASTER OF ARTS
of Rhodes University

by

Nicolette du Plessis

January 1990

Abstract.

This critical review aims to describe and define the field of dance/movement therapy. Attention is paid to central issues in psychology and dance studies which influence the advancement of the modality. Dance/movement therapy is a young profession, developed during the second half of this century, and must be viewed within the socio-cultural context of contemporary western industrialized societies.

This work therefore firstly documents the development of dance/movement therapy in the light of recent studies into the nature of bodily expression and non-verbal communication. The phenomenological understanding of the human body is discussed, and the concept of *bodyliness* proposed in order to encapsulate a multi-dimensional understanding of the meanings of the human body.

Dance/movement therapy is then delineated in relation to verbal psychotherapeutic traditions, as well as to the more marginalized body therapies. In this way it is hoped to provide an understanding of the historical precedents and theoretical contexts within which dance/movement therapy is emerging, and ultimately the possibly unique alternative service it may provide.

As wide a variety as possible of theoretical approaches in dance/movement therapy is then described, and classified according to the predominant psychological orientation of the proponents. From this a critical review is attempted which is directed broadly at foundational considerations of the profession, rather than at any particular methodology. The enquiry focusses on directions for future possible research which will ensure sound theoretical frames of reference for the developing profession. Discussion of two examples of dance being used in the therapeutic context in South Africa concludes. This section is not a judgmental evaluation of techniques, but intended rather as documentation and broad classification of current work of this nature.

| | |
|---|-----------|
| INTRODUCTION | 1 |
| | |
| CHAPTER ONE | 3 |
| <i>Towards an understanding of bodyliness.</i> | |
| 1.1. <i>A physio-psycho-sociological approach to the study of the human body.</i> | 3 |
| 1.2. <i>The term "dance/movement" therapy defined.</i> | 4 |
| 1.3. <i>The phenomenological contribution to understanding bodyliness.</i> | 5 |
| 1.4. <i>Bodyliness viewed in relation to important literature dealing with non-verbal communication.</i> | 8 |
| 1.5. <i>New perspectives in the study of bodily communication: logocentricity and its implications.</i> | 9 |
| 1.6. <i>The significance of bodyliness as a background to an investigation of dance/movement therapy.</i> | 12 |
| | |
| CHAPTER TWO | 14 |
| <i>A brief description of body therapies in relation to verbal therapy.</i> | |
| 2.1. <i>Assumptions common to verbal psychoanalytically-derived therapies.</i> | 15 |
| 2.2. <i>A brief descriptive review of the nature of body therapies.</i> | 16 |
| 2.2.1. <i>Physical manipulation - Reichian therapy.</i> | 17 |
| 2.2.2. <i>Movement-awareness training - Alexander technique.</i> | 18 |
| 2.2.3. <i>Energy-flow balancing - Polarity Therapy.</i> | 19 |
| 2.2.4. <i>Emotional-release techniques - Primal therapy.</i> | 19 |
| 2.3. <i>Important similarities and differences between body and dance/movement therapies.</i> | 20 |
| 2.4. <i>An evaluation of the unique contribution of body therapies.</i> | 22 |
| | |
| CHAPTER THREE | 25 |
| <i>An overview of the field of dance/movement therapy.</i> | |
| 3.1. <i>The history of dance/movement therapy.</i> | 25 |
| 3.2. <i>Common assumptions of dance/movement therapy.</i> | 26 |

| | |
|--|----|
| 3.2.1. Holism. | 27 |
| 3.2.2. Innate capacity for self-regulated growth. | 28 |
| 3.2.3. The health/ill health continuum. | 29 |
| 3.2.4. The process nature of the work. | 31 |
| 3.2.6. Elucidation of unconscious material. | 32 |
| 3.2.7. Development of self-awareness. | 32 |
| 3.3. Range of application of dance/movement therapy. | 33 |
| 3.4. Differentiating features of four categories of approaches to Dance/Movement therapy. | 34 |
| 3.4.1. The Psychoanalytic Approach | 34 |
| 3.4.2. The Jungian approach. | 39 |
| 3.4.3. The Transpersonal Approach. | 42 |
| 3.4.4. The Humanistic/Growth approach. | 45 |

CHAPTER FOUR

52

A critical review of dance/movement therapy.

| | |
|--|----|
| 4.1. Introduction: the holistic definition of dance/movement therapy examined. | 52 |
| 4.2. The psychological bias of reviewed research, and the need for complementary dance studies. | 53 |
| 4.3. A proposed model for the study of dance and its application to dance/movement therapy. | 54 |
| 4.4. The contribution of anthropological and sociological perspectives to the study of dance. | 57 |
| 4.5. The marginalization of dance in contemporary western societies: a sociological view of dance/movement therapy. | 59 |
| 4.6. The contribution of dance as an art form to the therapeutic process. | 60 |
| 4.7. The role of language and interpretation in dance/movement therapy. | 62 |

| | |
|---|-----|
| CHAPTER FIVE | 67 |
| <i>A review of two approaches to movement and dance as therapy in South Africa.</i> | |
| 5.1. <i>An Fiske.</i> | 67 |
| 5.2. <i>Tossie van Tonder.</i> | 69 |
| 5.3. <i>Conclusion.</i> | 71 |
| | |
| CONCLUSION | 74 |
| | |
| APPENDIX 1 | 76 |
| | |
| APPENDIX 2 | 89 |
| | |
| BIBLIOGRAPHY | 102 |

ACKNOWLEDGEMENTS

My special thanks to the following people:

- my supervisor, Gary Gordon, who, with Royal Mail on his side, did his best to keep me on line and in touch.
- Gavin, who was trying to serve his country, but discovered that there is no such thing as detached duty.
- Kelly and Mary-Anne, who provided so much of the emotional shape and texture of my Grahamstown world and work for the past four years.
- Frances, who loyally pretended to believe me when I was convinced I had to give up, while losing no opportunity to keep me going.
- past and present members of "Hare Street", who always made room for Everything,
- Professor Dave Edwards and other members of the Psychology Dept. for their interest, time and advice.
- David Sewry, and especially Tim Bouwer of the Computer Science Dept., who so patiently assisted in giving mechanical birth to The Thing.
- my father, for endowing me with the extraordinary superego necessary to complete this task (and for the generous loan of his p.c.).
- my mother, who has always Danced, and never stops trying to show me how.

The financial assistance of the Human Sciences Research Council in the production of this thesis is acknowledged. The opinions in this work are those of the author, and are not necessarily held by the H.S.R.C.

INTRODUCTION

The aim of this work is to broadly describe and critically review the field of contemporary dance/movement therapy. The profession is relatively new, and in the process of establishing an autonomous identity within the range of human sciences that have contributed to its development. This immediately raises two major issues which have influenced the following investigation.

Firstly, there is limited material available for critical analysis of specific techniques and methodologies of dance/movement therapy, particularly in the South African context. Most of the work under review here is American and was formulated in the last two decades. Consideration is given to two examples of therapeutic work with dance taking place in South Africa, however, for which the basis is private communication with the author, rather than formally published academic works.

Secondly, a descriptive review of this nature needs to consider dance/movement therapy in relation to those well-established and contributing disciplines that have helped to formulate and create the character of the field. This would include psychology, sociology, anthropology, anatomy, human movement studies, philosophy, and dance studies. The latter incorporates dance theory and history as well as practical training in dance techniques. Dance/movement therapy is therefore largely multi-disciplinary in its initial constitution, and in this way the theoretical foundations and applications of the emerging profession can be defined and evaluated. The limitations of this thesis mean that a comprehensive study of all the above disciplines is not possible. The major areas under discussion, therefore, derive from psychology and dance studies, as the most obvious and central components of dance/movement therapy.

However, the nature of the profession is elucidated not only by the investigation of the conceptual frameworks of various theoreticians, but through attention to the social and cultural contexts within which these people work. Dance/movement therapy is situated within the socio-cultural context of contemporary western industrialized societies. This implies that dance/movement therapy exists within certain ideological contexts which cannot be disregarded in the attempt to generate a profile of the profession. For example, the understanding of culturally-specific ideas concerning health and health care is vital in determining the efficacy of a new therapeutic intervention. Furthermore, predominant ideas concerning the function of dance in contemporary industrialised societies are important considerations when this intervention is based

upon the medium of dance.

While acknowledged as significant, a full consideration of the influence of the cultural character of twentieth century societies on dance/movement therapy is also clearly beyond the scope of this work. Similarly, an explication of the role of medicine and psychotherapy in contemporary culture cannot be attempted. The primary focus of the critique is therefore situated within the field of dance studies, and is directed broadly at foundational considerations of the profession, rather than at any particular methodology of dance/movement therapy.

Finally, it is hoped that this critical reflection will highlight directions for possible future research in providing an overview of both the shortcomings and potentials of the modality, and thus contribute towards a clarification of the independent identity of dance/movement therapy.

CHAPTER ONE

Towards an understanding of bodyliness.

The fulcrum of dance-movement therapy is the concept of the human body as a medium of expression. This chapter proposes the concept of *bodyliness* to incorporate the multi-dimensional expressive nature of the body. Pertinent theoretical frameworks will be reviewed in order to understand what meaning may be derived from *bodyliness*, and how this is relevant to dance/movement therapy.

1.1. A physio-psycho-sociological approach to the study of the human body.

The human body can not be defined ultimately in terms of its physiological characteristics. Nor does the human body exist as a purely objective reality; it is also a re-construction of reality. The objective pre-personal reality of physiology is transcended and situated within a subjective reality of personal symbolic/metaphoric meaning. Polhemus (1978) refers to Marcel Mauss' proposed study of the human body, which is a "physio-psycho-sociological" approach. This allows for a multi-disciplinary view of how people understand their bodies, acknowledging the contributions of the society in which people dwell, as well as their particular psychological and physiological structures.

Extrapolating from Mauss' three-pronged conception of the human body, different information is obtained from each particular point of view. The physiological approach focusses on the genetic givens, the results of available nutrition and the impact the physical environment is likely to have upon the anatomical structure of the body. It is the type of information that is able to be scientifically and empirically measured and quantified. The psychological approach is concerned with the individual's experience of the self and the world, which is a highly personalized perspective and, therefore, not as easily measured. The sociological contribution presents material which situates the individual within a social context. This context

acknowledges the cultural influences which regulate and determine the manner in which members of a particular social group regard their own, and each other's, bodies.

An accurate understanding of the human body and its meanings results from the interaction of these differing dimensions. I would like to propose the term *bodyliness* to encompass such an understanding. Implicit in this term is the recognition that the human body and its expressions is over-determined, admitting multiple levels of meaning and complex causal influence. This is a vital premise for a therapeutic modality which intends using the body as the medium of intervention. Bodyliness refers to individuals' experience of their bodies and their expressions within a specific socio-cultural context. It includes an awareness of the socio-psychological genesis of the body as well as the on-going nature of such influences. Bodyliness is not fixed and static just as neither society nor the individual is ever complete in their respective evolutionary processes. It must include quantitative and qualitative characteristics, as well as cognisance of the temporal and historical nature of the body.

1.2. *The term "dance/movement" therapy defined.*

Bodyliness and its expression through movement and dance is therefore the material with which dance-movement therapists work. The use of the double term "dance-movement" therapy makes a distinction between "dance" and "movement", despite the fact that dance is made *of* movement. This term and the distinction is adopted by many authors in their titles eg. Lewis Bernstein (1979; 1984-6) and Siegel (1984) as well as by the professional body in the United Kingdom - *The Association for Dance-Movement Therapy*. Although their American counterpart is called the *American Dance Therapy Association*, a similar distinction is upheld in the latter's definition of dance therapy which is defined as "the psychotherapeutic use of movement as a process which furthers the physical and psychic integration of an individual". (Official informational brochure, 1975) Clearly then, a difference between "dance" and "movement" is being acknowledged, but is not made clear in the manifesto of either professional body.

Adshead (1981) emphasizes the importance of contextualization in dance study and makes the distinction between "dance as art" and "dance as movement". The fundamental differences are found in the underlying conceptual structures applied to the dance investigation. "Dance as movement" draws on the behavioural

sciences as a background - philosophy, psychology, sociology and history - which Adshead feels have a tendency to place importance upon measurable outcomes in an empirical sense. Thus "dance as movement" may be seen in terms of these various disciplines, and according to one or more of these perspectives as they are not mutually exclusive. "Dance as art" however, is concerned with the contextual framework of the development of an art form. This would include considerations of techniques, aesthetics, composition, style and genre.

In the light of the proposed concept of bodyliness, the double term "dance-movement therapy", upholding the distinction between dance and movement seems most appropriate. "Movement" includes a wider range of expressions of bodyliness which may be understood from a multi-disciplinary position. "Movement" therapy is thus the investigation and functional application of bodily communication in a context which demands input from socio-cultural and psychological perspectives in order to make 'sense' of the body as the medium of expression.

Simultaneously, the use of dance as an art form in the therapeutic process brings with it many useful features which deepen and extend the experience. The use of the arts in psychotherapy has been well documented by McNiff (1981), Irwin (1988), Lewis Parker (1988) among others, and will be more fully discussed in chapter four. By referring to dance-movement therapy, the range of expressions of bodyliness to be utilized may extend from those which are consciously and choreographically organized, to those which may remain unconscious until defined by the working process.

1.3. The phenomenological contribution to understanding bodyliness.

The proposed concept of bodyliness does not uphold the philosophical tradition of Cartesian dualism and finds the solution to this in phenomenological thought. The essence of the dualistic position is the distinction between physical and mental phenomena and the resulting problem of trying to explain the nature of the interaction between these divergent entities.

Phenomenologists view the individual as a "body-subject" which develops in the dialogue between the person and the world. Their understanding is that there is no split between what is considered "mental" action

or "bodily" action or between that which is "object" and that which is "subject". People are in the world and experience the world through their bodies. They also can be said to shape the world by orientating themselves in a certain way within it, thereby *creating* a particular world. At the same time, the world affects people and the choices available to them, and so a reciprocal relationship between people and their worlds is set up. As we structure the world so it also structures us, and thus there is no exact distinction between subject and object.

The prominent French existential-phenomenologist Merleau-Ponty posited the term "being-in-the-world" to describe the intimate connection between world and body. The continuous interplay between subject and world is a dialectical relationship, whereby people and their world are said to "co-constitute", (that is, mutually define and influence) each other. (Moss 1978) In this way it is understood that there is not a clear separation between what is referred to as "the world" and "the person" even though these words may be used to describe their respective phenomenological experiences.

Merleau-Ponty's idea of the body-subject has shown that bodily being is *already* existence and dialogue with the world. This contrasts with the dualistic notion of the body as a detached entity in a causal reciprocal relationship with the mind, which was regarded as the origin of knowledge. Just as there is no separate world out there that we as subjects merely inhabit, there is no mind which is separate from the body it supposedly inhabits. A person's subjective existence is therefore understood to be simultaneous with their bodily existence. Psyche and physiology are united in a dialectical relationship which is set up with the world, and in so doing, creating a world of meaning.

This introduces the important idea of perspectivity, which suggests that a person's being-in-the-world is always a point of view which is reflected in the body. "The perception of body and self is thus the perception of a web of relations to the world and a web of possible actions." (*Ibid.* p 83). Simultaneously, we embody our histories in that our experiences are carried with us always; they make up our bodies and play an integral part in the continuous relationship we have "being-in-the-world".

This is a central issue for dance-movement therapy because the body is regarded as the medium of expression, which makes available an understanding of the patient's world. Bodily expression would thus

reflect not only the influences exerted on the patient's physiology by the physical, social and cultural environments, but his/her attitude towards those circumstances.

This introduces the notion of the metaphorical and symbolic nature of human expression and behaviour, which is particularly significant in terms of the expression of psychological life. Psychological life remains forever an inclination towards the world, and human expression is therefore a point of view or a perspective, which must necessarily be incomplete. To say experience and communication is metaphorical is to say that every experience is polysemic, containing not one but multiple meanings, hierarchically organized in terms of accessibility. The fact that we always mean more than we say is made possible by our self-transcendent expression, which always points to horizons of latent meaning in every manifest communication. Experience is thus always metaphoric and symbolic. It is because of the multiple levels of meaning inherent in each communication that people live as much unconsciously as consciously. The structure of metaphor therefore entails the generation of a third meaning which is not already contained in the two terms of the metaphor, and is inherently ambiguous; simultaneously concealing and revealing. (Romanyshyn 1982)

Romanyshyn (1975) makes the important point that only the human body is capable of metaphor because it is "discontinuous" with the body of physiology. The historicity of human existence makes distance from the body and its history possible, which extends the chance of allegorical or figurative expression. Because of the range of possible actions available, there are no guaranteed structures for human expression, but metaphoric possibilities are increased because of the symbolic tendency of human expression. As the person's world and their expression of it co-constitute each other, there is infinite possibility for the creation and recreation of differing forms of metaphoric expression.

Understood in this way the body of such behaviour is the body of possibility, the body, then, which is capable of lending itself over to the task of expression, as in speaking one's understanding of a text, and even of becoming the theme of expression itself, as in the hysterics' paralyzed arm . . . In addition to the clenched fist of anger, therefore, the possibility of its expression in a dance of anger, as well as in an ulcerated stomach is possible. Moreover with this body of possibility such expressions of behaviour never exhaust the expressed, but only approximate it. (*Ibid.* p 445)

The paradoxical nature of existence and the multiplicity of levels of existence are understood most profoundly in the lived experience of metaphor. The human body is situated within a phenomenal world

which is endless in its unfolding and its possibilities for expression, therefore the phenomenal body and its expression is necessarily always incomplete and always metaphoric.

The importance of metaphoric expression within the therapeutic process with respect to the relationship between dance/movement therapy and verbal therapies, will be fully discussed in the fourth chapter. However, what has been introduced is the notion of bodyliness as communication, providing an alternative to verbal discourse. This idea needs to be reviewed against the background of a substantial amount of wide-ranging literature dealing with non-verbal behaviour and bodily communication, (Argyle (1975), Hinde (1972) and Speer (1972)). Dominant theoretical contexts for study within this area have two significant implications for the theoretical frameworks of dance/movement therapy. Firstly, the direction of past research must be understood in order to determine how particular assumptions may have determined the character of the profession in a certain way. Secondly, necessary directions for future progressive development must be identified.

1.4. Bodyliness viewed in relation to important literature dealing with non-verbal communication.

Darwin's *Expression of the Emotions* (1872) was regarded as the first major work on the subject, setting the tone for much of the subsequent study in the 1960's, which was closely linked to the ethological interest of the time. The focus of the work ranged from the non-verbal behaviour of primates, to the relationship between verbal language and so-called body language, and cross-cultural similarities and differences in non-verbal communication.

The scope of this thesis does not allow for an extensive review of this "school" which is exemplified in the collection of writings edited by Hinde (1972). However, a brief review of the major findings relevant to the concept of bodyliness, shows that bodily communication plays a large part in maintaining social order (Schefflen 1972), and that the meaning of non-verbal communication relies largely on the socio-cultural context within which it is found (Argyle in Hinde 1972). This has important implications for the proposed concept of bodyliness which has thus far been limited to personal and psychological dimensions.

Important contributions were made by this research, particularly in the ethological and linguistic aspects of human non-verbal behaviour. There are, however, certain criticisms which deserve mention. For example, the direction of a great deal of this work was determined by a natural scientific research paradigm, which resulted in what the Meyers call "physicalistic-based research" (in Speer 1972). This reductionistic approach tends to concentrate only on that information which is empirically quantifiable, neglecting that which may contribute to a qualitative understanding of the totality of a person.

1.5. New perspectives in the study of bodily communication: logocentricity and its implications.

The above-mentioned problematic issues are addressed by Benthall (1975) when he and Polhemus "claim respectfully to offer some new perspectives." (p 7) The major influence on this new direction of work is European social anthropology; the *Annee sociologique* school (Durkheim, Mauss and Hertz), Levi-Strauss and Mary Douglas. The Durkheimian model holds that ideologies that unite members of a community, find expression in culturally specific embodied meanings which reflect the life of that society in terms of shared somatic experience. There is, therefore, no such thing as an unsocialized body because the vast range of socialized forms of bodily communication set certain parameters for individual body behaviour.

The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society . . . In its role as an image of society the body's main scope is to express the relation of the individual to the group. (Douglas 1970 p 65)

This point was suggested earlier by the major findings of Hinde et. al., but there are two major points of departure suggested by Benthall and Polhemus which highlight significant differences in approach.

Firstly, they suggest that verbal language need not necessarily be regarded as the primary form of communication, and secondly, "the possibility of consonance between all layerings of experience - the physical, the psychological, the social and the cosmic." (Benthall 1975 p 9-10) Furthermore, Polhemus proposes that attitudes implicit in the various studies of the human body are *themselves* deserving of examination. The ways in which people try to understand the human body reveal predominant social values, thus presenting another dimension of the social nature of bodyliness.

It is particularly this last point which elucidates most clearly the work done by Hinde et. al. and which suggests the new directions of research. Whereas previous work concentrated on a structural-linguistic approach in order to investigate "body language", Polhemus (1975) now identifies and questions the logocentricity of this approach. Logocentricity is a term first coined by Jacques Derrida and used by Kristiva and the Tel Quel circle in Paris, but Polhemus does not use the term to align himself with these theorists. He uses it to refer to the Western philosophical emphasis on the rational principle and verbal discourse. The appropriateness of this approach for the study of the body is doubted and a "restoration of the richness and diversity of the body" called for. (Benthall 1975 p 7) Polhemus (1975) argues that the term "*non-verbal*" is a logocentric manoeuvre and proposes two reasons for the recent upsurge in interest in human body, despite the inappropriate framework of much of the research.

Firstly, he suggests that perhaps because the nature of bodily expression is reminiscent of that level which is primitive, naked, and lies beneath the organization of verbal civilization, it is in need of control. "If we were to render the savage world safe for Western, verbalizing man, we would have to bring the mysteries of the human body within the bounds of Western rationality." (Polhemus 1975 p 15) This need for control is perhaps well illustrated in the emphasis on natural scientific research designs which produce empirical data. This kind of data may be statistically manipulated and reduced to mathematical formulae, and the underlying assumption is that the subject under investigation is thus contained (and controlled) by these hard facts.

Secondly, he offers the hope that perhaps the interest in the expressions of the human body and in bodyliness represents an important shift away from this logocentricity, and a receptivity to alternative forms of communication. Subsequently, the scope of articles in the volume he and Benthall edit encompasses a wide range of instances of the body's role in interactional contexts; from what he calls the 'greasy' part of speech - 'paralinguistics' - the study of intonation, tone of voice, hesitation and so on, to studies of alternative cultures (an English club of motorbike boys, blacks and the Irish among others) in which bodily expressions are an integral part of their political and social identity.

This is very significant for dance-movement therapy whose primary focus is on the many expressions of bodyliness. It suggests that, for many different reasons, bodily communication may possibly supplant verbal

discourse. For example, if language is the primary means of social control in the logocentric Western world, recourse to an emphasis on bodily statements may serve as a powerful alternative to the hegemony of minority groups. Bodyliness in these cases would become a political activity. Willis (1975) demonstrates clearly that the minority culture he studied (motorbike gang in Birmingham in 1969/70) showed a strong bias away from verbal expression.

It [the minority culture] is most likely to express its meanings through some configuration of the visual, the bodily, the stylistics of movement and interaction, the use of functional objects, and the appreciation of anti-high-art expressive artifacts . . . It is likely to use these 'protected' modes of expression to state its opposition, marginal or full, to the main dominating culture. (Willis 1978 p 251)

It is also possible that bodily communication may take over where words are inadequate, or where the communication is still unconscious and unavailable to the verbal, reflective level of the individual's being. Cardinal (1984) describes how her psychotic episode was characterized by severe bodily disturbances for which there was no known organic or physiological reason. The meaning of the severe anxiety attacks with the excessive sweating, abnormally high blood pressure and pulse rate, extreme bodily tension and profuse menstrual bleeding which continued unabated for over three years, was finally uncovered after seven years of psychoanalysis. Her description of her relief from psychotic hallucinations makes it clear how large a role bodyliness played in her experience.

When I got up, I felt the perfection of my body for the first time. With ease my muscles set in motion the articulation of my joints. My skin relaxed over them. I was standing tall, taller than the doctor. My breathing was calm and regular. I was taking in the right amount of air. My rib cage protected my heart, which tirelessly pumped my blood. My pelvis was a white basin in which my insides had just the room they ought to have had. What harmony! It didn't hurt, it was simple. My strong legs propelled me towards the door. My arm held my hand towards the doctor. All this was in my power; it worked well. There was nothing to fear. (p 114)

While this is an example which draws its features from an idiosyncratic history, there are many others which reflect the more collective influence of the socio-cultural context. Freud recognised the role of the body as the theme of the unsaid communication when he treated the bodily symptoms of people whose sexuality had been repressed in Victorian Vienna. The hysteric's paralyzed hand was the metaphoric expression of conflict and tension between instinctual desire and socio-cultural mores.

The more recently documented condition of anorexia nervosa is another example of the same point. Anorexia nervosa is a dietary disease which has emerged in affluent urban western societies, manifested mainly among female adolescents. While there are obvious physiological aspects of this disorder, it is also understood to be psychopathological and deserving of treatment that encompasses a psychological and sociological understanding. Salient sociological features include the sustained image of women's bodies in contemporary western society, the characteristics of consumerism and availability, and the need for control in an increasingly alienating technological world.

In summary, a phenomenological perspective demonstrates that bodyliness is experiential and metaphoric knowledge of ourselves condensed in the physical body, yet not bounded by it. Bodyliness extends beyond the physiological facticity of peoples' bodies to encompass their relationships with others and their world. This somatic expression is a totality of physiological-psychological-sociological factors acknowledging the temporality and historicity of human existence.

1.6. The significance of bodyliness as a background to an investigation of dance/movement therapy.

Bodyliness arises from an interaction of personal, psychological and socio-cultural contexts, which influence the manner and meaning of the expressions of bodyliness. To accept the human body as expressive is to acknowledge that the meaning of the expression is indisputably tied to socio-historical context. This would imply that research within the field of dance/movement therapy needs to be situated within appropriate socio-cultural contexts in order to fully appreciate the complexity of bodyliness.

Studies into the nature of bodyliness suggest that it cannot be equated with, or likened to, the linguistic structure of verbal communication (Best 1978, Blacking 1983). There is therefore no such thing as a universal language of the body which may be understood across cultures. This is significant for a profession based on the assumption that meaning can be made of bodily movements enough to effect pivotal psychological change, and implies the need for careful and considered research in order to establish solid and viable theoretical foundations.

Nevertheless, it has been shown that an awareness of, and sensitivity to, varying manifestations of bodyliness permits additional information about people and the particular world they inhabit. Account must be made, however, of the type of research that feeds the underlying assumptions regarding bodily communication. A critical review of current dance/movement therapy requires reference to these "metatheoretical" issues as well as to the content of the approaches themselves.

CHAPTER TWO

A brief description of body therapies in relation to verbal therapy.

Dance/movement therapy may be said to derive, in part, from a therapeutic tradition which de-emphasized verbal communication and focused instead on the body itself both as psychological symptom and means of cure. This chapter briefly reviews the body therapy tradition as a historical forerunner to dance/movement therapy.

The legacy of Cartesian-Newtonian philosophies entrenched the dualistic nature of psyche and soma in psychological theory, (Capra 1983) with the body occupying a position of significantly low status. (Rappaport 1975) Since Freud developed his "talking cure", the dominant mode of therapeutic intervention has been verbal. The body therapies offer an alternative to this, as they operate "fundamentally on the premise that total personality modifications can be made by dealing primarily with the body." (Corsini 1984, p 532) The therapeutic task is defined as "awakening the individual's senses and "carnal knowledge" - knowledge of the body - and returning to a natural, healthy body - to the harmonious life of the free organism". (Rappaport *op.cit.* p 64)

Rappaport (*Ibid.*) regards the various body therapies as a challenge to the hegemony of traditional verbal therapeutic models. Sigmund Freud was the first to develop the psychotherapeutic model known as the "talking cure", and although there have been many subsequent theories, certain fundamental principles are common to all "talking cures". A brief look at these general principles makes possible an evaluative comparison with the principles underlying all body therapies.

2.1. *Assumptions common to verbal psychoanalytically-derived therapies.*

Firstly, all psychoanalytically oriented and derivative therapies are based upon the uncovering of the *unconscious*. The unconscious reflects destructive unmetabolized early relationships which are hurtful and cannot be directly articulated and are therefore repressed. This unconscious material emerges in the patient's experience and behaviour at a pre-reflective level, so while the patient is not consciously aware of the content and meaning of the unconscious, s/he nevertheless 'lives' it without 'knowing' it. Unconsciously, the patient's life experiences are determined by these damaged and damaging primal experiences.

Secondly, because of its hidden and subversive nature, the unconscious is mostly likely to be expressed in symbolism and metaphor and it is the therapist's role to assist in its discovery and clarification. It is for this reason that dreams and spontaneous free associative images are recognised as being able to convey vital information in a way that words and rational discourse are not. (Lichtenberg 1985)

Thirdly, this material is unconscious and has been repressed because to uncover and live it is threatening. Therefore the patient is naturally resistant to the process of revealing the underlying repressed emotion. *Resistance* is an inherent feature of this kind of therapeutic work.

Fourthly, the primary vehicle for the elucidation of unconscious material is in the *transference* of feelings taking place in the unique relationship which is set up between therapist and patient. The patient transfers feelings related to early childhood anxieties and conflicts onto the parental figure of the therapist. It is in this relation to the therapist that features of the patient's unconscious life may be revealed. It is important therefore that the unconscious should not be regarded as a static physical entity contained within the patient, but as a relational phenomenon which exists between therapist and patient. Transference exists because our experience of self and others is refracted through fantasy. Therefore a person's subjective perceptions are important and become the material of the therapeutic process.

Traditionally the therapist remains objective but attentive, and offers interpretations of the interchange between his/herself and the patient. Interpretation is always the interpretation of transference, not just of the unconscious but of how the unconscious past is lived in the present relationship with the therapist.

The therapist listens carefully to what the patient says in order to identify covert meanings and spontaneously emerging feelings within the context of the therapeutic relationship. From this the important content of the patient's early relationships with primary care-givers is extrapolated.

Fifthly, the patient gains *insight* from the verbalization and illumination of frustrated primal feelings. Patients may come to understand the meaning of their symptoms and discomfort within the broader contexts of their overall life situations. However, insight in the form of cognitive awareness is not enough in itself to facilitate profound change. A process of "*working through*" is necessary, where the patient must continually re-experience the dynamics of troubled issues, both in the context of the therapeutic relationship and outside of it. (*Ibid.* 1985) It is in the meaningful reliving of those traumatic relationships combined with insight that significant shifts may happen.

Finally, the dominant mode of communication between therapist and patient in these therapies is verbal. Because the aim of therapy is to bring the inarticulate pain of symptomatology to language, and thus meaningful expression, healing is effected in and through verbal communication. The patient, with the therapist's help, discovers a new "feeling language" in order to speak what was previously unspeakable because it was lived unconsciously.

2.2. *A brief descriptive review of the nature of body therapies.*

The viability of body therapies and their significance as an alternative to conventional psychotherapies can be evaluated once the common assumptions, aims and goals are critically reviewed.

While there is a current up-surge of interest in body therapies, much of the basic content of these so-called new therapies can be traced from ancient Eastern cultures e.g. various forms of yogas, Samurai, Tai Chi and techniques where body-psyche energies are harnessed and activated for healing processes. One of the key features of these systems was that they constituted an integral part of the cultural-spiritual-emotional life of their particular society, unlike the dichotomised position which has characterized body work in Western cultures since the Victorian era (Green 1981).

Lindegger (1985) offers a simple classification of body therapies into *direct* and *indirect* approaches to the body. The former includes physical contact and manipulation of the body, and the latter, bodily gestures and movement, facial expressions and other manifestations of the body. Green (1981) elaborates on four main areas which make further distinctions: a) physical manipulation (e.g. Reichian therapy, Rolfing, and Lowen's bioenergetics), b) movement awareness training (e.g. Alexander technique and Feldenkrais' technique), c) energy-flow balancing (e.g. Acupuncture and Polarity therapy), and d) emotional release techniques (e.g. Rebirthing and Primal therapy).

While it is not possible to offer a comprehensive survey of all body therapies currently available, an example of a major therapeutic system from each of the four categories above will serve as an adequate overview. The examples will be brief and critiques of each individual theory will not be offered. The review serves mainly as a demonstration of the various types of body therapies in order to provide a background for the later discussion of dance/movement therapy.

2.2.1. *Physical manipulation - Reichian therapy.*

Wilhelm Reich (1897-1957) is regarded as the father of contemporary body therapy. (Fadiman & Frager 1976) The major concepts of his work concerned the formation of the character from habitual and consistent patterns which are then reflected in the body's tensions and musculature. This body armour created from the tension in the muscles serves as defense and repression mechanisms for the individual's character. Thus each particular character has a corresponding physical attitude, and Reich found that the psychoanalytic process was fostered by the loosening of the muscular armour.

Reich developed a theory of a cosmic biological energy within the body which regulated the total living organism, expressing itself in the emotions as well as in the exclusively physical movements. He called this energy "orgone" energy, and described it as moving up and down the body parallel to the spine. Body armour takes the form of seven separate rings (corresponding to different parts of the body) which are at right angles to the natural flow of orgone and therefore impede or block the freedom of orgonic and emotional expression in the individual. (Reich 1968)

Reichian therapy therefore basically involves the disintegration of each of the seven segments of body armour as an independent body unit, beginning with the eyes and ending with the pelvis. This is done in three major ways; building up energy in the body through breathing, applying pressure and massage to tense muscles directly, and by maintaining the co-operation of the patient in dealing directly and openly with whatever resistances arise.

The metatheory of the Reichian model concerns the concept of a complete state of freedom which can be realized after treatment, from which point no further growth is necessary. The therapist is seen as one who is completely unamoured and the patient is regarded as the one who is distressed and who must passively submit to the omnipotent therapist for cure. (Brown 1973)

2.2.2. *Movement-awareness training - Alexander technique.*

Alexander technique (developed by F. Matthias Alexander) increases awareness of habitual patterns of posturing and moving the body, and works to eliminate those habits which are counter-productive in the formation of unnecessary strain and tension. (Rappaport 1975)

The aim is integrated movement based on a balanced relationship between the head and the spine. If the spine can be maintained effortlessly and *naturally* in a greatly extended and lengthened position, free and efficient movement will result. Better muscular co-ordination and improved body alignment results from the freedom from physical tension, poor posture and habitually dysfunctional movement formations.

The teacher gently manipulates and re-positions the client's body, guiding the body parts into alignment in an easy and unforceful manner. The object is to help people become aware of their postural and movement habits, and then to reeducate the body into an alternative to those restrictive patterns. It is assumed that physical freedom and postural balance will have a beneficial effect on the totality of the body-organism.

2.2.3. Energy-flow balancing - Polarity Therapy.

Polarity therapy was developed by Randolph Stone and draws on ancient Oriental theories of the flow of energy throughout the body. The underlying concept is of bioenergies which run through the entire physiological body influencing the individual's psychic life as well as their physical well-being. The state of the whole organism can therefore be affected by the application of deep pressure point massage which stimulate these energies. Through this intensive pressure-point massage it is claimed that blocked energies are released, the body's energies are balanced and postural alignment improved.

Like acupuncture, polarity therapy bases its theories on a holistic system of knowledge which is opposed to Western natural scientific thought and the biomedical model of the body. Polarity therapists work directly on the physical body of their patients, who remain passive and receptive. There is no explicit discussion of the individual's psychological issues, and the patient is understood to benefit on all levels merely through the harmonizing of the body's energies. (Rappaport 1975)

2.2.4. Emotional-release techniques - Primal therapy.

Arthur Janov's primal therapy rests on the premise that the basis of neurosis is the encapsulation of primal pain within the psyche and the body. His therapy aims to liberate people from pain, by allowing them to re-experience the pain in a cathartic way which releases the hitherto blocked emotional and metabolic life. This is achieved by harnessing the metabolic flow of the patient through various breathing exercises with selected verbalizations, and utilizing this energy along with the verbally reported memories and associations.

The therapy begins with intensive individual psychotherapy every day for three weeks, and so combines traditional psychotherapeutic techniques with those that focus on and draw energy directly from the body-organism. The treatment is designed to allow people to regress historically to the most pain-laden and psychologically-incomplete parts of their lives, in order to meaningfully re-live and emotionally complete whatever unfinished interactions may be responsible for their neurosis. (Brown 1973)

2.3. *Important similarities and differences between body and dance/movement therapies.*

Lindegger's (1985) analysis of assumptions common to body therapies shows that it is believed that people live their psychological/behavioural experiences through the body, and therefore optimum functioning of the body is believed to be synonymous with emotional and psychic health. Therefore the body is believed to be capable of monitoring and influencing psychological life, because all dimensions of the person are considered to inter-relate. The result is a holistic view of the person, antagonistic to dualism,¹ with a strong belief in "organismic self-regulation"; - the innate capacity of the body to control and develop psychological life and self-knowledge. This is in direct opposition to the dualistic biomedical model, which views the body as an object to be treated separately from the mind.

These assumptions are upheld in the foundational issues of dance/movement therapies, where the individual is regarded as an integrated unity of reciprocally-relating physical and psychic components. (Lewis Bernstein 1979) However the methods of treatment may differ in both focus and methodology. For example, Brown (1973) speaks of the "dialectical unitary approach" which assumes that psychopathologies have bodily components in the form of energy blocks and tensions. Body therapies focus upon the removal of these blocks and this is most evident in the direct body therapies which work on the physical manifestations of these blocks with deep muscular massage. For example, many patients undergoing the rigorous manipulation advocated by Structural Integration practitioners report that painful memories of old emotional and physical hurts are released from where they were seemingly stored in the person's muscular structures.

However, in dance/movement therapy, the uncovering of the contextualized *meaning* of such blocks within a person's life is regarded as the aim, rather than the mere removal of such restrictions, or the release of painful feelings. Dance/movement therapy may effect a cathartic release of tension through rhythmic movement, but emphasis is placed on the meaningful integration of that previously unconscious material. The eradication of blocks is therefore regarded as a useful and welcome by-product of the process, rather than as the major focus.

¹ There is an unfortunate incongruency in language here, because the very term "body therapy", as opposed to "psyche-o-therapy", implies dualism. However, while the emphasis is on working through and with the body, it must be remembered that one of the most fundamental principles of all body therapies is holism, rather than the dualism of the biomedical model.

Lindegger (1985) suggests that the direct body therapies' "interest in "the body" or "physical organism" is primarily in the musculo-skeletal components of the body and their manifestations, including physical tensions, posture, gesture, stance and movement." (p 29) In other words, direct body therapies interest themselves primarily in the physiological characteristics of the human body. Concern with "body language" and the expressive manifestations of the body, would be the domain of indirect body therapies. Dance-movement therapy would be classified as an indirect body therapy and as such is concerned with the phenomenon of a moving, changing and dancing body. This requires acknowledgement of the active participatory nature of the work, where the patient is asked to become fully engaged in the activity rather than to submit to passive treatment. Account is taken of the transference relationship between patient and therapist which aids the therapeutic process.

As the following analysis demonstrates, body and dance/movement therapies do not differ greatly regarding the aims of treatment. Lindegger (1985) shows that in the light of the integrated functional relationship between somatic manifestation and presenting psychological problems, body therapies aim firstly to broaden patients' awareness of their habitual bodily tensions, blocks and defence structures and their relationship to the patients' defences, character and presenting problems.

Secondly, the aim is also to help patients to an immediate awareness of "deeper organismic sensations and inclinations and natural primary needs and wants" (Brown 1973, p.102). It is assumed that it is the repression of these primary instincts and desires that is central to the formation of psychopathology.

The third common aim is that of helping patients to experience new or alternative ways of experiencing their bodies, and thus break from the original rigidities which contributed to their problems. This aim may be achieved by direct loosening and freeing of the musculo-skeletal system (as in the massage and manipulation of a direct body therapy), or by guiding the patients' bodily experiencing to encompass a broader range of expression (as in dance-movement therapy). Loosening physiological rigidities and extending the range of bodily experiences would adjust and enhance the person's psychological well-being.

Fourthly, the aim is psycho-somatic integration, so that by working with the body, patients may be able to harmoniously integrate their cognitive functioning with their affective experience.² In this way patients come to a holistic understanding of the body-organism in its multiplicity of levels of meaning.

2.4. *An evaluation of the unique contribution of body therapies.*

Lindegger (1985) suggests that much of the value of body therapies lies in their ability to unlock patients' awareness of severely repressed psychic and organismic material. This is especially useful in the early stages of therapy and with people whose defences are entrenched in the cognitive and intellectual functionings.

He also feels that the methods used by body therapies are valuable for treating patients who present feelings of inhibition and deadness. Treating the body helps create an awareness of the interrelation between all aspects of the body-organism and facilitates psycho-somatic integration. People may thus come to understand how their so-called "mental problems" are manifested bodily. Beginning work with various body treatments may give the patient an immediate and concrete sense of being able to access their problems. A very significant aspect of this approach is that people may then re-gain some trust in their own self-regulatory capacities.

However, Brown (1973) feels that many of the body therapies maintain very simplistic and naive theoretical frames of reference. The tendency to explain psychopathologies in terms of a 'charge-discharge' model is inadequate. Psychopathologies are far too complex to be dissolved merely by the cathartic release of emotional energy. He terms this a "reductive-mechanistic model of healthy functioning" (p. 108.) which is limited in its belief that lasting psychological change can take place purely through reduction in muscular tension and skeletal rigidity. There is a lack of recognition of the necessary parts played by cognitive, behavioural and emotional processes in psychotherapeutic transformation.

According to Green (1981), while body therapies *may be* suitable for a wide range of population groups, the largest group utilizing these therapies are not in the high-pathology categories. He suggests that most

² Again it would appear that dualism is implicit in this aim which contradicts previous assertions of working from a holistic position. The problem would seem to be partly a culturally-embedded language one, so that it is habitual and easier to speak of the 'psyche' and the 'soma' and their respective experiences when describing the integration process.

people seek body therapies as part of a "self-development" process and that these sort of treatments are more applicable to the less severely disturbed groups.

According to Lindegger (1985), despite claims of truly holistic approaches, many of the body therapies (especially those he classifies as 'direct body therapies') do not fully take into account the fullness of the human experience, and treat the person in a singularly one-dimensional manner i.e. in terms of the musculo-skeletal components only. The living, moving and continually unfolding characteristics of human existence are not completely recognised by those methods which concentrate solely on manipulating the physical body.

He argues for a more phenomenological approach which would emphasise the dialectical relationship between the individual's body and his world. This understanding would emphasise how "the individual's body both *reflects* and *determines* the individual's unique being-in-the-world. Further, the bodily-being of the individual provides the *possibilities* as well as the *limits* of this Dasein." ³ (Lindegger 1985, p. 32.)

He sees the task of body therapies as concerning themselves with the manner in which people limit their Dasein in their particular bodily usage, and to help people broaden their ways of being by revealing other possibilities of experiencing their bodies.

The real focus of concern would be the effect of these physical changes on the individual's bodily-attitude for dealing with the world. This approach would overcome the limitations of a preoccupation with mechanico-energetic aspects of the person. (*Ibid.* p.32.)

Finally, the ultimate efficacy of many body therapies would seem to lie in their co-operation with other traditional psychotherapeutic methods. If traditional psychotherapeutic methods have an advantage in their well developed theoretical backgrounds, then body therapies must be understood to have specific and unique applications, albeit limited. As adjunctive treatments they may offer valuable contributions by ensuring attention is paid to the physical components of psychological distress, thus reinforcing psychosomatic integration.

³ "Dasein" is an existential-phenomenological term meaning the totality of a person's bodily existence in his/her world.

From this overview it would appear that body therapies and dance/movement therapies share many common aims and assumptions. However, many of the limitations of body therapies are not encountered in dance/movement therapy's consideration of the meaning of both conscious and unconscious aspects of bodyliness. In working towards an understanding of dance/movement therapy it may be useful to regard the background research and resulting methodologies of body therapies as precursors of the dance/movement therapy techniques.

CHAPTER THREE

An overview of the field of dance/movement therapy.

3.1. The history of dance/movement therapy.

Dance/Movement Therapy is a young profession whose beginnings may be traced to the work done in the nineteen forties by an ex-Denishawn dancer called Marian Chace. As a dance teacher in Washington D.C. she began to place more and more emphasis on creative improvisational work in her classes until the personal expression of the pupils became the focus, rather than the teaching of a dance technique. She was then invited by prominent psychiatrists at St. Elizabeth's (the leading federal hospital in the area) to work with their patients, many of whom had a long history of hospitalization without intensive psychotropic medication. Her ideas developed and slowly theories which elucidated the direction and aim of her work were formulated. Chace worked with a wide variety of patient populations and was extremely successful in establishing the credibility of her method. Although she never formally structured her theories for publication, she prepared and delivered papers for various occasions which have been edited by an apprentice and colleague, Sharon Chaiklin.

A decade later, another prominent pioneer in this field, Mary Starks Whitehouse, was pursuing similar ideas but from a slightly different direction. Whitehouse trained at the Mary Wigman school, danced with Martha Graham and was now using dance as a means for self-discovery in her private studio with clients who were neurotic rather than the psychotic hospitalized patients of Chace. Whitehouse was greatly influenced by her personal experience of Jungian analysis which has led to the emphasis of particular Jungian concepts in her theoretical models. She was aware of others working in the same area and sought out what writing was available on the subject, but generally developed her methodology alone.

This early period in the development of the Dance/Movement therapy profession is characterized by practitioners who are female, ex-dancers and working largely in isolation from each other in a variety of

therapeutic settings. It was only in 1966 that the first recognized professional body, the *American Dance Therapy Association*, was formed in the United States, with Chace as president. Its counterpart in the United Kingdom, *The Association for Dance Movement Therapy*, was formed in 1982. According to information obtained from the latter organization, at the time of writing, the total membership was 80, while the precise number of registered dance/movement therapists in Britain is "approximately 25-20 at a guess". (private communication between the author and the Association secretary, 1989) No figures of this kind were available from the *American Dance Therapy Association*.

Both organizations were formed in order to establish and stimulate high standards of competence both in the field and in professional education by setting out guidelines for graduate training programmes. The exchange of knowledge and promotion of the profession is facilitated by the publication of journals and newsletters as well as the organization of workshops and annual conferences.

3.2. *Common assumptions of dance/movement therapy.*

Methodologies and specific techniques of dance/movement therapy differ according to the orientation of the theoretical frameworks of various schools. As dance/movement therapy is a hybrid profession predominantly cultivated from the fields of dance and psychology, the results necessarily refer to these roots. Therefore, the framework of theory of the different approaches derives mainly from the particular psychological alignments of the practitioners, and their singular understanding of the specific demands of therapy. This would include how the individual is viewed, what model of health is employed and the structure and goals of the therapeutic process. Similarly it must follow that dance studies offer information regarding the precise nature of dance as well as prime methods of utilizing the body in a dance form.

However, while specific features of the profession may be attributed to certain psychological theories it is possible, and far more useful for the purposes of this discussion, to extract and examine those tenets common to all theoretical approaches. Lewis Bernstein's (1979) seminal work offers a comparative phenomenological analysis of eight theoretical approaches which forms the basis of such an investigation.

3.2.1. *Holism.*

Dance/Movement Therapy is a holistic approach which assumes the reciprocity between mind and body, so that the physiological constituents of the human organism reflect its psychic conditions, and *visa versa*.

Events which are represented mentally are functionally and/or symbolically related to physical expressions and internal bodily events. Physical and mental modes link up, interact and trigger each other. This is the basis of psychosomatic medicine. The expressions of the various physical and mental modes reflect or suggest the identity and organization of the total personality. (Fletcher 1979 p 133)

This holistic view is extended to an understanding of the individual and his/her circumstances, such that "mind, body, organic functioning and behaviour are interwoven with the environment" (Lewis Bernstein 1979 p 171)

The central premise is that emotional and psychic distress may be treated through the physical medium of bodily movement because the body is the manifestation of our experiences and perceptions of ourselves and the world. The interactive relationship between the body and the mind ensures that beneficial change in the bodily apparatus will automatically affect the psychic structure of the person.

There is a close interrelation between muscular sequences and inner attitude so that not only does the inner attitude connect up with muscular states, but also every sequence of tensions and relaxations provokes a specific attitude. When there is a specific motor sequence it changes the inner situation and even provokes a different muscular sequence. (Schilder 1950 p 208)

As has been discussed, the nature of bodyliness is extremely complex and seldom is there a simple one-to-one correlation between an individual body movement and an individual psychic meaning. (Duggan 1981; Fletcher 1979) Intricate relationships exist between individual and collective aspects of bodyliness, and it is this complexity which is under scrutiny in the process of dance/movement therapy. A truly holistic approach must consider the impact the socio-cultural environment has upon the individual, particularly with regard to the standards against which psychic health is measured and the degree to which psycho-somatic integration is fostered or hindered. Dosamantes-Alperson (1984) and Siegel (1979) believe that contemporary western society plays a significant role in the denial and repression of inner body sensitivities

because of the encouragement of intellectualization and rationalization which obstructs the development of an instinctive awareness of personal bodyliness.

[O]ne often finds parents buying toys that develop cognitive skills, or subscribing to programmes that are said to teach pre-reading and reading skills through games and records, before they have toilet trained their child, or more accurately, have acquainted their child with his or her own body signals. Small wonder, then, when such a child learns early to disregard, or to view as insignificant, the messages of its own body! (*Ibid.* p 90)

The dance/movement therapist has a responsibility to work with a deep understanding of the various factors combining to influence and create a person's bodily identity, so that change initiated by therapy is compatible with the patient's environmental circumstances and may be safely and usefully integrated into the patient's life outside of the therapy room.

3.2.2. *Innate capacity for self-regulated growth.*

The human being is understood to have an innate capacity for growth and to develop in an ordered sequential manner. Natural rhythm and timing regulates the growth process according to each individual's progress, and the significance of movement in this developmental procedure is acknowledged by most theoretical schools. (Lewis Bernstein 1979) Through the sensory information gained from random and undifferentiated movements the infant acquires information regarding self, other people and the environment. The free experience of movement, tactile stimulation and the appropriate bodily responses of the primary care-giver are vital for the positive development of the infant's body image, emotional identity and expressive ability.

The human body is the means by which we come to know and respond to our world and is the repository of that knowledge. (Melville-Thomas 1987) The infant learns the distinction between self and other in his/her acquisition of movement skills, which in turn act as an indicator of the specific phase of development reached. The detailing of age-specific developmental phases have been recorded by many prominent psychologists (e.g. Margaret Mahler), and dance/movement therapists offer the unique contribution of the identification and analysis of corresponding movement characteristics, including deficient movement patterns which are symptomatic of inadequate developmental advancement. In this way, movement analysis functions as a diagnostic tool which assists in the planning of treatment.

The individual also retains memories of developmentally related, interconnected somatic experiences, unconscious material and conscious behaviour, which may seriously influence present behaviours and actions. (Lewis Bernstein 1979) The body is regarded as the container of the individual's experiences, and so dance/movement therapy works directly with the release of such obstructive memories in their kinesthetic expressions, to enable the patient to respond with more flexibility and to function more freely. This process may involve the exercise and controlled manipulation of the physical body in order to free counter-productive tension and energy blockages, as well as work with symbolism and spontaneous movement which allows for the liberation of unconscious material.

3.2.3. *The health/ill health continuum.*

Dance/Movement therapy understands the concepts of health and ill-health in terms of a continuum, where "health is reflected in mind-body integration; dysfunction is reflected in mind-body split and in the somatization of psychic problems." (Lewis Bernstein 1979 p 172) The healthy individual is able to engage fully in the experience of inter-personal and intra-personal life-events, such that a range of emotions is safely encountered and conceptualized. Dysfunction is characterised by distorted representations of self, body image and other people, and the inability to establish meaningful social and intimate relationships with others. While the healthy individual is capable of meeting his/her own needs and actively engaging in the personal process of integration, the dysfunctional person is unable to marshal the resources of ego and unconscious in order to realize his/her potential for wholeness.

The health-dysfunction continuum is recognised and evaluated through observation of body movement as well as through the patient's verbalizations about the actual presenting problem(s) and his/her associations regarding the body movement experiences. (*Ibid.*) This continuum is reflected in the body and body movement in certain identifiable ways. Health is somatically reflected in an integrated, unified body that is balanced and correctly aligned in order to facilitate normal breath and energy flow. Dysfunction manifests in body splits (where body parts are used in a fragmentary way) and blockages of breath, tension and energy which inhibit the body's balance and alignment. The healthy body is able to move gracefully, with coordinated and integrated movements and is capable of a wide range of movement qualities. Both conscious and unconscious movement is recognised and made available for use, which is not the case where there is disorder and ill-health. The dysfunctional body moves in a distorted and unintegrated manner, with an habitual, non-adaptive, restricted repertoire of movement qualities. (*Ibid.* p 172)

It must be emphasised that there is no one particular way of moving and dancing which is regarded as optimum. Individual differences in style of movement are recognised, as well as the role of socio-cultural values in determining certain movement patterns. The focus is on increasing the patient's bodily and movement awareness and on extending the range of their movement vocabulary. In this way it is hoped that the patient may be able to respond to the environmental demands with a greater sense of embodied choice and flexibility. (Duggan 1981)

At all times, dance addresses itself directly to the healthy aspect of human nature and it can fortify and expand any remaining sparks of well-being . . . As I observe the patients I work with, it's easy to see that there's no delight in their bodies. So my immediate concern is to revive the body's talent to enjoy itself, to attempt to heal the emotional wound by inducing in the person a new and positive feeling about his physical self. (Schoop 1974 p 74)

Lewis Bernstein (1979) offers a succinct appraisal of the variety of techniques employed by dance/movement therapists for this purpose:

Contraction-relaxation patterns
 Postural-gestural patterns
 Range of movement qualities
 Developmentally related movement
 Rhythmic dance
 Spontaneous movement/creative dance
 Thematic movement improvisations
 Unconscious symbolic body movement
 Group dance (p 173)

She also offers a summary of the proposed results of this work:

Intrapsychic change or reorganization
 Conflict resolution
 Realization of individual's potential
 Capacity to meet one's needs
 Maintenance of present awareness
 Natural flow of energy
 Increased capacity for vitality and relaxation
 Meaningful social interaction. (*Ibid.*)

3.2.4. *The process nature of the work.*

Underlying all dance/movement therapy is the recognition of the *process* nature of the work. There is no set of techniques that produces predictable results and there is no predetermined formula for each session. The therapist has to use his/her knowledge to respond appropriately to the patient's spontaneous movement behaviours, and thus be fully present to the continuous exploration and unfolding of self that make up the therapeutic journey. This would include the "*exploration, experience, expression and identification* of conscious and unconscious material, polarities, energy blocks, and emotions." (*Ibid.* p 173) The work demands a continual awareness of the patient's body, movement and relationship with the therapist and others in relation to the patient's history. Use of the process modality allows for the methods of treatment to alter during the course of therapy in order to adapt to the changing needs of a patient.

It is also extremely pertinent to the medium of movement where the patient is experiencing him/herself in positions of flux and change, which may often be appropriate metaphors for the therapeutic experience itself.

3.2.5. *Pre-verbal and non-verbal communication.*

Although most psychological schools of thought incorporate an understanding of the importance of a pre-verbal developmental stage, not many of them have formulated techniques for adequate intervention on this level. (Chaiklin in Duggan 1981) In the focus on movement as the medium of the therapeutic relationship and the material used in the patient's exploration of him/herself, there is the opportunity to reach this pre-verbal level without having to negotiate language. Many patient population groups are unable to use language expressively for various reasons, for example, in cases of severe regression, retardation or psychosis. *Alexithymia* is a Greek word meaning "no words for feelings", and is the construct common to all psychosomatic disorders. A psychosomatic disorder is the physical manifestation of a psychological condition, for example: severe stress may result in a stomach ulcer.

Dance and movement are alternative means of communication and offer the opportunities to express feelings without words. They are also effective means of establishing contact and generating a relationship with patients who are severely withdrawn, as in the case of autism. The dance/movement therapist may mirror the patient's movements and thereby indicate the willingness to enter into the patient's non-verbal isolation. In addition to this, moving before verbalizing may provide patients with new and unusual insights rather than the habitual, languaged understanding of him/herself. This is particularly important when

working with unconscious material, which manifests most easily in non-verbal symbolic imagery and communication.

However most dance/movement therapists do employ verbal communication to a greater or lesser extent. Language is the primary mode of communication in our Western industrialized society and it would be extremely difficult to exclude all verbal interaction. Although in dance/movement therapy the emphasis and primary mode of working is with bodily information, symbolic material that has emerged through movement may need to be elucidated and integrated through verbal discussion and direction. Discussion is also indispensable for the critical working through process of therapy. It is not enough that something significant and possibly also cathartic happens, because people need to be able to reflect upon the experience and claim it as part of themselves.

3.2.6. *Elucidation of unconscious material.*

Through the use of movement in a non-directive manner, the patient is able to experience inner dynamics and impulses. If the movement can remain unplanned and be allowed to emerge spontaneously, the result is "authentic movement"(a term first used by Whitehouse). This is the revelation of unconscious material that supplies further information about repressed conflicts and desires, and that must be integrated into the consciousness of the patient.

Chace felt that dance provided a means of structuring and managing internal impulses, which prevented the patient from being overwhelmed while assisting the correct integration of these inner feelings. (*Ibid.*) Many theorists believe that being in touch with and utilizing the contents of the unconscious in an organized form is the foundation of the inherent healing properties of all artistic and creative activities. (Espenak 1981, Schoop 1974) By organizing the forces of both mind and body in a dance-expression, the patient accepts and is able to be more objective towards these previously repressed aspects of the self. In the communication of the artistic expression, a response is evoked from other people which decreases feelings of loneliness and increases a sense of identity.

3.2.7. *Development of self-awareness.*

The patient's ability to experience him/herself is deepened on various levels by the use of dance and movement. The physical well-being of the patient is improved through the adjustment of faulty posture

and breathing habits, reduction of tension and increased bodily strength, flexibility and vitality. As the patient becomes more aware and positively accepting of his/her bodily existence, creative and adaptive responses to a wider range of sensory stimuli become possible. "The movement process aids the client in developing alternate ways of coping with inner impulses and environmental demands, and integrates affective, cognitive, and somatic aspects of being." (Duggan 1981 p 229)

The patient becomes able to recognise areas which are blocked or dysfunctional and to examine their significance in relation to other aspects of his/her life.

As the person's feelings about his/her body change, so must his/her perceptions of the world alter, and so the quality of the person's being-in-the-world is improved. An overall sense of control and competence results in a stronger body image and a more stable sense of self. The increased sense of self-worth is encouraging as the patient undergoes the difficult and often frightening process of self-exploration and change demanded by therapy.

Participation in group dance allows the patient to experience the dimensions of his/her social self within a secure and containing environment. By accommodating the rhythmic patterns of others and learning appropriate bodily responses when working with group members the patient has the chance to practice the rudimentary inter-personal skills necessary for social functioning outside of the therapy room.

3.3. Range of application of dance/movement therapy.

There are indications of dance/movement therapy being applied to a wide variety of patient populations with various benefits. Adjustments are made in the techniques adopted according to the needs and situations of clients, and it may be used as a primary or adjunctive treatment. (Duggan 1981)

The case studies of psychological repair effected through dance/movement therapy include a wide range of organic as well as neurotic and psychotic disorders amongst others (Lewis Bernstein 1979). A few that may be mentioned are the mentally and physically handicapped, (Bartenieff 1980; Duggan 1981; Espenak 1981), autistics (Siegel 1984; Espenak 1981) children with learning disabilities, (Duggan 1981), as a family

therapy modality, (Bell 1984), chronic schizophrenics (Schoop 1974; Chace in Chaiklin and Schmais 1979), and patients on the borderline between neurosis and psychosis (Siegel 1984).

In addition to these categories which appear to dwell mainly upon the overtly psychological nature of the client's issues, there is evidence that dance/movement therapy may be applied to clients where social problems are foremost. This does not imply that the individual suffers social and psychological problems separately, but merely points out that problems may manifest themselves from particular social situations, and that these too may be addressed with the movement modality.

Payne (1986) documents pilot studies in dance/movement therapy done in a Community Home with adolescent boys labelled "delinquent". The premise of the investigation is that "action-based" therapies are more useful for this group because of the unsuitability of many verbally analytic therapies, due to the need for insight and expressive language skills. At the time of publication the obtained data of this study was still in the process of being analysed.

Schneider (1986) discusses the use of movement and mime in a programme devised for the elderly in nursing homes. He feels that movement can successfully counteract the debilitating feelings of self-devaluation and helplessness by helping to develop a positive body and self-concept, and stimulate reminiscing and time and reality orientation. The results of his programme demonstrated the accomplishment of a greater sense of confidence, sociability and improvement in basic motor coordination amongst the subjects.

3.4. Differentiating features of four categories of approaches to Dance/Movement therapy.

3.4.1. The Psychoanalytic Approach

(This includes ego psychology and psychodynamic orientations, as well as the Adlerian bias which is psychoanalytically derived.)

Freud's psychoanalytic theory describes the personality as an energy system constantly attempting to achieve equilibrium through the appropriate discharge of instinctual drives originating in the unconscious. (Brennan 1982) The id, ego and superego are constructs of the structure of the personality which influence this dynamic interaction. The id is libido or the irrational psychic energy that is immune from reality and

social conventions, and determines unconscious processes by perpetually seeking gratification. The ego is the totality of the mental self which must channel the energies of the id appropriately in order that the individual conforms to social conventions of behaviour. It is this aspect of the personality which is most able to effect and sustain the change initiated by therapy. The superego is the incorporation of moral codes perceived externally from parental or other authority figures, thus conflicting directly with the id and requiring arbitration from the ego.

The individual must pass through various phases of psychosexual development in the gratification of the pleasure principle, demanding negotiation of the anxiety accompanying the conflicts present at each stage. The ego may develop defense mechanisms, (largely unconscious processes such as repression or denial), in order to deal with anxiety, which may hinder further development. Traumatic interruption or interference of the normal development of these phases may lead to a fixation of energy at a particular point which leads to adaptive but ultimately malfunctioning way(s) of being. It is towards the location of this point and the revelation of the associated unfulfilled unconscious desires

that psychoanalysts work. Techniques used include free association of ideas and dream analysis in order to discover the contents of the unconscious; analysis of the patient's resistance to the process and interpretation of the existing relationship between therapist and patient. (Hjelle and Ziegler 1981)

The wealth of traditional psychoanalytic theory provides a clearly conceptualized psychological framework within which dance and movement as therapy may be applied. The theorists under discussion demonstrate a debt to this precedent in their rigorous approaches to the formulation of starting assumptions, assessment procedures, and the structure and significance of the working relationship between therapist and patient.

Thus the ego is understood to be intrinsically tied to body image, and emphasis is on the uncovering of unconscious material and the judicious employment of catharsis in order to facilitate the process of regression toward the fixation point. (Siegel 1984) The revelation of unconscious material is therefore a means to a particular end. The ego-functions are strengthened through building a better body image, liberating blockages of tension and removing the need for defense mechanisms. This facilitates the appropriate and meaningful release of instinctual energies, thereby recreating the harmonious whole of psyche and soma.

The concept of age-specific developmental phases is dominant in all psychoanalytically orientated Dance/Movement therapies, and is strongly influenced by object-relations theory. (Siegel 1984; Lewis Bernstein and Avstreich 1984; Fletcher 1979) This theoretical school focuses on the influence of the individual's experience of early relationships with emotionally-significant people, usually parental figures. Object-relations theory describes particular stages which promote the infant's development of a sense of self; the growth of the distinction between self and not-self; and the eventual separation from the primary-care giver. Siegel (1984) suggests that observation and analysis of the motility⁴ accompanying these stages is an important form of diagnosis and an indicator of where work should begin. She provides a chart documenting normal and symptomatic motility for each stage of the child's development. Motility is regarded as the visible representation of a universal primal drive existing independently from aggression and libido which she calls the Motor Drive. Some people have a greater urge towards the discharge of this drive which leads Siegel to claim that some patients are therefore innately more suitable for Dance/Movement therapy intervention than others.

Siegel feels strongly that dance-movement therapy is not merely a derivative of a verbal therapy, and that its own origins are firmly within dance. She is unique in emphasizing for would-be therapists the necessity of predominantly classical ballet training as well as full knowledge of the choreographic transformation of expression into form.

She speaks of her use of the classic form of ballet in her work as being closely allied to the "linear form, that, like it or not, is a large part of the movement expression of Western culture." (Siegel 1984. p 216) She believes that the discipline and structure governing classical dance generates the type of movement which is very close to the everyday movement repertoire of the Western European tradition, eg. linear, space-cutting movements and the firmly upright and tightly held posture of the torso. She also believes that the structure of movement exercises derived from the balletic tradition provides a security for patients who need a framework within which to negotiate mania or feelings of being out of control. Similarly, the

⁴. She defines motility as "not only functional motor skills, but all "motion" behaviour of either a volitional or nonvolitional nature. Included in the moving behaviour are its counterparts, States of Stillness. Thus, motility encompasses both Active Moving that is either consciously directed or not, and States of Stillness which, in a similar fashion, may or may not be consciously directed." (Siegel 1984 p 52-3)

grandeur of the ballet aesthetic provides an appropriate form for emotions experienced as great and majestic.

Finally, Siegel sees in classical dance a metaphor for the process of psychoanalysis.

Classic dance and choreography represent the disciplined consciousness over the spectrum of motor drive and its diversified expressions in the profession of dance-movement therapy. In effect, classic dance parallels the goals of psychoanalysis when it is taught and practised in an anatomically correct way. Psychoanalysis at its best seeks to free and promote ideal possibilities of endowment through reinforcing or creating conscious control over drives.

So does Classic Dance in its insistence on clarity of line and placement. In the purest sense of the word, it tames the motor drive under the direction of the conscious self. (*Ibid.* p 216-7)

Lewis Bernstein and Avstreich (1984) document the application of Laban/Kestenberg movement profiling, which draws on the seminal theories of Mahler and Winnicott, to provide a technique of object relational assessment. Laban's system of movement analysis with corresponding notation is based upon the observation of the dynamic or *effort* qualities of the movement. This is reflected in the mover's relationship to weight (lightness or strength), space (directness or flexibility), time (sustained or sudden) and flow (free or bound). Lewis Bernstein and Avstreich (1984) believe that the infant demonstrates different effort-shape use of the flow and direction of movement in all three of the dimensional planes, as s/he progresses through the various phases of contact with the primary care-giver.⁵ Furthermore, breath flow, body posturing, and movement are vital as primary communication and an organizational bridge between the self and object. Lewis Bernstein and Avstreich (1984) offer an understanding of the infant's movement as "effort-shape developmentally based motoric apparatuses" (*Ibid.* p 83) which correlates with the concepts of prominent object relations theorists such as Mahler, Winnicott, Kohut and Kernberg. This information is concisely presented in tabular forms that

address the relationship between ego psychology with its emphasis on drive discharge and developmental adaptation, and object relations theory with its focus on the individuation process between the emerging self and other. (*Ibid.*)

⁵ The three dimensions are found upon the horizontal (widening or narrowing), vertical (lengthening or shortening) and sagittal (bulging or hollowing) planes. These dimensions also provide possibilities of directional shape which is movement of an arc-like or spoke-like manner.

This research has provided a reliable means of diagnosis grounded in well-developed theories, which in turn has suggested various techniques for therapeutic intervention through movement. It also provides clear parameters within the object-relational context regarding the interpretation of the transference relationship between therapist and patient. Lewis Bernstein and Avstreich (1984) refer to Chace's technique of empathetic mirror reflecting, which parallels Kohut's work with mirror transference. This is the non-verbal movement reflection of a person suffering from severe withdrawal, in order to enter their undifferentiated isolation, and to initiate the beginnings of a therapeutic relationship.

Empathetic, attuned movement-mirroring and therapeutic derivatives of holding and handling which are sensitive to the client's needed developmentally-based tension and shape flow can enable the individual to develop "a host of meaningful memories." In this way the needed transference object relations for differentiation and eventual object constancy can occur, resulting in the individual's experience of internal fullness, of selfhood, and of the capacity both to love and hate and be both good and bad. (*Ibid.* p 91)

A further example is found in Siegel's (1984) technique of "breathing together" - mutual body posturing and breath mirroring between therapist and patient - which has a facilitating effect with psychotic and organically disabled children.

Espenak is an Adlerian but may be broadly classified with the psychoanalytically derived theories because of her belief that the patient must develop a more profound awareness of self through the release of embodied repressed or denied feelings in order to effect psychic change. In direct opposition with Siegel's approach however, she emphasises the incorporation of many different techniques concerned with body work including exercises drawn from modern dance and ballet training, relaxation techniques as used by Alexander and Jacobson, swing techniques from Bode and Medau, Dalcroze's rhythmic methods, yoga, psychodrama, folk dance and gymnastics.

The distinctive contribution of Espenak's approach is the formulation of movement diagnostic tests which give the therapist an overview of the patient's movement behaviour and provide a base for the structuring of treatment programmes. The tests are not situated specifically within any particular psychological model but are based upon Espenak's personal eclectic approach. They consist of a series of simple movement tasks which patients are asked to execute to the best of their ability; the emphasis is not on performance skills but rather on the elucidation of bodily

characteristics which are demonstrated by each test. The tests are grouped into seven basic areas which correspond to components of the personality. The therapist has then to interpret these results in the light of the fundamental and dynamic interaction between mind and body. Evaluation consists of a scoring procedure which provides a profile of the patient, developed on the basis of these grades and on the observations of any special problems. This profile is compared to an established standard profile of harmonious movement function. The tests may be repeated at regular intervals throughout treatment in order to evaluate progress.

3.4.2. *The Jungian approach.*

From a Jungian perspective, in addition to the personal unconscious containing repressed traumas and dream images as described by the psychoanalysts, the individual is understood to have a deeper substratum of the psyche called the collective unconscious. The term "collective" refers to the universality of its emotionally significant thematic material which is expressed in symbolic or mythic forms known as archetypes. (Brennan 1982) Although they are manifested primarily in myths and fairy tales, Lewis Bernstein in Lewis Bernstein and Avstreich (1984) feel that there are also archetypal bodily attitudes and movements to be identified "from the rhythmic pelvic undulations of puberty rites to the circle and square mandalas in folk dances." (p 101)

Jung believed that archetypes ordered the eternal aspect of human experience in a coherent way, connecting the individual to the eternal mysteries of life, and assisting in the task of individuation. Individuation is the conscious journey of spiritual development towards a total realization of all aspects of the individual, in harmony with a transpersonal and inexhaustible source of esoteric power. It is a "religious" attitude towards personal development although there may be no specific religious doctrine involved. ⁶ Through self-knowledge the individual uncovers unknown, opposing dimensions exerting an unconscious influence over his/her life, and must integrate them in order to experience wholeness.

Jung believed that this mythic level plays a vital role in the individual's development, and ascribes the sense of futility he observed among so many people to being alienated from the profundity of the mythic

⁶. Storr (1973) believes that Jung's concept of individuation was basically one of symbolic healing, and although Jung described it in religious terms, it could easily have been described in others. Storr suggests that experience of creative symbol-making within the arts may be more appropriate for people nowadays to attain this sense of Self, than Jung's emphasis on religion.

consciousness which gives life dignity and purpose. (Storr 1973) The Jungian view of the symbol is that it is a healing agent reconciling opposites and stimulating the imagination and the unconscious, which frees neurotically fixated energy allowing it to be used creatively - which in itself can be healing. (Weinrib 1983) Jung used the metaphor of alchemy, the ancient art of attempting to turn base metals into gold, for the therapeutic process which was concerned with transforming the base material of psychic disunity into the refined essence of individuation and Selfhood.⁷ (Lewis Bernstein in Lewis Bernstein and Avstreich 1984)

A primary aim of Jungian analysis is to reestablish a continuing and nourishing relationship between the unconscious and the conscious ego so that symbolic life may exercise its power in the healing process. (Weinrib 1983) Nonverbal expression which is intuitive rather than rational, contributes significantly to the evocation of the unconscious. Jungian dance/movement therapists believe there is an added advantage in the embodied enactment of personal myths, and the use of dance to activate unconscious material. The instantaneous and ephemeral nature of dance means that images may be quickly accessed and the flow of the activity maintained. (Whitehouse 1979; Lewis Bernstein 1984a)

Assessment is made by accessing the contents of the unconscious through "authentic movement". This is a term used by Whitehouse to refer to improvisational movement that is simple, inevitable and genuinely discloses a previously unrecognized aspect of the person - revealing an "unlearned truth". (1979 p. 57) One of Whitehouse's students describes the experience of authentic movement in this way:

So it is that an image wells up in the body and moves it in the same way an image springs up before the eyes and moves the heart (and again, the body, since there are often chemical and physical reactions to images - fear, trembling, sweating, blurred vision, accelerated heart beat . . . and if that's not the body I don't know what is). What I want to say is that *improvising is like active imagination*, that it cannot be done endlessly in a vacuum but it must in some way be brought to a more conscious level. What Mary is trying to do is to show a method of getting at human action within a framework of personal movement. (*Ibid.* p 59)

Lewis Bernstein in Lewis Bernstein and Avstreich (1984) believes that split off parts of the psyche are formed into complexes which have corresponding archetypal and mythic themes. She presents an ontogeny of the consciousness of self which demonstrates the specific myths the individual must successfully negotiate

⁷ Jung distinguished between the self and the Self. The former is the conscious identity of the ego; of the individual's particular personality. Self is the transpersonal, universal identity experienced through individuation.

and internalize in the development of selfhood.

Jungian dance/movement therapists focus upon the symbolic form and content of their patient's improvisations, and encourage a process of allowing material from the chaos of the unconscious to be revealed. The process is very often an organic one, which fosters the flow of material and demands that both therapist and patient work in an atmosphere of trust and permission. Trust in each other and in the power of the wisdom from a collective pool of knowledge. Whitehouse says "the movement leads and the mover follows". (1979 p 62)

Verbalization and discussion of the work may be used to consolidate experiences which may otherwise remain unintegrated and unlimited in their transformative potential. (Lewis Bernstein and Avstreich 1984) However it is acknowledged that the focus of the work is on a level of conscious which cannot be easily articulated and intellectualized. A central theme in the Jungian approach is that symbols and primordial mythic themes should be allowed a life of their own without reductive analysis and dissection. Archetypal images reveal the psychic condition and provide a numinous energy which succors and sustains the individual's quest for differentiated consciousness.

Lewis Bernstein (1984a) documents a phenomenological analysis of specific somatic experiences of countertransference being experienced by dance/movement therapist of all orientations, which refer to the constellation of feminine archetypes within the collective unconscious. She feels that there is a great need for this type of study.

Experiences of knowing from a non causal origin need to come out from the shadow position within the continuum of the sources of wisdom and understanding. Conscious left hemisphere intellectual explicit rationality needs to be balanced with the right hemisphere intuitive which draws from body felt experience, creativity, instinct and a synchronistically based timeless natural source. (p 300)

She believes that there is a fundamental "androgenous perspective" implicit in all approaches studied which respects and actively employs this right brain point of view, thus redressing an imbalance within individuals as well as within a larger socio-cultural perspective.

3.4.3. *The Transpersonal Approach.*

Transpersonal psychology is concerned with the development and structure of consciousness including the non-ego and spiritual states of the individual. The primary consideration is the interrelatedness of the individual and the cosmos, rather than the psychology of separate individuals. (Bouvoucalas 1980) Each individual is in the process of "becoming" and discovering how this identity is related to the perceived cosmic order. This process is a journey of experiencing the divine or higher self within; which holds the microcosm of individual perfection, reflecting the totality of the perfect macrocosm.

Theoretical frameworks in transpersonal psychology range from the adaptations of classically religious doctrines to the use of modern psychological theories. However a commonality may be found in the "perennial philosophy" which expresses the underlying structure of various transpersonal approaches over a range of cultures and times. (Rothberg 1986) The core of the perennial philosophy is the hierarchical structure of the world and self, and he suggests Smith's (1976) distinction of four levels within this hierarchy.

(1) the terrestrial or material world, in principle knowable through the senses, and structured by the laws of space, time, and matter; (2) the "intermediate" world of mind and the "vital principle," invisible to the senses; (3) the "celestial" or "archetypal" world of the "knowable" God and Platonic forms; and, finally, (4) the Infinite, the "unknowable" God, the Godhead, which is actually not so much a level as a "ground" for the other levels. Complementing this "outward" ontology is a corresponding ontology of the levels of the self, which distinguishes: (1) the body; (2) the mind; (3) the soul, the "final locus of our individuality," that which relates to God; and (4) spirit, the *atman* that is *brahman*, the Buddha-nature. (p 3)

Given this basic understanding of the nature of the world and the individual, central themes for the individual within the transpersonal psychological framework include the exploration of a variety of nonego states in order to experience transcendence from the lower levels; the facilitation of the way of being known as "enlightenment"; the encouragement of activities which advance individual Self-knowledge and realization of the transpersonal; and the healthy alignment of all aspects of the individual (physiological, emotional, psychological, spiritual, intellectual etc.) in this hierarchical development.

In the wider societal context, themes include concern with relationships between people as a means of transcendence; the promotion of environments facilitating the impulse towards transcendence; the

improvement of quality of life through the transformation of society; and the awareness of the influence of group consciousness towards the development of a human consciousness which contributes to the evolution of the planet and cosmos. Implicit within these goals is the need to integrate the mental processes of both reason and intuition, and to develop a non-linear perception of inner states which acknowledges previously neglected modes of knowing and choosing. (Boucoulalas 1980)

Transpersonal psychotherapy is not limited to any particular techniques, but instead is dependent upon the beliefs of patient and therapist in a universal purpose to all life, which determine the goals of therapy. A fundamental concept is that the Self, or divine aspect within, is the guide in the impulse towards transpersonal realization. The therapeutic process relies upon harnessing this innate potential for well-being and healing. The "attitude/context is crucial. If connected with one's "ultimate" values, any activity can be transforming. (*Ibid.* p 43) However in the need to explore nonego states of consciousness, and develop ways of knowing that are not restricted to rational, logical and intellectual investigation, extensive use is being made of non-verbal forms of communication and artistic expressions.

The body is regarded as possessing a primordial wisdom, revealing the accumulation of the individual's life journey by reflecting his/her connections with the family, socio-cultural circumstances and the universe. People's vital energy life force manifests in their bodies, thus providing a direct indication of the total functioning of mind and spirit, as well as a means of intervention. A healthy person reflects a clear flow of this vital energy, and delights in the free expression of a variety of movement options.

Each body possesses cellular knowledge of this state of fluid energy. Each cell contains holographic information of the bodies' perfection. However, sometimes the cells act as though they are experiencing a lapse of memory of their hologram. Dance therapy offers one path for remembering this perfect blueprint. (Freudenthal Govine 1979 p 157)

Within this context, dance and movement may be used in two different ways. Firstly, dance has a history of enabling people to experience ecstatic states beyond what is usually regarded as "normal consciousness", and may be used solely for this purpose. (Ellfeldt 1976, Wosien 1974, Schmais 1988) In guided experience of pre-conscious and beyond-conscious states, the patient may be able to tap into the potency of the divine within, and able to draw the means for transformation of personal problems from that state of vitality. It may also be that the feeling of alignment with the higher self is a sufficient end in itself,

and that the form of dance provides an agreeable sense of ritual to the process.

Secondly, the creative activity of making a dance may promote a unique kind of healing. Schoop (1974) feels strongly that the therapeutic process is an artistic one, and that healing occurs because the patient is required to structure the previously disowned and feared feelings that are finally contacted in the uncovering processes of the work. Having experienced them in authentic movement, the patient comes to accept and integrate these aspects of the self. Giving explicit form to feeling demands a certain degree of objectivity, which in turn demands that the patient be aware of contexts beyond him/herself. The presentation of the organized piece, no matter how rough or unskilled, is demonstration of the acceptance of these emotions and an invitation to others to respond, thus decreasing the sense of loneliness and isolation.

This esthetic [sic.] production requires him to organize the forces of both his mind and his body as he does something about himself with himself. As he develops a logical framework for his expression, seeks movement patterns for it, gives it a particular rhythm, a certain step, a special tension, he is gaining the upper hand. (Schoop 1979 p 42)

Schoop feels that when an act of artistic creation takes place, no matter how simple or basic, an awareness of the higher level she terms "UR" is engendered. The awareness of UR refers to a sense of being truly connected to the cosmos, which promotes a deep and collective communication between people and frees them from their isolation and secrecy. The sense of sharing and belonging to a universal process is life-affirming, encouraging and unifying.

But I believe that deep within each human lies a recognition of the UR experience. There are many names for it. Some call it Nature; Some call it Paradise; some call it Infinity; some call it God. Whatever its name, the recollection of this level of being permits each individual to have a consciousness of space/time/energy forever unbound. I think that humans can never be fully rounded and global unless they actualize their UR experience. They can then be assured that everything that has occurred in man's evolutionary process is within each individual now. Mankind has forgotten nothing - not one thing. (*Ibid.* p 36-7)

For Schoop therefore, it is clearly the process of artistic creation which is healing, and significantly, the use of the body as the means of composition. It is particularly dance and movement of the body which is the most therapeutic form of artistic expression, because movement is synonymous with life, and to dance is to express an enjoyable participation in existence.

Techniques employed by dance/movement therapists working in the transpersonal modality appear to be no different from those used by dance/movement therapists of other orientations. The treatment involves the use of fantasy, dream and meditation material in an improvisational manner, to tap into the creative process as a way of assisting dialogue with the higher self. However, Freudenthal Govine (1979) believes in never working on the level of the problem, preferring always to work on the level of resolution. This is achieved by the therapist intuitively "sensing" the next step that the patient should work on and then making that the focus of the therapy. She does this by bringing herself to "total presence with the person". (Freudenthal Govine 1979 p 158) She uses the example of a patient bringing to a session feelings of rage towards her mother. Freudenthal Govine had an intuition that a feeling of compassion was most appropriate, and so she aimed the work at the experience of harmony and resolution rather than at the catharsis of the anger.

In the state of high indifference the therapist is able to view the problems from above the level of the conflict without projection or identification. The therapist holds in his or her own thought the vibration or quality of the resolution. (*Ibid.*)

In this is an indication of the high level of responsibility carried by the therapist to correctly sense the level of resolution which should be the focus of the work. The implication is that the personal spiritual evolution of the therapist is brought directly to bear upon the work, rather than a methodology of techniques.

In the transpersonal-transformational approach to movement therapy I function as a model who respects and values my body as a person who finds pleasure, meaning and intimacy in relationships. It is through my living example of the esteem in which I place my own fluid body that those who consult with me are reminded of the freedom and pleasure they too once knew, no matter how briefly. It is through the value I place upon personal relationships and my relationship to God that I serve as a guide to a greater sense of meaning to life. (*Ibid.* p 160)

3.4.4. *The Humanistic/Growth approach.*

Humanistic psychology is a movement centered around particular views of human nature rather than a single organized theory or psychotherapeutic system. Developed in America in the nineteen sixties and lead by Abraham Maslow, it poses an alternative to the two major influential theoretical doctrines of psychoanalysis and behaviourism, and became known as *third force psychology*. (Hjelle and Ziegler 1981)

Humanistic psychology is represented by a wide range of views and techniques but there are certain common principles.

Most of these shared conceptions of human nature are derived from European existential philosophy, and have a strong phenomenological flavour. The basic premise is that the individual has ultimate freedom in determining his/her behaviour and experiences, and is obliged to exercise this existential agency by actively and consciously making choices from the range of possibilities available. People are therefore forever in the process of *becoming* and are never static. Furthermore, the individual is responsible for making discerning choices which will promote personal growth and actualization of his/her potential. Maslow believed that the capacity for self-actualization was innate, and that people who refuse to *become* by never seeking to realize their capacity for growth in this manner, deny themselves the full possibilities of human existence.

The humanistic perspective emphasizes the importance of human consciousness experienced in subjective feelings and moods, rather than attempts to create scientifically objective and neutral means of observation of human behaviour. Theoretical explanations therefore, are not as important as the personal experience and subjective meaning of that experience for the individual. Traditional modes of scientific enquiry do not fully appreciate and encapsulate this phenomenological view of people, and Maslow advocated that psychologists assimilate subjective and intuitive concepts into their research in order to gain immediate and global knowledge of human beings.

The individual is studied as an integrated whole, rather than reduced to a series of separated parts or events. A person is regarded as a unified totality who is largely rational in his/her decision making, and who is highly proactive rather than merely responsive to life events. (*Ibid.*) Maslow believed in the innate and essential goodness of human beings that was allied with a universal creative potential, which generated the urge towards self-actualization. He also felt that psychological study should pay more attention to the healthy individual in order to redress the imbalance that he perceived in psychology's history of research into abnormal behaviour. In this way, humanistic psychology came to emphasize psychological health rather than disturbances, and considered self-fulfillment to be the main theme in life. In the humanistic tradition the "patient" is known as the "client" in a direct attempt to exclude any reference to the medical model, and to reinforce the emphasis on psychological health rather than mental illness.

Maslow proposed a hierarchy of human needs which reinforces his concept of motivational processes determining human behaviour. This hierarchy demonstrates that once lower level needs are fulfilled, the strong bias to heterostasis rather than homeostasis will compel the individual to seek out further challenges in the never-ending process of *becoming*. Therefore the individual constantly seeks personal goal states which are challenging, rewarding and promote growth.

Lewis Bernstein (1979) believes that the humanistic growth model is more suited to the fundamental structure concepts of dance/movement therapy than either the medical or behaviourist models.⁸ Dance/Movement therapy from a humanistic perspective includes a variety of approaches, many with their own unique techniques and specific theoretical orientation. Thus we may identify Bell's (1984) family therapy, much of Chace's (Chaiklin and Schmais 1979) work, some of the work done by Evan (Rifkin-Gainer, Lewis Bernstein and Melson 1984) and Dosamantes-Alperson's experiential therapy (1984) among others, as humanistic in approach. The major emphases on self-actualization within a process orientation that is distinctively "client-centered", and upon the subjective experiencing of the client's bodiliness, situate the treatment process within the growth model of therapy.

Chace's work was directed by the concept of working in a client-centered way which increases the possibilities for contact and communication. She used a technique of "empathic mirroring" where she would echo the client's movements in such a way that communicated acceptance and understanding. Once this kind of contact was made, she could exaggerate and intensify the movements in order to help the client to greater self-awareness and understanding of his/her inclinations towards inaction or action. As the movements developed so did self-awareness and communicational ability through symbolic movement.

The therapist makes moment to moment choices affirming those patients' movements that will lead to healthier functioning. She works with the realities of the moment. Arbitrary patterns are not imposed. Instead, the therapist moves with the patient to help him expand and develop his existing repertoire of actions . . . The therapist also supports spontaneous changes in set movement patterns. Subtle differences are mirrored by the therapist with clarity and direction in order to reinforce the new behaviour. (Chaiklin and Schmais 1979 p 24)

⁸. However it must be acknowledged that the converse also holds; that from the range of psychological theories developed, the humanistic approach could perhaps best use that which dance and movement has to offer.

Although Chace worked predominantly with severely withdrawn and disturbed people, she stressed motion and health rather than relying on models stressing pathology. Her emphasis was on the communicational nature of dance and movement, particularly as many of her clients could no longer employ words as useful, accurate or expressive tools. Chace believed in the necessity for healthy emotional expression and used movement to contact and generate what she understood as an inherent life force within each individual, thus breaking the barriers of isolation characteristic of psychic dysfunction.

Blanche Evan's preferred population group for treatment was neurotics, and the humanistic influence is clear in her working premise that individuals are born healthy with innate potential for growth and expansion. (Rifkin-Gainer, Lewis Bernstein and Melson 1984) The basic integrity of the individual at birth suffers within the socio-cultural context of contemporary western industrialization, which Evan refers to as the "machine age". She believes that the literal mechanization of industry and urban living has been embodied metaphorically, resulting in repression of emotions, splits between psyche and soma and the passive inability to enjoy bodily experience and expression.

The human body loses its form, its grace, its power to express, and finally the natural NEED to express is stifled. ("I can't cry.") Body and spirit split and begin to atrophy; ego power shrinks to low self-esteem with an ineptness for both anger and love. In our dance therapy sessions those who cannot be strong in movement can neither be tender; those who cannot express love can neither dance anger. There may be millions of neurotics who fit diagnostic cabinets but *there are also millions of a nondescript nature who fit into the category of what the new age has done to the human being.* When a patient says "I don't feel anything" I suggest: move and you may stir up feelings. (*Ibid.* p 13)

Her methods illustrate the belief that by concentrating on the individual's feelings through the body, insight and the energy for re-education and change will be found. Change is facilitated by the dialogue between subjective feelings and reality, and that the therapist has to guide and instigate the client's work towards self-growth in this way.

Bell's (1984) family therapy work is a combination of various theories, with emphasis to a set of techniques called "Fundamental Interpersonal Relations Orientation". This focuses on three basic behavioural dimensions of all human interactions -*inclusion* (associations between people), *control* (influence over people), and *openness* (transparency between people). Yet the underlying approach may clearly be identified as humanistic in its efforts to focus in upon the experience of each member of the family, and

allow them chance for unobstructed emotional expression and personal growth. Family members are treated as separate individuals, as well as individuals within a specific context who influence each other and the overall context with every attitude, action and response.

Family therapy in motion is a process of joining a family in their dance and helping them to find new steps. It means searching for doors into the family's pain as a way out. By exploring the intricate patterns of each family's dance, and by addressing the family's fear of change, the therapeutic process heightens the possibility for a new pattern. A new family dance emerges that allows each family member greater opportunity for becoming. (*Ibid.* p 224)

Bell employs four categories of structured movement explorations which clarify the interpersonal dynamics within the family. The first type of movements are *diagnostic*, and help identify the area of interpersonal functioning which is associated with the family's pain, and to determine the context in which the difficulty occurs. An example of this is an exercise she calls "milling", where the family members move around the room in whatever way they want, making contact and interacting with whom ever they desire. The second category of movements is concerned with *translations*, which assists in finding where the family is stuck in their interaction with each other, and to facilitate finding behaviours which could contribute to solutions. These may be literal translations where verbal metaphors are used to describe the emotional reality, or kinetic translations which rely on movement to portray nuances of experience or feeling which cannot be articulated with words. For example, the exercise of "movement doubling" entails an individual using movement to express what s/he perceives another person to be feeling. The third category is *awareness processes* that deepen the exploration of present or emergent feelings. An example of this is the "family freeze", where the therapist stops the action in order to point out a significant movement pattern that may have emerged. The fourth category uses the *therapist's own movement* as a catalyst for change, in the role of supporting new developments or helping the family members to practice and integrate more fulfilling ways of relating to each other. For example, "video" is Bell's term for reflecting their actions and responses back to the family.

In successful therapy, the family's desire for openness is connected to feelings of increased lovability, feelings of appreciation for their uniqueness, and a desire for continued change and growth. Their willingness to assume more responsibility grows as they feel more competent and able to cope. Their desire for autonomy walks hand in hand with their feelings of belonging to their own family and trust in its coherence. (*Ibid.* p 232)

Dosamantes-Alperson's (1984) documentation of experiential movement psychotherapy is based on the perceptions of the phenomenal self which function as the reference point for everything the individual does. The concept of experiencing refers to "the manner in which individuals use their internal, ongoing, bodily-felt flow of experience to gain self-awareness and to communicate about themselves." (*Ibid.* p 268) It may be understood as ranging on a continuum from the lowest level of awareness to the highest ability to tune into bodily-derived feelings. High level experiencing involves

- a) ability to perceive one's self as the center of one's experience (internal locus of control), b) ability to shift readily from active to receptive states of consciousness, c) ability to maintain a relaxed yet focused type of attention on bodily feelings and spontaneously emerging images, and d) ability to translate or transform experience from one representational mode to another (e.g., bodily sensations to body movements to images to words). (*Ibid.*)

The therapeutic process demands a receptive attitude towards experiencing and self-exploration in order to retrieve and meaningfully integrate negative or disavowed aspects of the self, and to facilitate the sense of well-being that derives from self-awareness and growth. In order to effect change there must be an increase in the capacity to differentiate across all three experiential modes: enactive (through muscle tensions and action tendencies), image (through the sensory modalities), and lexical (through the use of words, facilitating intellectual reasoning, conceptualization and abstract thought). This increases the communicational and expressive faculties available to the client, which in turn encourages greater and more creative self-expression.

The emphasis is on the client's derivation of personal meaning from non-verbal experiencing through movement and imagery. The therapist consistently focuses and maintains attention on bodily-felt experiencing while the client assumes the simultaneous roles of experiencer and observer to this process. Dosamantes-Alperson makes use of two kinds of authentic body movement to further this aim; the first is *active-interactional* movement which takes place when the client is conscious, quiet and has his/her eyes open, that establishes the emotional patterns the client sets up with others in the immediate environment. The second is *receptive-interpersonal* movement, which takes place in a pre-conscious state with closed eyes and the concentration on internal experiences.

Dosamantes-Alperson acknowledges the need for the therapist to employ both intuitive (preconscious and primary thought processes) and rational (intellectual and analytic) faculties in order to create a facilitative

environment for the client. Account is taken of the influence of transference and countertransference on the promotion of shifts in the client's experiential processes.

CHAPTER FOUR

A critical review of dance/movement therapy.

4.1. Introduction: the holistic definition of dance/movement therapy examined.

From her comparative phenomenological study of major frames of reference for using dance and movement as a therapeutic intervention, Lewis Bernstein (1979) is able to present a final definition of dance/movement therapy . "Dance-movement Therapy is a process entailing the use of dance-movement for awareness, expression, exploration, identification, and integration toward the experience of wholeness." (p 173)

Her analysis has demonstrated that although there may be a variety of theoretical frameworks from which to work, a number of fundamental themes may be identified. The result is a detailed formulation of predominantly psychological postulates derived from the following research questions:

What is the theoretical base?
 How is the health-dysfunction continuum viewed and what is the method(s) utilized for its identification and evaluation?
 How is dance-movement therapy viewed and what is the therapeutic process? (*Ibid.*p 167)

Thus Lewis Bernstein presents an explication which she terms a "Holistic Dance/Movement therapy frame of reference". (p 174) This appraisal accounts for the formal structural constructs contributing to the theoretical base of dance/movement therapy. It is then possible to relate this comprehensive frame of reference to other models of psychotherapy; namely, the medical, behavioural and growth models.

Lewis Bernstein maintains that each major fundamental approach is still characterized by its own uniqueness, and that no one frame of reference is more effective or efficient than any other. From a pilot study conducted at Antioch-New England Graduate School in 1978, she concludes that the dominant psychological orientation of the dance/movement therapist's personality determines to a large degree, the

particular theoretical frame of reference s/he adopts in his/her work. This conclusion is extrapolated from Jung's proposition of four types of personality which present four viewpoints of the world. These types are categorized on the predominance of either sensation, thinking, feeling or intuition in the individual's personality make-up.

Thus, she suggests that psychoanalytic theory which demands extensive rational analysis and precise investigation into the relationship between the individual's past and present, attracts people who operate chiefly from the thinking function. Conversely, transpersonal psychotherapy demands that the therapist be able to trustingly utilize a supremely intuitive functioning. Lewis Bernstein does add however, that a holistic view of the individual is maintained, as all the orientations are continually present within each person's psychology.

Furthermore, there is a particular movement towards psychic unity which Jung understood to begin at about thirty-five years of age, increasing the potential for integration.

To state that these theoretical approaches require only the use of one orientation or another would, of course, do them an injustice as well. Thinking analytically, feeling empathetically, sensing with awareness, and intuiting with access to the universal pool of knowledge are all needed if the dance therapist is to enrich his/her chosen theoretical approach with humanity. (p. 180)

Lewis Bernstein acknowledges that her analysis is not exhaustive in its findings, but provides a worthwhile starting point for definition of the area of enquiry and the body of knowledge that is foundational to the field of dance/movement therapy. This review hopes to isolate additional concerns warranting substantial investigation, thereby perhaps indicating the direction of future research in this field.

4.2. The psychological bias of reviewed research, and the need for complementary dance studies.

The previous discussion and analysis of dance/movement therapy has been largely determined by the psychological content of the field. The exploration of theoretical frames of reference for dance/movement therapy has been initiated, influenced and implemented, largely from the various orientations of psychological theories. These have delineated specific perceptions of the determinants, historicity and intentionality of the constitution of the individual personality; consequent concepts of health and ill-health;

and techniques of appropriate treatment. For the purposes of this review there is no reason for an evaluation which attempts to compare and/or calculate degrees of accuracy or meaningfulness of any of these various psychological approaches. As proposed by Lewis Bernstein, each contributes unique features which augment the range of application and depth of knowledge about dance/movement therapy.

Dance/movement therapy is an explicit combination of both psychology *and* dance, however, and to only consider the psychological theoretical foundations of dance/movement therapy, is to deny half of its character and potential. From the above overview of literature there appears to be an impoverishing lack of rigorous dance study accompanying the injection of information from psychology. If dance/movement therapy as a profession is to acquire autonomy of credibility and efficacy, serious attention also needs to be paid to the singular contribution of dance. By "dance research" is implied the investigation of the nature of dance within refined conceptual frameworks which provide suitable perspectives for academic research and application.

4.3. *A proposed model for the study of dance and its application to dance/movement therapy.*

Adshead (1981) recommends a model which employs historical and geographical perspectives firstly, which account for dance across time and space. Secondly, there are three major contexts in which dance may be examined. The first is the study of dance as an *art form*, which refers to relevant aspects of philosophy dealing with aesthetics and theories of criticism and classification. The second is dance viewed within the *ritual* context, and is informed by aspects of theology, anthropology, sociology, psychology and physiology, dealing with religious experiences and belief systems regarding the supernatural, and the social significance of rituals. The third is dance as a *social force*, which looks to contributions from anthropology, sociology and social psychology, as well as cultural studies which can auspicate the relationship of the individual to the society and the influence societal structures and values may have upon dance.

From Adshead's model so far described, it appears that the predominant context in which dance as a therapeutic intervention is known and researched, is as an art form. Conscientious dance research from sociological and anthropological perspectives does not feature to the same extent. Moreover, the exponents of the major foundational approaches to dance/movement therapy studied by Lewis Bernstein

(1979)⁹ appear to have had remarkably similar backgrounds as regards their experience of dance. The majority have a modern concert dance heritage - more specifically from the schools of first or second generation modern dance such as Denishawn, Duncan-inspired "creative dance" and Wigman's expressionism.¹⁰

This excludes Siegel, of course who emphatically defines her work within the classical tradition - nevertheless, ballet is still dance within the context of an art form. Obviously, a background of practical experience in theatre dance does not mean that dance knowledge cannot be extended through multi-disciplinary studies. As will be elaborated on later, the writings of many of the practitioners studied do demonstrate some awareness of dance within a social context, or the contribution of dance to the experience of group rituals. However it would seem that meticulous research and discerning application of the findings in these areas has not taken place, and that the dance knowledge of the practitioners remains weighted in favour of the experience of dance as a form of artistic expression.

In other words, the people that are concerned with applying dance to therapy appear generally to have a specific kind of knowledge of dance. There are two major implications here. The first is that it can be reasoned that there must be a certain dimension to that particular form of dance knowledge that makes it eminently and immediately suitable for therapeutic purposes. That is, perhaps dance as an art form easily adapts to therapeutic service because some aspect of artistic creation is inherently healing. The role of the creative arts, and especially dance, in healing has been documented extensively by many authors such as McNiff (1981), and will be examined in section 4.6. of this chapter.

The second implication is that in view of the specificity of the dance knowledge held by the few proponents examined here, and of Adshead's suggestions regarding the widening of the possible range of dance study and knowledge, the field of dance/movement therapy would appear somewhat circumscribed. While most of the dance/movement therapists referred to here seem to be aware in some ways of dance within a more predominantly social or ritualistic context, this acknowledgement is sparse, often under-

⁹. She states that "the majority of practicing dance therapists in psychotherapy in a (1978) study carried out by the American Dance Therapy Association ascribe to one or more of the theoretical frames of reference reflected here by key proponents." (p 6)

¹⁰. From the biographical sketches in Lewis Bernstein (1982, 1984) the following facts are available: Chace was Denishawn trained; Whitehouse and Espenak were Wigman trained; Evan and Bell were trained in Duncan-inspired "creative dance"; Lewis Bernstein studied with Chace, as did Freudenthal Govine who also trained under Whitehouse and Schoop; and Dosamantes-Alperson was schooled in "improvisational dance" and trained with Murray Louis and Alwin Nikolais.

researched and over-generalized, and lacking in the recognition it deserves alongside contributions from psychology and the creative arts.

For example, Lewis Bernstein (1979) devotes only two pages to a historical perspective in dance/movement therapy that only mentions dance within rituals of pre-industrial societies, and one paragraph only to the relevance of the history of dance ritual to dance therapy. In one line she refers to a study which suggests the benefits of "dance therapy as the new ritual process of the modern alienated Western culture" (p 4), but this is given no further consideration.

Espenak (1981) claims to offer a cultural perspective which has "decided relevance to the integrative functions of dance as *therapy*." (p 13) However what she describes is a curious, almost evolutionary theory of dance, suggesting that the dance forms of pre-industrial cultures were lacking in control, stylization or formalization and were without the harmonious fusion of beauty and health that characterized later societies.

As many cultural forms of expression became more sophisticated in the developmental context of earlier societies, new considerations were evolved in regard to the exercise of restraint, choice of movements, and related aspects of shape, form and content. The power, wild energy, and spontaneous abandon of the primitive dances became slowly transformed, along with other cultural changes, into disciplined forms, such as the ritual dances in Crete, in Greece, in Egypt, and in Persia. (p 16)

Not only is this an example of extreme generalization (there was certainly nothing disciplined or constrained about the Dionysian dancing of the Bacchantes which were also Greek dances), it exhibits prejudicial cultural conditioning and a severe lack of scholastic commitment to accuracy and academic reference.

Evan (Rifkin-Gainer, Lewis Bernstein and Melson 1984), Siegel (1979), Schoop (1979) and Dosamantes-Alperson (1984) all make references to the influence of various aspects of contemporary western society in the restriction and regulation of bodily expression and awareness. However this concept is never sufficiently developed in order to provide inclusive knowledge of the phenomenon of dance, and more particularly, how societal views may affect the use and status of dance in a healing function. All of these practitioners work within the context of contemporary industrialized societies and yet few appear to have

sufficient regard for the implications of this context.

4.4. The contribution of anthropological and sociological perspectives to the study of dance.

The value of anthropological and sociological studies to dance/movement therapy is in the provision of contexts which situate the phenomena of dancing patients, and contribute to the elucidation of the meaning of their dances. Anthropological dance studies emphasize the ethnicity of all dance, as it consistently reflects the belief systems and values of the participants - both performers and spectators. (Williams 1976; Kealinnohomoku 1983; Spencer 1985) Sociologists enquire into the relationship between dance and the particular society at a given time, approaching dance from a functional perspective, i.e. they understand dance as a social fact, contributing to the nature of the social organization in various ways. (Brinson 1983; Thomas 1986; Murphy 1986)

By understanding dance as an enculturated communicational system

it is clear that the social meaning of dance derives from its functional nature, which in turn is related to the compositional structure (i.e. the relationships between discrete units of movement that determine the organizational form of the dance.) Societal attitudes towards the function of dance determine the significance of dance within that society. (Murphy 1986) Hence, the meaning of a dance is to be found intrinsically within the context of the specific dance, as well as extrinsically - from the socio-cultural conditions influencing the choreographer and the status of dance.

The value of a social anthropological approach to the relationships between form and feeling is that it allows for coherent analyses of dances in relation to their meaning by showing that both forms of dance and the expression of feelings are social facts, and that they are given different sets of meanings in different cultural and social contexts. The structures of dances and the purposes to which they are put must therefore be analysed in context, together with dancers' and spectators' notions of what they are doing, what they experience, and how they make sense of it. (Blacking 1983 p 95)

From the review of major approaches to dance/movement therapy it would seem that there is very little regard for the socio-cultural partiality contributing to the formation and performance of the dances and/or movements of patients. Acknowledgement is made of personal psychological distresses being manifested within the body-organism, and yet there appears to be no serious consideration of the extrinsic meaning,

and little explicit acknowledgement of the connotation of the socio-cultural context. A notable exception to this is Siegel's (1984) reference to the "everyday movement repertoire of the Western European tradition" (p 218), and the "linear form, that, like it or not, is a large part of the movement expression of Western culture". (p 216) Her argument generally concerns the pertinence of the classical ballet style above all others to her psychoanalytic approach to dance/movement therapy, which may be debatable within that field. The point here is, however, that she identifies a socio-cultural component within the formation of movement, which contributes significantly to the character and ultimate meaning of the movement. In so doing she is able to develop and substantiate her suggestion that classical ballet parallels the goals of psychoanalysis within the western European tradition, and therefore in her opinion, is the most appropriate technique for application to dance/movement therapy.

A therapeutic modality with its hermeneutic focus upon the meaning of patients' movements cannot afford to neglect the considerations offered by anthropological and sociological dance studies. To do so would be to deny peoples' social identity and to ignore the power of collective meanings to regulate individual experience.

If dance research can reveal the relationships between movement and meaning, and help to eliminate the artificial barriers that have been created between mind and body, dance and ethnic dance, "artist" and "layman", technique and expression, it might be able to show how changes of movement can bring about changes of feeling, and so educate the emotions more appropriately for the problems of life in the twenty-first century. (Blacking 1983 p 98)

The development of dance/movement therapy as a tenable healing profession requires attention to the theoretical concepts on which it is founded. This must take the form of exacting investigation acknowledging the binary composition of the modality, so that existing extensive psychological research is balanced by similarly uncompromising dance studies.

I sometimes wonder if we are not a little bit insecure about our young form of therapy . . . and that we therefore tend to lean too heavily on the well-established professions, letting ourselves be pressured into looking with their eyes on our treatment. We are young, but whatever we will find out - and I believe that we will find out plenty - will come from the power of dance itself. I feel we cannot rely too heavily on other theories. They can quickly become unyielding models. And dance defies the confinement of other disciplines. (Schoop 1979 p 48)

4.5. *The marginalization of dance in contemporary western societies: a sociological view of dance/movement therapy.*

Sociological dance studies reveal the marginalization of *dance generally* as well as specifically *dance as an art form*, within contemporary western industrialized societies. (Brinson 1986; Thomas 1986) Art offers a world of imagination and metaphor in a non-rational, non-literal manner that is incongruent with technocratic ideologies. The ephemeral nature of dance removes it even further from the mechanistic industrial world of material production, by generating a kind of experience which cannot be encountered in any other way. (Blacking 1983) Dance employs non-verbal discourse that is disassociated from the dominant verbal mode of communication and therefore susceptible to misunderstanding and distrust. This is closely allied to the Judeo-Christian suspicion and denial of the value of the body and its expressions.

A therapeutic methodology using dance as a medium of intervention needs to be fully aware of the implications of the peripheral status of dance. It is inevitable that the skepticism surrounding dance will be cast upon the credibility of this therapeutic modality. The challenge of dance and movement as a uniquely useful means of expression in the therapeutic context, is a confrontation with the historically sustained devaluation of manifestations of bodyliness, and especially dance, within contemporary western industrialized societies. As discussed in chapter one, the non-verbal nature of the medium is already indisputably political in relation to hegemonic therapeutic services that are embedded within the dominance of verbal structure and communication. The politically "subversive" potential of the profession is increased, and its credibility further impeded because of the doubtful connotations of dance. Well-developed theoretical parameters and a thorough knowledge of the socio-psychological complexity of the discipline is essential if respect is to be gained and maintained.

However, the focus on bodyliness as therapy in a socio-cultural context which has consistently repressed and devalued bodily expressions, could be considered as remarkably appropriate in redressing a global asymmetry. Van den Bergh (1983) suggests that the term "neurosis" be amended to "sociosis" to emphasize the contribution society plays in the psychological distress of individuals. Therefore dance/movement therapy may perhaps be understood as the panacea for this particular epoch, addressing as it does the very issues that have been so seriously neglected. The focus upon bodyliness and the current growth in

alternate perspectives for research into non-verbal communications (as suggested by Benthall and Polhemus (1978)) are perhaps representative of a positive shift in cultural awareness and perceptions - specifically as regards dance and the body, and more generally regarding the meaning of a socially-imposed truncation of existence. Supremacy of technological conviction over the fullness of ambiguous human experience facilitates a sense of alienation, which may be understood to be the root cause of many social and psychological disturbances and prejudices. In other words, a sympathetic increase in interest and research into the previously-overlooked phenomena of dance and bodyliness, may highlight the global meaning of such an abbreviation of human culture and experience.

4.6. *The contribution of dance as an art form to the therapeutic process.*

The underlying premise of the creative arts therapies (which includes art, dance, drama, music and poetry) is that creativity and the arts are inherently therapeutic, and increase the scope of clinical programmes in terms of both diagnosis and therapy.

Creativity involves problem-solving, tolerance of ambiguity, originality, fluency, flexibility and spontaneity, (Feldman 1970) and the task of creating an art form demands that all of these processes be subjected to the discipline of production. The contributions of the arts to psychotherapy may be understood in two major ways - firstly, there are benefits deriving from the general experience of creativity, and secondly, a further dimension is provided by the explicit creation of an art work.

The experiential aspects of creativity provide a sense of active participation in the life process, allowing people to experiment with alternatives to habitual thoughts and behaviours. Even if the struggles of life cannot be eliminated, there is the possibility that through art they can be intensified, clarified and elevated in a meaningful way. Creative activity encourages sensitivity to process and acceptance of the uniquely human experience of *becoming*, without ever actually reaching a point of complete self-knowledge or unity.

Movement and dance offers opportunities to explore the immediacies of the self within *time* and *space*, thus confronting the ephemerality of physical existence while simultaneously experiencing the possibility of eternity available in symbolic and metaphoric life. Dance requires that participants become engaged in the

ongoing processes of literal fall and recovery, of central and peripheral movement, of gaining and losing control - all of which are metaphorical truths as well. The medium of the patient's own bodyliness in dance provides a unique primary source of metaphors, evoking the intensity of personal and social identities.

Storr (1983) suggests that the process of creation is concerned with making new syntheses out of opposites in order to establish adaptive unity and harmony, and that this closely parallels the Jungian notion of the individuation process of the personality. McNiff (1981) believes the arts offer a valuable sense of enquiry promoting transpersonal or esoteric relationships with the self, others and the environment.

I believe that our work in the arts is more closely allied with the larger continuities of religious belief and faith. The arts can, in this sense, be viewed as sacramental actions that symbolically represent the mysteries and intensities of inner experience. They are "sensible signs" of the psyche's efforts to become transcendent, and this kinship with religious ritual explains much of their potency. (*Ibid* p xxii)

The act of construction within the boundaries of the particular art form allows the patient as artist to safely experience previously repressed or avoided emotions. This structuring may facilitate sublimation or even catharsis in a controlled manner. The art product may be regarded as the symbolic manifestation of the individual's perceptions and understandings, functioning as a transitional object ¹¹ that fosters relationships with the therapist and others. (McNiff 1981) By focussing on the experience and/or content of the artistic creation, an exchange of energy between patient and therapist is generated and shared. Concentrating only upon the movement features of an improvised dance for example, may provide a non-threatening initial focus through which therapeutic dialogue concerning the meaning of the work and further associations can take place.

Simultaneously, Feldman (1970) makes the point that expressive art work always necessitates a direction outward from the self towards someone, and that no art is ever created in a vacuum. He also makes an important distinction between the "self-revelatory" and "self-expressive" aspects of art, where the former is the unreflective result of the spontaneous unleashing of unconscious forces, and the later the intentional

¹¹ A significant aspect of psychological development involves the infant's negotiation of a sense of separateness from the primary care-giver. A transitional object is a psychological term for an object (usually a soft toy) which functions through the child's fantasies as a facilitator of this knowledge of psychological difference between self and Not-self.

product of conscious construction. Whitehouse's "authentic movement" would be regarded as self-revealing, as would much of the improvisational work which aims to access unconscious material advocated by most theorists. Self-expressive dancing or movement may be identified by its sense of purpose and intention to address particular facets of the individual within the therapeutic process. In the creation of an art work by a patient, the therapist is given access to the patient's own symbols and metaphors conceptualizing his/her experience. The employment of non-rational discourse may relieve a patient of the burden of having to make rational and/or verbal "sense" of conflicts or troubling emotions. In this way the therapeutic journey is enriched and can proceed within the context of the patient's personal "language".

4.7. The role of language and interpretation in dance/movement therapy.

The relationship between verbal therapies and dance/movement therapies is most clearly distinguished by the latter's emphasis on the alternative non-verbal means of communication in bodily movement. This would suggest that where words are inappropriate or unavailable, expressions of bodyliness or movement fulfill the same function as words in imparting and gleaning information about the patient but in a significantly different way. This raises two important issues which need clarification.

Firstly, in what way is meaning ascribed to bodily movements and dance, and how is the "language" of dance acquired and understood? Secondly, how is this meaning interpreted for the purpose of the therapeutic process, and how are verbal interpretations of non-verbal communications formulated?

The emphasis of contemporary dance research on demystifying and revealing the contextualized meaning of dance, insists that dance and movement ought to be understood as a unique discourse of non-verbal structures which has a context-related meaning that cannot be adequately or accurately verbally translated. (Adshead 1981, Blacking 1983)

The range of possibilities of human movement provides a unique variety of experiences, but not because movement is a unique symbol of meaning, of a symbol of unique meaning, or a unique symbol of unique meaning. It is because the feelings which can be experienced while moving cannot be experienced in other ways. (Best 1978 p 136)

Thus working with human movements and dance means the opportunity to work with meanings which cannot be contacted in any other way, and which derive their intrinsic meaning from the context in which they are experienced or performed. Meaning is given by sensitivity to the dance processes rather than the dance content, and the social and functional contexts within which the dance content is formulated. (Blacking 1983) As previously discussed, social and anthropological approaches to the study of dance aim to investigate and develop dance studies in such a way that this issue of meaning may be clearly defined within dance terms.

The problem then, is to disperse the fog of words that conceals the realities of dance without denying the values of words in revealing the true nature of dance; to demystify dance attitudes without destroying the mystery of dance; and to develop a scientific study of dance that does not become separated from the subject of enquiry nor become an end in itself. (Blacking 1983 p 92)

However, as has been shown, there is not much indication that dance/movement therapists have seriously considered the nature of dance from this perspective, and so the issue of how to give movements meaning is neglected in the holistic approach formulated by Lewis Bernstein (1979). It is interesting to note nevertheless, that most approaches to dance/movement therapy incorporate in their programmes an initial emphasis on structured exploration of movements with a view to the extension of the patient's movement abilities which implies the acquisition of a movement "vocabulary". This displays an acknowledgement of the need to provide a basic working knowledge of the body's possibilities as many people do not automatically feel they have the movement means freely available for expressive use. Implicit in this is the recognition that the "language" of dance is not completely innate, but is developed, and always acquired in a social context. Most dance/movement therapists would not deliberately educate patients in a particular dance style or technique, but would broadly aim to generate an ease and sense of comfort within the medium of movement so that it may become a useful therapeutic tool.

As has been demonstrated, the possibilities for therapeutic experiences of dance may be understood from a variety of perspectives, ranging from the purely physical rejuvenation of the physical body through positive communal experiences of group rhythm, to the opportunity to access unconscious material in a meaningful way. An important aspect of the therapeutic nature of dance is what it may reveal about the specific embodied history of a person's neurotic functioning and what possibilities for other movement this

revelation makes possible. Most of the reviewed dance/movement therapists acknowledge this need to access and integrate unconscious material as a significant feature of the therapeutic process. It is this feature that needs theoretical elaboration, hinging as it does upon the issue of ascribing meaning to dance, and there seems to be very little clarity in the literature. The following are concrete examples of either a serious confusion or a significant point of departure which seems to pervade the field of dance/movement therapy in the writings of many of the reviewed exponents.

In the one instance, Lewis Bernstein (1979), in her comparative analysis describes the final phase of dance/movement therapy.

Conscious awareness via verbal associations, insight producing interpretation, and/or comments by the therapist and client/patient are made pertaining to the relationship of the unconscious material to the individual's experience of present life. (p 174)

Clearly, the making conscious of unconscious meanings involves verbalization, i.e. conscious formulation of meanings using language. However, she offers no detail of the nature of the verbal association or the type of interpretation that produces insight, and most importantly, how to define the meaning of the movement.

In another example, Espenak (1981) emphasizes the use of music, rhythm, symbolism and free fantasy in a process of "integrating the unconscious fears, repressed emotions, and associations into consciousness and restoring the patient as fully as possible to a unified body-ego state" (p 80) Yet, she seems to indicate that the meaning of the evoked movements are intrinsically linked to the patient's perceptions of body, movement, time and space and that it is purely in these perceptions that integration and health will result.

In the context of dance therapy, the area of moving to music and expressing emotion on an unconscious level has an appeal and a value to many whom verbal psychotherapy and intellectualization cannot reach. The interactive nature of our inherent body-psyche-mind unity is such that developmental processes *can take place without necessarily reaching the stage of verbalized insight.* (p 169)

For Espenak, therefore, the making conscious of unconscious material appears to remain upon a purely experiential movement level, in which the reflective process of language has no part. The meaning of the movement remains within the structures and logic of its own making and presumably this is sufficient to

facilitate psychic change. It is difficult not to recognise an element of dualistic thought in this however, where the body is seen as *being* the unconscious in separation from the action of the mind in language.

While the inherent healing nature of dance and its unique contextual meaning is acknowledged, it may be argued that verbal discourse is an integral part of knowing about dance and of the all-important *application* of this information to the therapeutic process of uncovering of implicit pre-reflective meanings. The ultimate therapeutic moment can only occur when there is insight into the significance of latent or unconscious material, and for this to happen, movements must be brought to language in a conjunction of the information offered by both verbal and non-verbal discourse. Until the patients' opaque movements can be spoken, their implicit narrative histories remain latent and beyond explicit awareness i.e. consciousness. The implication of this is that without language there is no consciousness, and therefore no access to the unconscious. The contribution of bodily meanings as a manifestation of the unconscious must be united with the meanings mined from verbal interactions in order to provide a fully holistic approach.

Furthermore, language should not be regarded as an objective tool and words as mere labels, as it is through language that we formulate, conceptualize and imbue our worlds with the perspectival meaning which characterizes human existence.

In other words, language enters into not only the naming of the phenomenon, but also the very unearthing of the phenomenon and even into the rendering of its possibility in the first place. . . Words. . . contain a depth, a wisdom, a history that grew out of life, and they in turn are a meaning that is literally made flesh every day. (Murray 1974 p 476)

Murray is referring to the phenomenological and ultimately metaphoric nature of human existence as discussed in Chapter one, which in turn reflects upon the need for metaphor in the therapeutic process. It is in metaphor that attempts may be made to enter and claim the elusive, mysterious and forever changing phenomenal world that constitutes human experience. To start to live metaphorically is to be open to the shades and ambiguities of existence, and to be able to synthesize its paradoxical dimensions.

The metaphor and the myth are necessary expressions of the human psyche's most central energy-tension; without it and the other expressive energy-tensions that it has engendered during several millennia of cultural history mankind would succumb to the fate that the Forgotten Enemy holds

ever in store for us, of falling from the ambiguous grace of being human into the unisignative security of the reacting mechanism. (Wheelwright 1968 p 123)

Metaphor may therefore be understood as both the form and content of psychotherapy, and the meaning which is searched for in both verbal and non-verbal discourses in order to facilitate the integration of the personality. Murray (1974) suggests that psychotherapy is a

communal search for metaphors, the right metaphors, that bespeak a man's life in a given situation, in a given context. And it is a search for new metaphors that will enable the person to incorporate the disparate, the atypical, the incongruous, the paradoxical, and maybe even the contradictory of his life in a humanly respectable, vitally liberating and aesthetically uplifting manner. (Murray 1974 p 482)

The issue of the meaning of movement within a therapeutic situation is therefore of the utmost importance as it determines the relationship between words and movement, and ultimately effects the unfolding of the therapeutic process of integration. It is not enough to recognize that movements may be able to access certain feeling states more authentically than words, or that language is the primary most developed form of human communication. What is needed is the skillful and empathic knowledge of the relationship between the two and the role of metaphor in the therapeutic process. Interpretation within verbal psychotherapies is a well-documented aspect and it is vital that the non-verbal therapies develop a similar conceptual sophistication in this regard. Interpretation is the process of developing a more complete understanding of the significance of unconscious material, in the service of meaningful integration of the personality. If movement has a meaning all of its own, the relationship with verbal understandings must be elucidated, and the dangers of dualism avoided.

CHAPTER FIVE

A review of two approaches to movement and dance as therapy in South Africa.

The basis for this short review are the transcripts of interviews conducted with An Fiske and Tossie van Tonder, which are included as appendices 1 and 2. The review aims to highlight significant features of two specific approaches to movement therapy currently being conducted in South Africa. It does not claim to offer a definitive evaluation of South African movement therapy in relation to American/European theories, but hopes to suggest areas of consideration for the future direction of work of this nature.

5.1. An Fiske.

Fiske underwent a one year post graduate course with Liljan Espenak in the theory and psychology of movement at the New York Medical School, and later completed a Master's degree in dance/movement therapy in New England. In South Africa she is registered with the Medical and Dental Council as a "Single Medium Therapist" in the category of "Occupational Therapist", although there are at present very few posts available for Single Medium Therapists. Working both within state institutions and privately, she has been a central figure in the *Health for Africa* organization of holistic healers, and more recently has closely aligned herself with process-oriented psychology. In 1990 she takes up a research post as a single medium therapist at Lentegeur Hospital, Cape Town, and will be in charge of two dance/movement therapy interns from America. Fiske proposes to write a doctorate at Harvard University, Boston, reviewing the applicability of expressive arts therapy for large groups of people within lower income groups, rather than in-depth verbal psychotherapy.

Fiske believes that the body possesses innate wisdom that should never be ignored in the therapeutic process, whether or not the modality is specifically dance/movement therapy. "Movement therapy is picking up that other process which is deep and bringing it into awareness and finding out what it has to tell

you." (App. 1, p 76) The use of the body is seen as a tool for gathering information and for diagnostic purposes, but always in conjunction with verbal communication.

She understands bodily communication as a vital means of expression and experiential knowledge, which also allows for the spiritual dimension of psychic healing, through ritual and ceremony. It would appear however, that this aspect is not overly emphasized in her work, and that she regards movement as a means of metaphoring the client's psychological world. To illustrate this, she gives the example of a client who never allows his heels to touch the ground when moving. Fiske understood this as metaphoring his inability to experience true groundedness in reality, while strenuously resisting imminent depression. Her work is therefore clearly within the clinical context, and her preference is for working with psychotics.

The role of the dance/movement therapist is akin to that of psychotherapist, except that the former possesses marked expressive ability in the kinesthetic channel and does not work statistically or administer psychometric tests. Fiske believes that movement diagnostic tests may be more accurate than certain intelligence tests, and are able to indicate pathological categorization, as well as advised direction of treatment, more clearly than the standard psychotherapeutic reference, the DSM III, (Diagnostic and Statistical Manual, Third Edition) She suggests that movement therapy may be more congruent with the recent trend towards shorter hospitalization treatments, as it allows for immediate access to problematic areas, without depending upon the time-consuming establishment of a therapeutic alliance between therapist and patient.

Fiske has been actively involved in furthering the professional status of dance/movement therapy in Cape Town. Firstly, despite medical authorities' initial reluctance to create an appropriate registration category for the profession, she has generated an awareness of the potentiality of alternative therapeutic mediums which are fully accepted in America and Europe. Secondly, she is in the process of making a film of her work with psychotic patients, which she hopes will demonstrate the efficacy of the treatment, thereby increasing the Medical and Dental Council's understanding of the modality, as well as functioning as a useful teaching tool. Thirdly, she has initiated an extra-curricula teaching programme to educate potential dance/movement therapists in this country, for whom there is as yet no formal training available. These students have been meeting five hours a week in order to concentrate on the theoretical background demanded by overseas graduate schools in dance/movement therapy. Based on the Honours course Fiske

herself completed with Espenak, it is hoped that this additional exposure to the subject will increase the students' opportunities for acceptance in overseas training institutions.¹²

Fiske clearly regards her work and *all* therapeutic work from within situationally-specific socio-cultural contexts. She recognizes the moral and social responsibility involved in proposals of therapeutic treatment, and advocates an anthropological understanding of psychological ill-health. Her inclination towards process-oriented psychology places more emphasis on the understanding of the symptoms than on the application of a cure, which she feels has immense social and political significance. She says, "there is no place in our culture for meaningfully not being well," (App. 1, p 80) and concludes that substantial research into the constitution of healing is demanded in order to provide pertinent theoretical frameworks for dance/movement and other therapeutic modalities.

5.2. *Tossie van Tonder.*

Van Tonder has said that in terms of the definitions given by the American Dance Therapy Association, she does not regard her work as dance/movement therapy nor her role as one of therapist. Her theoretical stance is eclectic, and the parameters of her work appear to be strongly defined by a personal philosophical approach. Her work is therefore distinctively idiosyncratic and draws upon her extensive experience as a performer. Currently based in Namibia, she refers to herself as "clinical psychologist, movement therapist and performance artist", and has been working with groups on various themes, ranging from "The Child" and "The Voluntary Posture" to "The Wider Context". (information brochure compiled by van Tonder.)

Her focus is firmly situated within the context of an evolutionary global consciousness, and the holistic demands of what she refers to as "hologrammatical thought". In other words, the development of personal growth, integration and self-knowledge affects, and is affected by, a sense of a collective, cosmic consciousness. This interaction of the microcosm within the macrocosm takes place diachronically and synchronically, requiring the recognition of moments of universality to effect a "potentially completing

¹² It must be stressed however, that this is entirely Fiske's private enterprise, without formal verification from any professional body, or academic qualification from any tertiary educational institution.

experience". The completing experience, (or healing), is where the individual comes to acknowledge, and peacefully reconcile, previously unallowed aspects of the self. This process is reflected in attitudes towards the physical environment. Van Tonder describes it as when "the wilderness on the inside and the wilderness on the outside actually starts to level out," (App. 2, p 89) Her concept of health is given as "that field of being able to interact with yourself and your environment freely," (App. 2, p 91)

The means by which this is achieved is through accessing unconscious material in dance, visualizations, vocalizations and free hand drawing. The emphasis is on the power inherent in group creative actions and on imaginative experience, with movement as the primary vehicle. Dance is a way of both contacting the submerged material and of releasing it in order to maintain personal and universal equilibrium. The work has physical and metaphysical dimensions, which affect the totality of the person's experience.

Van Tonder understands herself as facilitator in what appears to be a rather shamanistic role. She speaks of making herself "clear" so that her unconscious is available to the group, and recogni that her personal level of psychic energy affects the direction and intensity of the work, which emerges largely unplanned and in reaction to the contributions of the people within the group.

I need to stay constantly in touch with the power of my work, and attach myself to activating the power of my work, and when I slot into *that*, I think people know about me. When the power of my work is low I attract different people, when the power of my work is high, I attract another group of people. (App. 2, p 93)

Van Tonder said in an initial interview that her work is suitable for all patient groupings, and that she would merely create working groups of people with similar needs as a way of increasing the effectiveness of the programme. However as was later revealed, she does not regard her work within a psychiatric or clinical context, which therefore excludes certain personality types and defines the range of applicability. She believes that this work will broaden people's views of themselves, each other and the environment, and that the process is also one of spiritual transformation. Her information leaflet says, "This work yields more loving relationships, released tension, greater intelligence and insight into the self and environment and increased productivity."

It is not clear how van Tonder defines her work within the South African situation, but it would seem that she would make few national or overtly cultural distinctions for her work, concentrating rather upon New

Age concepts of world-consciousness. For example, she acknowledges a present need in people for verbal interpretation of their work, but suggests that this trend will change as people become more holistically in touch with and aware of, the entire existential range of experience. This does not imply that she is unaware of socio-cultural influences in determining psychological and physiological distress. The reference to the detrimental effects of severely militarized societies upon individuals' psychological make-up and tolerance indicates a sensitivity towards the results of specific socio-cultural influences. It is rather that her particular framework of understanding looks to a cosmic consciousness before a provincial perspective.

5.3. Conclusion.

Despite the brevity of the examples given above, it is clear that little theoretical homogeneity can be identified in what instances of dance/movement therapy there may be in South Africa. There is no formal training available in this country, and so while it seems that some therapeutic work using knowledge of dance and bodily movement is happening, the aims, methods and processes of this work vary widely. The work of practitioners such as van Tonder and Fiske appears to be highly individualistic, determined by a variety of background training and personal experiences. The application of their work covers a range of situations and patient populations; from chronic psychotics, to "normally" neurotic people looking for an experience in self-growth and knowledge. The work appears to happen in a sense of relative isolation from other practitioners which prevents the useful cross-fertilization of ideas necessary for development and evolution of the work.

The flexible nature of dance/movement therapy implies that it may in fact be able to be closely allied to many traditional African healing services, which employ aspects of group movement and drama in order to harness the power of unconscious material. The common shamanistic element may suggest a means of bridging western psychotherapeutic and indigenous African healing techniques, to form a unique therapeutic modality for the South African socio-cultural situation. The primary focus upon the body and its non-verbal communication has generated suggestions that dance/movement therapy may be a more appropriate therapeutic intervention for the multi-lingualism encountered amongst South Africans, than verbal psychotherapy.

However, this proposal demands considerable examination. The cross-cultural applicability of such a proposal needs to be evaluated. The constitution of the target population, the precise role of language, and the functions of the therapist/facilitator should be clearly determined. Simultaneously, the efficacy and status of traditional medicine in urbanized black cultures, as well as the specific psychotherapeutic needs of that emerging class of people must be considered.

Furthermore, this proposal encounters polemical issues where the aspirations of any socially critical health care service must be understood to be inherently political. The demand for alternative and holistic health services has resulted in the recent formation of the *Health for Africa* organization, which aims to provide a national body for holistic healers of all kinds. The collusion of state-funded services with western socio-cultural concepts of health means that alternative services encounter economic and cultural resistance. Inasmuch as value-free cure and care does not exist (Szasz 1978, Kenny 1982), the objectives of a unique and alternative therapeutic modality in relation to dominant health care services must be clearly established.

Thus, any form of health service which takes cognizance of the socio-economic complexities of the South African context must inevitably face issues such as these.

Obviously, if the dance/movement therapy profession is to be established with any success, issues of credibility and contextualised professionalization must be addressed. The research findings and theoretical foundations of the American and British associations would perhaps provide valuable guidelines for this, from which a variety of the specific needs of South African people may begin to be accommodated. The absence of a similar governing professional body in South Africa has three important ramifications.

Firstly, there is no formal arena for the establishment of professional and ethical status of dance/movement therapy to ensure proper codes of conduct and standards of practice. Secondly, this lack severely diminishes the status of the profession in the eyes of more conventional therapeutic practices who are themselves firmly established by official bodies of authority. Thirdly, the absence of a proper forum for debate, research and publication means that work done remains largely unknown, by colleagues and potential clients alike.

Therefore, attempts to speak of "South African dance/movement therapy" as opposed to that practised in America and Europe, would be largely inaccurate. It is graduate programmes overseas which provide the foundation for practice in this country, however, the reluctant official acceptance of this alternative therapy

by the South African major medical authorities is a poor prognosis for the advancement of the profession. In the light of this, opportunities for the development of a contextualized dance/movement therapy approach, appear to be similarly diminished.

Dance/movement therapy in South Africa therefore faces a number of challenges to its theoretical foundations and intentions. Concerted efforts in the areas of critical analysis and academic research are required in order to fully investigate those pertinent areas which contribute to the validation of the modality and the achievement of resolutions.

CONCLUSION

This review has presented a broad outline of the nature of dance/movement therapy, and has focused upon the establishment of the profession in the light of significant contributions from a variety of associated disciplines. In this way an overview of the field was obtained, and a pertinent background created from which further study may take place.

While it would appear that academic research into dance/movement therapy is beginning, there is an urgent need to clearly delineate the parameters of research. Furthermore, the critique suggests that the advancement of the field depends upon concentrated research which is most concerned with the autonomous development of dance/movement therapy.

Contributions from a variety of the arts and human sciences provide the multi-disciplinary character of dance/movement therapy and the direction for *preliminary* enquiries. It is important to note, however, that while this multi-disciplinary approach is by definition rich in scope and range, it does run the risk of becoming fragmented and imprecise, or (as has been shown) emphasizing one discipline and seriously neglecting others.

The precision that is called for is not of empirical scientific quantification, but rather the clear delineation of boundaries and (particularly contexts) of research. As dance/movement therapy develops, its proponents have a responsibility to ensure that research begins to be directed towards clarifying particular issues which derive specifically from their modality. Having departed from conventional verbal psychotherapeutic traditions, it is no longer sufficient to speak only vaguely about "non-verbal" communication as an alternative. The complexities of such communication need to be fully examined if it is indeed a valuable contribution to the healing process. Inaccurate assumptions regarding dance must be reassessed, and socio-cultural influences on both dance and therapy recognized. It is vital that research be contextualized, and so provide appropriate frames of reference for the application of the work.

In this way, the professional credibility and efficacy of dance/movement therapy may be advanced, and the modality securely established as a therapeutic intervention pertinent to contemporary western societies.

APPENDIX 1

Interview with An Fiske. Cape Town, 7th January 1989.

Nicky: I wonder if you could describe to me what your lived experience of movement therapy is, and I don't really want a book definition - I'd like you to say what it is for you based on the work you've been doing.

An: I think it's quite difficult for me to divorce some of your "book things", but for me movement therapy has changed from that broad book-definition of getting someone to leap around the place in order to express themselves to listening to the secondary process that the body *always* expresses in movement. There is always . . . you know what you can tell . . . and don't get it confused with the psychological term "secondary process". Just that someone will be saying something and their fingers will be doing something else and that is the real underlying stuff which perhaps even they are not conscious of. They certainly are not conscious of it while speaking to me. Movement therapy is picking up that other process which is deep and bringing it into awareness and finding out what it has to tell you.

Nicky: So, another form of communication?

An: As soon as you say "another form of communication" what happens inside me is: "No, its the *truest* form of communication", that's kinda what happens.

Nicky: So I wonder if you are talking about something like... - how would you use this in terms of "body language"?

An: I'm very nervous of that word!

Nicky: Me too.

An: But yes, you could call it that. The reason I *don't* call it that is because that word now gives people all sorts of very superficial connotations, and it talks about the conscious use of the body in order to put someone off of what you're feeling. A lot of the kind of personas that people do, you know the role that people fit into it, is *clearly* body language. But in movement therapy you'd have to find the secondary process to *that* conscious body language. And it changes movement therapy from a huge dancing expectation to be able to do verbal therapy through the body. In other words not responding nearly as much to what they're saying as to what their body is saying, and then dealing with that in the verbal capacity. It's *wonderful* if you can get someone to do big movements but that limits what you do to a very small section of the population.

Nicky: What section of the population is that?

An: Well the people who either have movement training or who are more extroverted -

Nicky: - or have a movement vocabulary as it were?

An: Mmm, you know. And you miss the subtleties sometimes because people get into the movement, and get into other aspects of their personality other than what's really bothering them. And there's a trend with some people in movement therapy particularly in this country, that someone just has to express themselves, in an understanding that as long as you're busy expressing yourself that's fine. Well, I could be absolutely *adamant* that what I'm expressing is right, but because I'm part of a system that has ignored the subtle signals of the body - I don't know that you're feeling, not *really* feeling. I know what my head is telling me to feel but it's not necessarily what I feel. This is often where verbal therapy goes wrong, you're on a tack which has got nothing to do with anything.

Nicky: I wonder then how you understand our western contemporary and industrialized society's attitude towards the body?

An: Terrifying. And of course the minute I say that the other voice comes up which says, the attitude to the body doesn't stay that, because the minute you have, quote, an "attitude to the body" in that it's not important, or that it's important in the incorrect way, you are messing about with - and here again we are getting into terms that are very loaded so you must try and understand this from where I'm coming - you are messing about with the soul of somebody. You know, because as you develop as a human being you have to take cognizance of the soul. You master the mind and you master the body and where do you go then? And this is why I become more and more fascinated by the work that Jung did. I've always been interested in him but he's the one person that doesn't just make me three score years and ten. I think Rogers is wonderful and there's a sense of love and honour and stuff in what he does, but maybe because I'm growing older and I'm at that sort of space myself when the complexity and the enormity and the miraculousness of life is just present every single day, and there's no way that gives me three score years and ten. It started before me and it'll go on after me. I have no idea what I mean when I say that in concrete terms but there's definitely that kind of consciousness. And partly why movement therapy reinforces that is because man has always used dance to transcend himself. It is the most easy way to have a "religious experience" - again in quotations - without all this structure of religion, it's not a religious thing but it's a very spiritual form of therapy.

Nicky: What do you mean by a spiritual form of therapy?

An: I don't know that I can give you an answer, I can give you an example for it because it's not . . . as soon as I start to formulate it, it starts to loose something. It works very well with people who are depressed because if you can get them to loose themselves in the music, or the movement - very often I *don't* use music with them, - but that kind of inner expression. And I'm not talking here about movement that expresses their anger or their pain, that's a different stage in their therapy. If you can simply get them to move and for three or four minutes not know what they've done, you have moved that person from a state of depression which is non-being and no faith in any of it's parameters, to a state of being.

Now I don't know how to put this, I'm sure there is some philosopher who has written all about it, I don't know and I try very hard to avoid that definition. It's something . . . it's almost ritualistic, it's certainly *shamanistic*, I know that it happens, I'm not entirely sure how to get someone there but I can prescribe it to happen. But I know that if we can achieve that, you can start to say to them, "depression is a vitally important part of your growth". It is where you start to assess why you're alive, what it is about. You can't do that until you've questioned your death. What is life, what is death? That is a huge philosophical syndrome, perhaps more so than any other single DSM 3 category.

Depression is a quest for meaning at one level, it's a complete shut-down of any form of expression and therefore feeling on the other hand, and I think that, you know, there are the kinds of existential depressions which are somehow a little bit better than the reactive depressions - I get really irritated by those categories (- I do; "the great saint speaks over the breakfast table!") I really believe that it's the way the body helps you and says, "Question!" And so you get someone in who is lower middle-class and who never thinks of the spirit. But there is a spirit there, there's a spirit there which says "help", and it's asking for help from the inner

person, and this is exciting. You know when someone says they're depressed I get *really* excited about it because it's such a voyage of discovery.

Nicky: And you think you get further on that voyage with bodily expression rather than with verbal expression?

An: Ja, because there's a helluva lot of that voyage - look . . . based on the word "faith", and I get really nervous using that word because then we get into all the religious stuff. It's an intrinsic faith that life will lead you, that your body has an innate wisdom that - all that bloody stuff that is happening out there, every little cell that is so organized and so precise, even in it's malfunction it's so precise, and it's getting into that whole big place you know! I don't have words, I don't want to have words because words push me back into questioning it in the first place. I might be wrong and maybe this is a grossly overstated statement; I think it is the one, the greatest inequity of the western civilization and that is the loss of the intrinsic faith. You know you can look at the fragmentation of our religions, how many little ways there are, it's as if there's this enormous quest for meaning. And it's not just now, you know in the sixties there was this great striving for Eastern religions, it became a cult. I'm not a great anthropologist but it seems that we are the only group of people that ever looked that way, away from our centre to find an answer.

Nicky: Now what about the "words" part of it? We are inescapably tied to words aren't we, to a certain extent?

An: Mmm, and I think we have to take cognizance of that. But you have to learn to listen to words in a different way. If you study process-oriented psychology, the verbal channel is very important, they say that within the first five minutes of someone speaking, if you look at the verbs which are the *movement* part of language, you'll hear exactly what the person is saying/needing, and it takes the first five minutes of your conversation within the therapeutic situation, which is exciting.

Nicky: So would you see movement therapy as a therapeutic intervention on its own, or as an adjunct to psychotherapy?

An: Oh, that's a big one, can we hold on for a moment? Okay, let me try and put this as clearly as possible. I do not know how any therapist works without the incorporation of movement. I actually think that if that is what they're doing, they're missing a lot of information. So that I think body work is essential to *any* form of psychotherapy. However, not everybody is a movement therapist. So if you're a verbal therapist and you learn a little bit about movement and you're not an expert in it, you can still utilize it. If you are a movement therapist, don't ever think you can loose out on the verbal integration; that's how it makes sense to us in some kind of way. Wouldn't it be lovely if we could all just be *that* in tune to our movement - but even so, if there is someone who is really accomplished at expressing themselves and digging into themselves with their movement, will come out afterwards saying, "God, as I moved I remembered, or I realized -", and in the end the final product has to be words because it's our most common and known way of communication, you couldn't ever cut it out. The nice places you can cut it out is in places where someone is psychotic or schizophrenic, where the words are in themselves a very complex form of communication; they're using metaphoric language a lot of the time.

I'm making a film, I've decided to make this film and when we've finished I'll show you a couple of rushes from the film in which you can see that I'm using their body language or their movement patterns to help them enlarge and learn etc. etc., but these are never people who are going to come out the other side as executives. Their integration progress is a very different one from your average private practice client. I mean they've been in there for twenty years, they are chronic psychotic clients. *But* it gives them a place to express themselves, and as soon as you do that, they start to improve, the quality of their life improves. You're never going to cure

them and I'm anxious about that too because how much should . . . or are they not the ones with the real insight? As you know my great love is working with psychosis, because I believe we're missing out on something very important.

Nicky: There are two things you said: Not everybody is a movement therapist but body work, or being open or sensitive to bodyliness becomes part of verbal therapy - so what does make a movement therapist?

An: I'm going to answer your question back to front. The idea that a verbal therapist uses the body and therefore has to know a lot about movement - all they have to see is the incongruence. The person knows if you just say, "Why, while you are talking, are you rubbing this [rubs clothing in a nervous manner] and can you just focus into it?" All you have to do is be observant, and you're picking up a movement and if the person sits with it, it'll come to them if it's important. Because not every little teeny movement is necessarily *at that time* important, I don't think it's ever superfluous, but you know . . . Just let's take a simple example:

"It comforts me when I'm talking,"
 "Oh, so when you're talking you're feeling anxious?"
 "No, not really,"
 "But you're doing a comforting thing?"
 "Oh yes, maybe you're right."

It can be as simple as that, or it can flash them back, especially if it's very different to what they're saying. If say they're clenching their fist and nothing else is happening, you can say: "I'm noticing that your hands are quite angry," - I mean that's kinesthetic awareness, it's not movement therapy. It's just honing in on what you already intrinsically know. Every human being has this vast vocabulary of non-verbal or kinesthetic signals that get set up. If I said to a six-year old, "what kind of hand is that?", and it was a fist, most of them would tell me that it is a *cross* hand. So already at that stage it is an innate part of our means of communication, and that's why it doesn't matter *what* you say to a little baby, it's the tone of voice you use, or to a dog; they don't understand the words, it's the tone. So all those things are important.

And so a movement therapist is someone who is usually more expressive in the kinesthetic channel. They are better at that and it appeals to them, or they have had a very real experience of how it works. And nine out of ten times they are people in which this culture has never completely squashed that ability, that child ability to allow out with their body. You know how children lie? You can tell, unless they're very accomplished. They lie with big smiles and coy bodies, tense, waiting for you to know they've lied! Those people usually, that channel is so strong that it never completely gets squashed, so they choose that kind of . . . It's a complicated question because there are many dancers and you can have a kind of psychological compensation and they would know and agree with everything but they'd choose to be dancers not therapists. So in a way it's that combination of enquiry into what the human being is about combined with a very strong kinesthetic channel that makes them movement therapists.

The other thing is that being aware of how you feel with your body, which is not necessarily being a movement therapist, is vitally important to any therapeutic interaction, and that people that are trained in a purely cerebral way are never going to do that. You've got to go in there and find out what your own stuff is about before you can really effectively start to deal with other people, otherwise either you're constantly coming up against areas that you can't deal with and that the others may have gone through just through life experience, and so you will avoid those places, or you will just not be perceptive to them because they're outside of your knowledge. So you know that whatever therapy you're doing, I think you actually have to go in there and grovel around in your own stuff. The more you grovel around in your own stuff the more likely you are to pick it up in someone else, and feel it.

Over the last five years I've become more and more and more interested in this off-shoot of Jung, this process-oriented psychology, and to me it really takes somebody like Jung who always had incredible respect for the body but never . . . he refers to it, that whole area, not movement itself but who felt with his body not necessarily with his head, and that it makes absolute sense to me to look at the channels that Arnie Mindell puts out.

Nicky: I was going to ask you if you attended that workshop?

An: I organised it!

Nicky: Oh!

An: Yes, because for me, I suppose you call it may philosophical approach to life, is so stimulated by that man, for me he is the most important theorist that I have - I mean I am really impressed by all sorts of people but somebody who is giving us a new lead in how to perceive our walk through life, for me he is also a philosopher; he says, "don't worry about the cure, I'm not interested in the cure. I am only interested in gathering information about where we're at, and if that information is gathered and used, whatever illness or symptoms we have will become meaningful so nothing is wasted." The practical lower-middle class background that says that nothing must be wasted, everything really does have a place you know. And instead of saying, "god, I've got this terrible backache and what I can do is take two Syndols and go to bed for the day", which in a way is answering that symptom. But to stay with it and work with it and feel it and say, "what is it telling me? What is the real information? How is it a dream from my subconscious?" And that is incredibly exciting because then waking up in the morning with a pain or a headache or a flu or something becomes a very meaningful experience in your life instead of an irritation. And western man has surpassed any other man in putting that stuff away. There is no place in our culture for meaningfully not being well. It's just a problem that has got to be got out of the way as quickly as possible, and you read people like Kubler-Ross who in incredible illness people have learnt to live, it doesn't mean their illness disappears, that's not the aim and object of life! A very different philosophical approach. And the body tells you all the time, there are things you can do with your body and things that you can't, the body will hurt or groan or be uncomfortable, and it's the one place where we can actually get that stuff into us. And I mean, you know what our school curriculums are like and how the system is perceived . . .

Nicky: So what opportunities are there for the training of potential movement therapists in this country?

An: Well, none really. The only thing that I know of, and here I plead ignorance because our information system's quite bad; I keep hearing of so and so, and so and so who's doing movement therapy, I really don't know of anybody else who does my kind of movement therapy - not that I think that that's the beginning and end of movement therapy, but people who have gone and been specifically trained, I think there seem to be quite a few people who are applying their own intuitive knowledge of the power of this stuff, I'm still trying to get hold of them, they're very kind of - I think people like that are fringe, they don't like to come out and talk about that stuff. I think that they see questioning as trying to make a big thing out of it, you know, I'm just purely interested in what they're doing. There seem to be a little handful of people also who have done expressive arts therapy courses which has a large movement content who have come back from America. I'm also, you know, they're kind of like little wisps that people have mentioned to me but I have no concrete contact with them, and that's very exciting. But the training always happens outside.

I have got, we started on the first of August last year [1988] the first group of trainee movement therapists and it's entirely our own thing. Almost all of them want to go and study movement therapy. But you know I did it in two big (with a fifteen year gap) onslaughts on America! People simply cannot afford it anymore and I'm sure you've experienced, therapists who are enquiring are never nineteen years old. At nineteen you're enquiring about your profession: at twenty-eight or thirty you're starting to enquire within that profession, and that's where you'll probably go for movement therapy *here*, because in the States if after school what you want to be is a movement therapist, that's what you *do*, but in this situation, well-qualified people who have been working for years are saying, "something's missing," or, "I keep seeing these things and I really want to learn about it,".

So what we're doing is, I'm trying to cover the undergraduate work, the Honours year that I did with Liljan Espenak, which unfortunately most of the personality of the innovator and the power it's given in America I don't think gets nearly enough importance attached to it. I think she's *brilliant* and I was very fortunate in spending that Honours year with her. I think the college I went to was very good; I think they should include more movement therapy, unless you go to Arlene Stark and just apprentice with her - there are those ways of studying too. So what we're trying to do is get together as much undergraduate information as is possible. I have written, with little success at the moment but I also think that my timing has been bad, about writing to the American Dance Therapy Association and saying this is what we want to do, if they write their papers and their projects and we get someone in America to give some verification - we're not asking for a qualification but it would give them an entrance into graduate programmes. I've got most of them either doing psychology at UCT, or agreed to study psychology through Unisa. So you can see it's quite a long term project. And they'll be doing that over three years when our first batch will go.

Nicky: Go overseas?

An: To the States.

Nicky: With what, a four year training here?

An: No they would've had a three and a half year training but I mean it's because it's spread out. We meet for about five hours a week.

Nicky: And is that through the department of psychology?

An: No, no, no! As I say it it's entirely our own thing.

Nicky: But allied to UCT?

An: No, it's not allied to anybody, it just happens to be that some of those people are actually at 'varsity and they're doing psych. but they want to be movement therapists. They realize psychology is vital to it, you can't just kick it out, you'd better know about all that stuff, the more you know about that stuff the better, so it's a way of for me, of even of upgrading the courses in America. There is really not a single course in America, and again I have to say that I know of, that really starts at that undergraduate level and does pure psych. as if you're going to be a clinical psychologist and runs dance as, you know, the two being of equal weight, and then does an Hons. year and then your Masters. And that's what has to happen for it to be . . . it really has to do a lot of changing. There's not enough movement therapy in ordinary stuff in the United States. I mean, you get your Californian branch which is all into body-work, and of course they're magnificent people but it's a huge, huge country, and people are still finding difficulty in getting employment as movement therapists.

And in a way the name has got to change because psychology's got to change. I think that people who are movement therapists and have a good psychological background are the forerunners of what all psychology will be. I cannot see it escaping the massive effect that the body has on everything - "effect", maybe that's a bad choice of words but the body is intrinsic to healing. You've got to have it there, and so if you discount it or don't pay attention to it, you're losing a vital source of information. I really believe that your body and my body knows where it has to go. In terms of our *life*, not in terms of our cultural concept of health, in terms of what you and I have to learn to do. So it feels like I'm not nearly as much invested in movement therapy at the moment, as I am invested in seeing that psychology starts to take cognizance of the body. Does that make sense?

Nicky: Mmm, it does. So I wonder then . . . what are we talking about? Obviously a training in dance and movement and an understanding of the body in those ways, a training in psychology - what about physiology and anatomy?

An: I think that anatomy is very important, and almost all the courses either undergraduate or post-graduate either have it in the curriculum or insist that it's included - you can't dance unless you understand how things work. You can't really work in this way unless you understand it. I don't think that you have to be an anatomical expert, but I know that when I watch someone move, and I know that something's not okay then I get stuck with it; that's when you resort to your craft, and you say, "now where is it that this body isn't working from?" If you don't have this anatomical moment you can actually make the incorrect assumptions about what the body is doing. For instance I have a young man now at the moment, he walks on his toes. Well he *moves*, he doesn't *walk* on his toes, he moves when he's dancing on his toes.

Now Espenak says that that is a lack of contact with reality and that makes good sense when you ally it to what's happening in his life. How do I change it? Unless I have some kind of intrinsic understanding or clear knowledge of what's happening in the body, I don't know what suggestions to make to him. *Why* is it? Is it because he actually has quite short Achilles tendons? Or is it because his balance is better on the ball of his foot - you know, and do you know what happens to him? If you get him to make contact with the floor he can't leave it again. So there's a kind of wisdom in his being on his toes. If he weren't on his toes, he would be severely depressed because for *him* when he gets his heels on the ground there's no chance, it's too heavy, it's too . . . So that, unless we can understand that there's nothing wrong with his Achilles tendons, check out why is he so on the ball of his foot from a purely constructural mechanical point of view, and he actually has the capacity, he's one of those people who defies that law that you can only jump with your heels down, you know, you must push your heels down. He can't! If he pushes down into his heels he doesn't move! He's like a lump of suet pudding, he cannot move!

So I have to say, "now wait a minute, this body actually knows, *why* is it doing it?" This is this body's way of avoiding that stuckness and that is maybe what he has to do at the moment. So basically what we've done, I have a whole little ritual programme which is entirely my own: he's now Spending Time With His Feet. He has to spend half an hour with his feet every day, and that can either be on just discovering on this kind of proprioceptive level, massaging it or feeling it, or spending some time consciously walking around on different textures feeling what his feet mean with them. Just kind of - like you know that little baby that grabs hold of the foot and becomes in touch with it? Children play with their feet all the time. He said it was really quite a strange feeling to consciously put his hand on his foot, just wasn't part of his life. So that's what we're busy doing, and it's still, he suddenly walks over cobblestones and he notices it. And so slowly all we're doing is bringing his feet into his awareness, because I actually don't think I can say, "I think that you must walk with your heels down for the next fortnight," and see what happens! I think that that has a place but because there is no structural problem there, there is something wise about what that body is doing, it is *saying* something.

And of course trying to find the middle line for him, either not being depressed or something - because what he does is he promises the earth to everyone and then never does it. He can't do that. He'll say, "I'll organize this weekend," and there'll be ten people in the car all going somewhere and there's nowhere to go to. But he'll go on with the pretence and say, "oh well, something's happened," and then book them all into a hotel. It's bizarre, but that's a real problem for him and we've got to try and get him not actually walking with his heels down, but get him to be on his toes when he needs to be and on his heels when he needs to be. Just having that range instead of just one or the other kind of keeping him tied. But you know *before* he gets off his toes, we've got to learn *why* he went on them in the first place, because that - I don't mean in detail, and incident, but there's something that's saving him in the working on his toes, something wise about it. And yes, I think that the body is right if it can do something like that rather than plummet into a depression. I mean, he's not doing it consciously. It gets very complicated, I'm not a good theorist!

Nicky: So you are now practising as a movement therapist?

An: Mmm.

Nicky: And how do the medical authorities regard movement therapy in this country.

An: Well they don't know what it is so I don't really care how they - I don't think it's an informed opinion so that when you say how do they feel about it, I actually don't know, because they don't know what they're passing an opinion on. I am registered with the Medical and Dental Council under "Occupational Therapy". They have a little category called "single medium therapist" which nobody knows what it means either. There are no posts for single medium therapists, but the way I'm using it and the way other single medium therapists, predominantly music therapists, who have done a course (which is not very good) and are then required to do both and oral and written examination through the O.T. dept., because the O.T. dept. doesn't know anything about music therapy or movement therapy. So you know, they kind of examine them on ethics. That's what everyone is worried about you know, protecting the public, which I don't have any problems with.

But the point is that somewhere along the line, they're listening that we exist and that we can't be excluded anymore. I am at the moment in the process of registering with a body called RAMS, and it's the professional board that registers you for medical aid societies. It's got nothing to do with the Medical and Dental Council. They are now having a look to see whether I'm okay. That's going to be a very important step - we found out that the important step wasn't just the Medical and Dental Council, and that's partly why I'm making a film. In the next eighteen months I'm devoting all my spare time to making a film on movement therapy and its application in the psychological sphere.

Nicky: And what would the market be for that film?

An: The market will primarily be the Medical and Dental Council, and then teaching, as a teaching tool. I have permission to do that [indistinct tape] despite the fact all my clients are chronic psychotics . . . but you know, basically I'm not going to go and put it on the main circuit where people can see other people who are perhaps not wanting anyone to know of their problems. I was very lucky because for the first twelve weeks I was lent a camera by National Panasonic. Which was wonderful but also very difficult because you know it meant the camera would disappear; I'd leave the camera and I wouldn't have the camera, and I would, well a friend of mine who did the filming - I'm not an experienced film-maker, so I run the groups and she does it but it all costs . . . She did it at the most ridiculously low fee for me but it was her time and her energy, and that's not always going to be possible. So what I've done is I've written to about twenty big companies and I've given them a whole big blurb about what I'm doing and why I think it's important, and asking for some kind of donation towards getting a camera, so that I can finish this film.

Nicky: So given this rather out of the way category of registration that they've given you, what opportunities would there be for movement therapists in this country?

An: None. Other than private practice. You see it's difficult to answer your question like that straight because we have state medicine, so if you want to work in a hospital you don't stand a chance, unless they start to open posts called "Single Medium Therapists", because they are entitled to put us against an O.T. post okay? Now O.T.'s are *unbelievably* badly paid. Now if you are a third year after your qualifications, which is when you now get senior status, the maximum that you can earn in a state hospital is R2 000 gross. That's a fully qualified experienced occupational therapist, so they're very badly paid. State posts are predominantly frozen at the moment so no hospital can afford to be without its occupational therapist, no ward - it's a vital part of the illness continuum. Especially psychiatrically, all this rehab. stuff gets done by the O.T.

We do not cover an occupational therapist, we *do* cover a psychologist. If they started to bring in statistics, if I had statistics in my course I'm sure that I could start to plug to be registered as a clinical psychologist, because it's the *only* thing where we differ. I've done Developmental, I've done Abnormal, - I've done all the psychological stuff but I don't do statistics and I don't do psychometric testing.

We spend our time doing a movement diagnostic test which I think is more valuable. You know, any monkey can read the DSM III, they actually can, and we're not concerned with intelligence quotients and I mean in a way O.T.'s should be the ones to do that not psychologists. Because really it's when you're starting to place somebody . . . how can I put it? . . . I find I.Q.'s such a variable - I'm not knocking it, I think it has very relevant places but maybe they should just have a technician to do that testing. I mean psychologists with all their years and years of work are sitting testing people one after the other in state hospital because somehow this tells you that someone's verbal I.Q. is this, and their something-or-other I.Q. is this and so don't bother about psychotherapy. I can't bear that. If that is all an I.Q. test does then I'm not interested. You know, when you're working with adolescents it's often a very good indication of something, you know, that is important. For me that's not enough. DSM III is a very useful book, it tells you if this person is psychotic or maybe not psychotic, it doesn't tell us where to work.

The movement diagnostic test tells you exactly where the strengths of that personality is and where the weaknesses are and you can go in, you don't have to wait for this wonderful therapeutic relationship to start. You can go and start working with that person -the therapeutic relationship is vitally important but it can develop and you don't have to wait, you know, five, six weeks sometimes before they start liking you and start trusting you and stuff like that okay. With movement therapy simply because you can go in there at quite a deep level *without* them having to trust you or like you and things start to change, at least something's happening especially with the whole new trend of shorter hospitalization.

You might only have six weeks, there is no way unless you follow Irving Yalom who says short-term psychotherapy means daily psychotherapy for six weeks, but not once a week. You can't see people once a week for six weeks and think by any vague kind of a way that you will build up a therapeutic relationship - it's too soon. So you either see them every day, which probably doesn't happen in most institutions - I can't see it - I mean he says you work *seven* days a week with people like that, it's got to be there, you've got to become a constant in their lives, you know, and so we are faced with hospital costs being too high, with people having short term treatment and then a lot of rehab. and follow-up; we've got to adjust somewhere. Either you use a technique say three times a week that can hone you in quickly to people, or you don't and then you lose people.

I know Professor Gillis is always giving lectures to various departments on the right -[end of side one of tape] . . .that either short term hospitalization is not a good idea because people who go through it come back again soon or something's wrong with what they're *doing* with that short term treatment, you know. I can't, I'm not an authority, I haven't done enough research, I think that we're doing something wrong with those few weeks or six weeks or whatever we've got. I feel that we're not using the most potent method, you know.

Mostly, what most people want is some kind of change that *they* can cope with. You know, and this is where, I attended this most amazing lecture many years ago; Dean Dutton was head of Fordham University in America, it's a very big school of Social Work, one of the best in the States, and it's predominantly black. And he started off the lecture he gave saying, "Nothing will change until politicians study social work and social workers study politics," and I thought at the time, "well, what does he mean, you know?", and I'm starting to understand it because when you start to work with someone and you look at the environment that they're going back into, you wonder why you're trying.

You know, the consciousness that I'm working with of an adolescent who comes from Bonteheuvel where if you breathe deeply you get high even if as you drive along the road, and I'm sending him back there - how do I get him to cope with that environment? 'Cos that's what he has to do, not "how do I make him *better*," but "how do I change his attitude towards that?" - how do I keep him surviving in that. I can't, you can't pull them all out, where do you put them, there are no facilities, so you start to throw out *all* the wonderful theory you've learnt and you do "band aid", you know.

You say to the guy, "okay, you've had a drug-induced psychosis . . ." He's part of a gang, there's no way he can even if he wants to stop smoking grass or whatever he's doing, do it without risk to his life. You have to take cognizance. You cannot take his defense mechanisms away, so suddenly you say, "the norm in this society is to smoke. How can we help him to counter that norm without him becoming undefended?"

So you think, "well, anti[-breeze ? indistinct tape] tablets is blah blah blah; in this community one thing that is still reasonably sacred is "Die Hospitaal" because they actually help you out. So if "Die Hospitaal" gives you "pille" and those "pille" it says "no dagga . . ." - do you see what I mean? You start to do something that I never learnt from a text book, and so we sent him home with a bottle of totally fictitious muti; he knew it, and so that's his choice to tell them or not - (if he finds out it doesn't work then the hospital has lost its integrity), and said you know, "my pille se ek cannie dagga rook nie", and that's how he came back for the first weekend and his toxic test was clear.

You have to find a way to make an application of what you want within the context of that person's environment. There's not a single damn book that tells you about it. This is not what they teach us, you go in there and you think, "I don't know anything to help this person. The only stuff I know is actually going to made him *more* vulnerable in his society." That's quite a problem.

That for me is a huge problem, that you suddenly feel helpless, and you band-aid them through their six weeks and get them out and hope to God that they survive, but you can't give them a moral philosophy that doesn't exist in that place. You've got to find out what that culture is expecting of that person and how they will survive. You know, I worked with some very violent, it was a school that was predominantly lower middle class to very very poor, lots of alcohol abuse - ag, the whole poverty syndrome, but I mean they were having gang warfare in Sub. B! Tough, tough kids. And they said, "now look, this child is very violent, we'd like him to stop." And immediately I thought, "what will happen to him at home?"

And we had to learn a way to deal with that little boy so that he would stop bashing kids at school but know how to defend himself at home. Because you know when his father started if he just sat there and felt it, he would've been *crazy* in three months time! His father was very violent but you know by the time the social workers have got in and can do anything and can change anything, it takes two years. Now how is that little boy going to survive if you take his defense mechanism away? He's *angry* at his environment and that's healthy, he *should* be angry at that environment because if he's not, he gets pained by that environment no little system can cope with. So you know, you're looking again at trying to find ways around, and you can use movement therapy on somebody without changing that whole milieu-concept that they live in. He can express himself and his frustrations in a way that perhaps he doesn't even understand - or she doesn't understand . . . you know?

You know that feeling that you've just come out of dancing and you feel better? And you don't necessarily have to have great insights, you feel better for a while. So you know for them to set up some kind of disco-dancing, or to be able to come in for a movement therapy session can be held at a level which doesn't necessarily give more insight than the person can cope with - you don't *have* to talk about it. They say, "Jurra man, I'm feeling better now, isn't it strange? I came in here with so 'n pyn in my kop and . . ." and they *feel* better, and the insight will come to those who can cope with it . . .

Something that you might be interested in which is not what you've asked me, but I really feel a need to tell you is that one of the things that I've discovered is that amongst coloured adolescents from poorer areas, movement therapy doesn't work terribly well.

Nicky: Why?

An: Well I had to start asking that question and I kept saying to myself, "there is no imaginative stuff happening in this person's life, their imagination has absolutely been put on the shelf and got dusty, you know", and then I started to link up, my husband taught in coloured schools, in quite

poor coloured schools and they found it very difficult to do creative writing - not everybody, but the majority of them were not good at creative writing or poetry or any imaginative stuff. And Eleanor Lasch is an amazing woman; she knows everything that's going on everywhere and I phoned her and said, "Eleanor, the weirdest thing's happening. I'm actually seeing that ninety percent of the kids who get in have never learnt to use their imaginations, and the few kids that have got their imaginative faculties working well are psychotic!" And she said to me, "Read Hauser.". Which is what I did.

Now his work comes in two parts, one part where he wrote on black ghetto kids as something that he coined as "foreclosure", in which by the age of twelve or thirteen they shut down on their creative powers because they cannot get out of it and that is constantly thwarted. You can't cope with it so they shut down, and he said it was a maladaptive technique, but if they could keep it going they could get out of their situation. However we all know that poverty breeds poverty. There is always the wonderful story of someone who got out of it okay, but for ninety percent of those kids they *can't*, they're stuck in it; they don't have a good education; they don't have role models; they don't have any of the wherewithal to get out of it except one or two exceptions.

However his work was recently reviewed by another psychologist, and he tells us now that foreclosure is an *adaptive* process, that unless you do it, there's like *this* much at the top that can get out, that can really have that tenacity and have the exceptional ability to get out of their situation but they *pay* for it, because they have been completely - somehow their life takes them away from their roots and it's very difficult to identify, they are different. Or, you go crazy in some way or another because you can't cope with not being able to dream, and never having those dreams fulfilled in any kind of way. And it was very interesting because I saw exactly the same syndrome happening here, and that's very frightening to me. You know, so I had to find other ways, - they really enjoyed exercise classes that was some thing they could relate to and instead of making exercise classes kind of aerobic and physical, I gave them things that made them stretch their hands forward - I gave them emotional aerobics, so they could test that out with a very *clear* kind of *warning* written up: "don't push these kids and their imagination too far, because you are not going to be around when they freak out next time." Where are they going to be and what are they going to do to cope with what you've helped to develop inside them that their environment says no, no, no to?

So there I used a much more verbal approach just saying, "you know I'm not sure that what you're telling me is what's happening because I'm picking something else up, -" rather than this huge expressive - I mean what happens to you if your father comes home drunk and you start expressing yourself? You had better learn to keep your mouth shut even though - you have to learn to use the therapy room to express yourself - for god's sake don't go home - you'd get a knife in your back. I'm really talking about kids who live, you know what Crossroads looks like? Now in Crossroads there are squatters, they actually rent little tiny shacks.

We had the most *lovely* boy. He and his mother rented a thing that looked like a large pig-sty, that was covered at the top. And his mother liked him to be at the hospital during the rainy season because it leaked so badly that he always slept in a damp bed. But she was squatting in the back of a squatter's little piece of land, I mean -? And he was very different, he really was different and he was bright, she had managed to get him into a school a little bit above that place, and he was getting a lot of pressure because he was a leader to many adults. They couldn't read and write and they would often - the pressure was too much for him and he was breaking down because he couldn't, he didn't have anyone to look up to, he was like the smartest guy on the block, and it was just too much for him to cope with.

So a person like that, you know, I just spent a lot of time building him up physically because knowing that he felt confident in his body, I felt that was a counterpart psychologically that he could then cope with despite his environment. We sent him to a gym, we got the school to help him go to gym in the school area, now I mean that's not *movement therapy* but it uses the body, so that he would feel confident and be boosted. And I don't know if it worked of course, you never see afterwards, but it was that kind of stuff that you had to start thinking about - it's not just going in there and giving therapy. Therapy's a huge responsibility, that keeps the person, unless you can *place* the person somewhere out of the environment especially if it has such effects.

Nicky: Something that I have been meaning to ask and it comes out of what you've been saying here, - do you think we need to redefine what movement therapy might be here in this context, this South African context?

An: No. We need to redefine what *therapy* is. There is a very important book that probably nobody here has read, or very few have read. It's called "Anthropological Structures of Madness in Black Africa", and it's written by a man called Ibrahim Sow, it's a translation and it's very good. It is a very clear statistical work on the kinds of syndromes you have in mental institutions in black Africa which shows you how ignorant you are, I mean I find it quite difficult to imagine that Central Africa has a westernized kind of psychiatric concept - psychosis, suicides. A couple of things he says you never see amongst black people because of cultural involvement for instance, he mentions at one stage that phobias are very rare in most African rural situations because the culture allows for a phobia, you know there are places for the ancestors and you can't go there and so that's the scary place and so all your fears are worked through and - or not worked through but can be attributed to that part of the culture, there's nothing wrong with it, and so phobias are relatively rare. But what he also says is we have to define madness by what is normal in a particular culture. If you're in a culture that uses hallucinogenics and you see spirits, then that's part of your traditional way of life - you're not going to get anybody psychotic thinking they're crazy. They don't fear it. He writes an indictment of the whole of western psychiatry, he says, "well we have to redefine what madness is, and you can only redefine it by what is normal or abnormal in the context of a particular society." I mean superstition in a particular environment will be perfectly normal, so don't mess around with it. Each little culture has its own set of rules and those rules are usually put out there because of what is acceptable or not acceptable in the community.

So it's not really that movement therapy has to be defined here, it's that therapy has to be defined here. I think that we have to take a much more serious look at what we're doing when we go in there and try to quote put someone's psyche right. What does that *mean*? We might be screwing them up for life by giving them a norm to espouse that is detrimental to them in their own environment. And who the hell are we to pick them up and take them out of their own environment, we know the inequity of that politically, we know what that's done to people psychologically.

And the whole education thing, we've already created a society which removes children from their parental authority, there are too many kids today that are smarter than their parents, and the whole break down of that "who's the parent, who's the smartest?" We are creating a whole new situation, I'm not saying that we mustn't do that but our culture isn't accommodating to the fact that life skills and life experiences - it doesn't matter how smart or how good you are at physics - you know we can see that by the way we treat our elderly, they get pushed out, they get made redundant at an early age. We have a culture in which wisdom and life experience means very little, it's the smarter and younger you are, you know if I'm fifty-five and I have vast experience but I don't have the qualifications of a twenty-three year old, then I won't get the job. We're looking at a whole topsy-turvyness of culture and so it becomes more and more important to redefine and come to terms with.

I just find that a lot of the time what I'm dealing with is psychological issues, *genuine* psychological issues and I try to use my movement therapy as a tool, as a medium, so you see how we are psychologists or should be psychologists, and psychologists the other way round. I mean some people are out to listen to the mother's voice and so on - this . . . Tomazi method? A couple of people are into that in Cape Town, you spend (it's very expensive), and you listen to records and sounds and preferably recordings of your mother's voice, and it's a whole new *thing* - I know very little about it but that's their way of dealing with it. I have a different way and I think that psychology generally needs to say, "the theories underlying it need to be looked at," and you know if your vehicle to achieve that works that's great.

You know I really think that it's saying something that we have all these different healing disciplines - there are *hundreds* of them at the moment, everybody claims to be the right thing and I don't know if that's important. Because I'm no longer looking for the cure, staying with what's happening and becoming more process-oriented by the minute. I really think the body is very wise and there are some very important people that are right at the moment - people like Richard Moss. In "The Black Butterfly" he talks about his own experience. He is a medical doctor, very

close to psychosis, he keeps thinking that he is psychotic, but he realises what he is experiencing is the loss of ego-boundaries, and how *frightening* that is to western man. Of course now he's changed, he deals in energy workshops, which I don't really understand because I've never been to one but the concept sounds very exciting. You can experience something that you and I would call an anxiety but if you can understand that what you're losing is ego boundaries, it's a very powerful experience and it doesn't have to be scary. He's spent weeks and months and years working at it, first of all from being scared and then harnessing that energy and being able to transform it into a healing and creative experience rather than destructive - it's very interesting.

Nicky: What other authors would you recommend?

An: There's a man called . . . - and I'm not going to remember, but it's called "The Wound and the Healer", he was a doctor became a surgeon became a psychiatrist, and he writes a very *clear* expose of the medical world and what really healing is about. A brilliant surgeon who does wonderful things who is actually a shit person, and then starts to look at something that happens in the individual that allows healing to take place. That's a very exciting concept for me because I still don't understand how some people die that should live, and live that should die. If we're so smart, how come people that don't stand *that* much chance of surviving, survive. We don't understand healing and that incorporates all of us healers, if you throw the bones or whether you're a very fantastic brain surgeon. We are now examining *that* and that's where I want to go. I want to say, "what is healing, what constitutes healing?", because if we can understand *that*, then the whole field changes. And I think that somewhere there is a meeting of two parts; there is something in the healer and there is something in the healee, but there's a whole other spark that's got very little to do with what you've learned in books, about who you are and where you're going. I don't want to get esoteric about it because I don't actually understand it.

And then who else is there book-wise? Well, Arnie Mindell. I don't know that I'm that wild about Arnie Mindell himself, I'm really wild about what he's saying though, I'm seeing other people doing his work - it's like Fritz Perls was a lousy Gestalt therapist but his concepts were very very important. In this workshop I've seen someone relatively young who is a process-oriented psychologist with predominantly movement experience and she is just utterly amazing - but she gets right in there with the people and says, "God, you know I'm tapping into this, this and this in myself, now I wonder where it is? Is this yours or is this mine?" I was *exhausted* for her. It is very shamanistic without being intuitive, I get very nervous about "intuition". It's saying that the fact that *you* come to talk to me *today* is part of our process that's not random, there's something that has to happen between you and me for *you* to develop and *me* to develop. It's absolutely *vital* that we're part of the process. The fact that my back is hurting today is very important, and don't dismiss it. It's such a whole way of looking at life that it really really excites me.

APPENDIX 2

Interview with Tossie von Tonder. Grahamstown, 27 April 1989.

Nicky: I wanted to ask you what the aim of your work is, and whether you would call it "movement therapy".

Tossie: Ja, primarily I know that it is for my own growth. The work that people do in the workshops are often reaching such levels of profundity that I think if one is witnessing that work it is very unlikely that you are untouched by it. And being the facilitator of that work, I often have the feeling that I almost expected that kind of thing to happen but I didn't know, I didn't have the promise that it will happen. When the work does reach that level I am very much affected by it and so the work that people do, the dances that they execute does reach me on some kind of sub-conscious level and so that is the main reason why I do the work. Because the other thing is that I also, the place where I facilitate the work from is really from where I am at. And I have to do a constant job of clearing myself as much as I can before I work with a group in order to come to them with a clear space so that *my* unconscious is almost available to them, so it's that circling effect, that I initiate the work from the place where I am at and the work they're doing then fills me on a different level again and so it escalates.

And the other reason why I am doing the work is that I do feel that we have moved into a new era of consciousness which I can't elaborate on anymore because I'm not sure what it feels like in an articulated sense, where people need certain experiences in order to heal themselves, and the existing forms of 'getting better', 'feeling better' . . . does not completely address the individual and it doesn't encapsulate the individual's physique, physiology, psychology, spiritual life, psychic life, collective life, archetypal life, and we are moving into an age where hologrammatical thought is asked for.

In other words, that you can see the connections all the time, that you're not fragmented anymore, you're not an individual, that you're moving inside and through things, through the time and through space continuously and it just prepares people to move into a bracket of experience where that can become possible, and that the stress which is resting on people who *don't* have that kind of experience, who need materialistic or trivial or noisy etc behaviour always to complete the incompleteness temporarily can become unbearable and is psychologically quite suicidal, so that the importance of giving people an experience that is potentially completing, or for that moment a complete experience, serves a purpose that connects up with the way and the direction that we could go, which is that you connect up with your environment, that the wilderness on the inside and the wilderness on the outside actually starts to level out. That the wilderness on the outside is not so big that you have to act towards it with violence, in order to feel some sense of equilibrium you have to destroy something outside of you, because the space inside of you is so small.

So I think on a national level, and on a global level and on a universal level, if one person has a sense of transformation and have a moment of universality which in itself is the healing moment, it is very important for that person to know that it doesn't only happen to her or him, it is actually emitting an energy of healing. So that the work is very practical, you can't do it without your body but its got a very strong metaphysical quality as well, physical and metaphysical.

And I see that in the future whether it is this kind of work or some other kind of work that has a similar nature, or variations of this, that the world is not really going to change through some person's political expertise, or economic strategies, it'll really only change when people are changing themselves and therefore I think that the work is quite important to bring to people who are in positions of leadership and who has to make decisions, that those decisions are made from clear spaces inside of themselves rather than defensive spaces; cluttered, overburdened.

And I think in the fourth sentence, I would say that the work could in fact lead directly to a reevaluation of the attitude towards the environment. Once you've connected with the environment inside you do connect with the environment outside and you have a choice how you want to connect. You could connect quite destructively and then you will end up being ill and suffering

symptoms, and unless you listen to those they will just persist, and take on different forms and in the same way that deals with - that connects up with the way in which you deal with your environment.

I find it's often quite important for people if they move and they talk about a mountain, for instance, that it's very important for them to go to the mountains, or deserts, - that they physically take that responsibility to go to that place that asks for their presence. And part of the split that we have is that we are not connected, we are not answering, not responding to that urge in the body/mind interface. So I also sense that often people are called to go to places in the wilderness out there in order to go and heal the earth, and then they refrain from it, they just don't feel that it's right, you know, they'd rather do something else and they miss out on the opportunity. That's why I'm doing it.

Nicky: Would you call it movement therapy?

Tossie: I actually don't have names for what I'm doing anymore. It is my life task - for now. I'm simply doing something that I feel I could do well and maybe tomorrow I would feel that I don't need to do this work anymore and then I will do something else. But I would certainly be able to say that I have been transformed by the work, that I grew and it was worth my while.

Ja, you know it is always a big problem to put words to what I am doing and ultimately you can never really fully describe what you are doing - in fact I can never fully describe what is happening to people in the groups, but I do know from the dances that is my feedback, what is happening to them lies in the work and the work has got a sort of dream-like quality most of the time, so that they are working directly with their unconscious and I have no business there. What happens to them, happens to them - I simply need to facilitate it so they have access to those areas and that those areas are also then protected inside the experience.

And the truth is that those areas are opened up and it reaches on a more, - if we get into ancient terminologies - it reaches levels of ritual, ceremony, which has all got to do with the release and the detoxification of the modern body in order to see fresh again.

And so that whole process I can't put into a term called "dance therapy"; what is happening is people work in a really creative mode, they do what they're feeling right to do, and I'm sure if I had lived on an island somewhere where I didn't have the word "creativity" we would've called it something that's got to do with a much more ancient experience - exorcism? I don't know.

Nicky: This idea of clearing a space or making a space clear, - could you speak more of that?

Tossie: Clearing a space is an area which I think that you've also experienced in terms of finding that you have a symptom, something that is uncomfortable that clutters a space of free existence and you make a choice to listen to it and to remove it and to actualize it, and that way you clear a space, and that could vary from just listening to a symptom like you've explained to me, to a daily dance because the dance then becomes a direct expression of the unconscious. You feel maybe your dance will be quite light when you start doing it and it ends up that you can't get off the floor! - which is quite a drastic example but just to demonstrate, so that one simply gives *complete* acknowledgement of where the psyche and the body interrelates for that moment, and you express it and you make it real.

And that all by itself is acknowledgement and bonding with yourself, and when that bonding takes place your bonding with the world outside you thickens as well, - strengthens itself, and then you could work with the world without that symptom, without the *lie* that your unconscious and your body just doesn't want to work together today, you know, and what you could do instead you could really patch it up with a lot of stuff - the voice, the other movements, the costumes we're wearing and that is a constant stress on the psyche which makes you less useful in the community because you come as a split being.

Nicky: So would that - it's an awkward term to use, but what would your "model" of health be then?

Tossie: I would think that it lies in that field of being able to interact with yourself and your environment freely. Where you have knowledge of cultural constraints but you're not trapped in it; you are free from it - and you can put that cloak on if you need to. And to be able to interact creatively with yourself and your environment because I can't imagine that a creative society is an unhealthy one, and health is not only something that sticks to one person at a time, - it is not 'patient' related. If you are healthy, your immediate environment is healthy and the people around you is attracted or transformed by that, and that brings me back to the responsibility to be healthy, to be *hygienic* about your environment.

Nicky: Is there any particular theoretical orientation to which you feel most allied?

Tossie: I think the theoretical orientation that I have reaches from old philosophies of the oldest philosophers into a model which I think has not yet been articulated, and when I say that the model has not yet been articulated I think it is because we don't understand and have not yet grasped the power of the unconscious or the mind, and that we talk about segments of the person as intellectual and emotional and sexual and psychic and spiritual and I actually think that there are a whole lot more that we don't know about - past lives, future lives, and more. That we connect to certain areas on earth maybe, every person may have a place on earth that we don't know of, - there are those kind of things that are quite *reptilian* in its brain function, it is so *instinctive* but also on such a high intellectual frequency that we can't grasp it yet, that there's too much smog in the air to really enter that area, and I think that I'm interested to see what people will write from now on . . .

Nicky: Like?

Tossie: I don't know. New minds that are developing now. You know Jung was a great help up till now and will always be, but Jung talked about things we're only discovering *today*, about fifty years ago, so I'm interested in the people who start writing now because I think the same kind of happening is taking place on the physics level; in nuclear physics, in economy, in biology - it is finding out new areas that was never really accessible to them because they operated only in one way, you know their mind was only slotted in in certain area and that the networking is actually happening, is starting to happen now.

Nicky: So the idea of 'interconnecting' is very central?

Tossie: Mmm.

Nicky: And when you say "some of the very old philosophers through until now", do you have anybody in mind?

Tossie: You know when you move and you come to certain realizations they are all reducible to that things are connected, you know, that mythologies: . . . Dionysus, talking about Apollo, Plato, Socrates - and I think that when one simply just opens a book of what these people wrote about, then it's all traceable back to the individual's experience inside of his body, and there's no limit to that, and these people had realizations centuries ago which I think was just marvellous.

So . . . Nietzsche talking about the necessity of art for modern man; autonomous function which involves not so much assertive action and not caring that other people talk about or say - having autonomy which is so much in tune with what's going on and taking a step further. So there is that spectrum from what has been ingrained as truths to what I'm keen to see people talk about

nowdays. You know our awareness of children, all of a sudden, as potential healers, not just as a child, not a little body that first has to grow up and then become somebody, that's quite a step.

Nicky: I'm not familiar with that?

Tossie: You know, the idea that, you know the old idea that there were only a few spiritual leaders; one was Jesus Christ, the other was Buddha and so on and so forth, and the truth is that those people were actually having a kind of cosmic consciousness way ahead of their time, and now more and more people actually have a cosmic consciousness so that it is possible if a child is being conceived with that awareness in the father and the mother of cosmic consciousness, that you can breed a spiritual leader because the psyche is really there before conception takes place and that the possibility exists for there to be a lot of highly spiritual people to be in the world in the next twenty years, and there is already, which might be a way in which the world just has to just evolve.

Nicky: You speak a lot about the connection with the environment on the outside and the inner landscape. Surely then that has quite serious ramifications for westernized, industrialized, urbanized societies.

Tossie: Mmm, it would have to have, ja.

Nicky: Because they live in very particular environs, very ugly, dehumanized environs. How do you understand your work in that context?

Tossie: Simply, that if the person is submitting herself to transformation and insight is gained and psychic growth is taking place, that person's immediate environment will be affected by it. It's the same with health as I said earlier, that when you are healthy in that sense you do affect everybody around you, and I haven't got any models in knowing how the world will change but it is quite clear from awarenesses, global awarenesses, that we are reaching some stage where an incident like Chernobyl, which is now put into a play, which is more and more written about, which has reached people's consciousness politically, which also reveals other mistakes like that in the world - makes people aware.

Their own families die from radiation, they are aware of the fact that you can carry radiation in you for twenty years, tells me that we're in quite a clumsy state at the moment which will have to force us to realise the power of that kind of development - for instance, nuclear development, that we *have* developed it in order to serve us but in the creation of it as a population - in the creation of it as a global population, we have not really reached a level of consciousness where we can fully embrace it, where our frequency, our psychic frequency is just not fast enough, we are clumsy in our dealing with it - making mistakes, not putting emergency alarms on you know, and these are people that are working on these plants just don't realise the enormity of that development and so we're sort of slightly adolescent about our own development, I think we've created things that we don't know what to do with, and so we're in that time where we might wipe out quite a lot of people in order to learn the lessons - this is the strange thing about the global population is that we have to learn lessons through death.

Same has just happened up north, on the border of Angola and Namibia, we have to kill people in order to realise what's happening. Which is a very clumsy way you know, it's almost infantile, you have to *bump* your head against this thing in order to know next time you got to be careful, we haven't really reached a level where we can *know*, you know that is what the hologram for me means as well - complete knowledge, and that you simply move with these things quite lightly, quite a gentle light intelligence.

So that's where I think that the world is at at the moment, in a phase where all the information is not available to people, it might be out there but we are incapable of receiving it and that also fits into the clear space that I'm talking about, that you can't really hear somebody if you're upset,

you know, and you can't really receive information when you're cluttered and unclear, and unhygienic. So that maybe we have to learn through our mistakes, maybe we have to continually make mistakes, which is a very clumsy way to learn - very sad, very pathetic.

But I don't know who, at that moment, who is free from that because we've inherited a lot. But that's nothing! The fact that you've inherited things is one thing, the other thing is that you've got to move on.

Nicky: So the work that you do, do you see it as applicable to all groups of people?

Tossie: Ja, because it is so primitive, its got such a primitive nature that it belongs to people who are fully in the world, consciously fully in the world - aware of the international existence and then can connect it up with the sense of global consciousness, cosmic consciousness, or it could belong to the bushmen. The truth is that I need to be constantly clear, and varied, adaptable technically, and even less so technically than just being who I am in the particular environment.

Nicky: I'm thinking of perhaps a kind of selection procedure that is sometimes applied by people working in deep psychological ways - some groups of people are not considered suitable for one-to-one therapeutic processes; psychopaths, borderlines, are there any groups like that, that you would not work with? Is there any kind of assessment from your side?

Tossie: I assess because I think it is important to, at this stage, bring people together who have similar interests, so that if we work at a university we have a group of university students for them to get the benefit out of it that they want to get out of it. And I slot into that need, and if we work with so-called borderline schizophrenics I slot into *that*, and my working method and my psychic intention would be a different one. If I work with youth leaders in townships my slot would be a completely different one. So at this moment I create homogenous groups for the purpose of making it easier to serving their needs, 'cause I have a short time to work. But it is also possible to have a group of rather esoteric people and a young boy from the streets, because if the group needs *that* - because that particular combination will actually spark off a lot of things for people, because that's what needs to happen. I think that it would also be quite a strong challenge on my skills to have the group open, ultimately, that there's absolutely no screening, so that you can have what you call psychopaths along with people working in a different way than a psychopath all in one.

Nicky: And you feel confident that your work will still be effective - useful ? (tape indistinct)

Tossie: I can't say so much that I would call it confidence, I would just like to say that I attract people to what I feel capable of doing so that their spread that I can handle determines the people that I attract, and hopefully that will grow.

Nicky: So in a sense do you see yourself almost as quite passive; people knowing about you and coming to you in that sense?

Tossie: You could say that it is passive but in fact what it is, is that I need to stay constantly in touch with the power of my work, and attach myself to activating the power of my work, and when I slot into *that*, I think people know about me. When the power of my work is low I attract different people, when the power of my work is high I attract another group of people.

So its not so much a passive thing as psychically quite continuous 'sussing', you know, where I'm at, psychically feeling the power that I have or the power that moves through me that I have, how much I am open for the power to move through me and don't obstruct that, if I obstruct the power there is a different calibre of working.

Nicky: So what is your role in this process, your role as facilitator?

Tossie: Well I would see it two-fold. The one is to at this moment in time - I put this one first - and that is to make people see each other really. Because I think that we've gone blind, strangely blind, we don't see other people anymore. We only see them when we are in conflict and then we only see them in that way, so we haven't really seen them with the universe inside of us, if I could use that term which sounds a bit cliched or kitsch, so primarily my role is to bring people who would not see eye to eye together.

And secondarily, as part of that process, as an extension of that process; it is a personal transformation that is right for this time, and somehow on some kind of spiritual level I can facilitate that. And I have to also tell you that I'm not doing much, I'm not really doing a lot - I just have to keep myself open.

Nicky: And the role of interpretation?

Tossie: Ja, I leave space for that, you know, I leave space for that - I think that that is also part of where people are at the moment, they need to have a reason why they have done something, something must make a picture and they must know the meaning of that picture. Its like having dreams, people can't just leave these dreams alone, just trusting that these dreams will work on some level, they have to work quite hard at it. Which is fine, it is the time that we live in - people must feel that they work hard and the lightness of being will come from that, you know, it is part of the plight of the human race that they will have to work and then they will get their bread, and the harder you work the more you get bread, you know! Very cause and effect, very Descartian, mental slot.

I think if you just continuously keep yourself clear you know, and you respond to what is needed - maybe what is needed is that you have to run 60 kilometers every 7 days; Dave Edwards had to run 60 kms in the marathon, and I think maybe that's part of it, that's quite hard work. And you have to do that, if you *refuse* to do that, then you're negating what the body asks for. So it is hard work but somehow the body releases something, other people have to work less. Ag, I think it is karmic too, they work maybe on a different level. There are other people whom I believe are suffering not only for themselves but for populations, they carry symptoms of populations. People with AIDS suffer not only their own lives, they suffer a bigger life than just their own, they have to die of that disease in order to heal a lot of other people - bring to awareness a lot of people what's going on.

Nicky: So you don't feel necessarily that verbal interpretation is central to the work that you do?

Tossie: Now we got a bit away from that hey? I'm sorry! You know if people want it one could give it to them hey? But I also know that at the bottom of that verbal interpretation is just like a big silence, and it's a time-based thing. At this time people need for you to say, "that means that", and "I saw you doing that", and I give that to them if they need it.

If they don't need it they know it themselves, and there's ample time in the group for talking because I think as a group of people we are still into talking quite a lot and that is a way of getting the intellectual facet in line with all the other facets, so that you can move on. Then it's fine. It's not an important thing for me, people have great knowledge themselves; if they become *greedy* for something I don't work with that at all you know. It's possible to determine when people are greedy and when they simply just want to know something; there's a difference. And if I have the information then I give it to them, that's also possible.

Nicky: So would you see your work as being of a style of its own, or would you see it being connected to any psychotherapeutic process, I suppose I'm thinking in terms of various approaches to those

kinds of healing, do you see your work as being an adjunct to that or completely on its own in a different way?

Tossie: I like the possibility of working along with other healing methods; I like the idea of working with other healers, I think that we overlap all the time. I also know that some people are more responsive to my work because of the work that they've done in their lives before, and other people because of the work they've done in themselves have become so much trapped in that, that they can't find a way of accessing this work, mostly I would say, yes that people that have worked on themselves in which ever way - psychotherapy, which ever theory or approach; psychic healing, *sangomas*, herbs, homeopathy, just going to a doctor, finding out what's wrong with you - all of that adds to bring people to a greater realization of what's going on with them, and then they could come to my work and find a way in which they could slot into that.

I really like the way in which people could work together, I think it's very important especially this link between the western medicine and the more traditional forms of healing, because somehow I feel also in between that, the swing both ways - east, west, african, primitive - the work fits in with mine. And at the same time, even if I say to you that my work is healing it's not necessarily people who have healing right upfront in their lives who feel attracted to my work, it's just a process of accessing larger areas of themselves. Which you can say is healing but I don't assume that a person is necessarily troubled when they come to my work. In fact I think the very idea of people being sick will need to change as well. You know sick people will have to be accommodated, sick people will have to be embraced. There are no sick people really, people are just in the process of learning and it feels uncomfortable, some learning times are uncomfortable.

Nicky: Won't you speak more about this idea of people being sick or not being sick or being 'in the process' - you mentioned AIDS as an example earlier on?

Tossie: You see it comes down to the same thing of clearing a space, I think that if your space is constantly cleared you become transparent. That things that happen outside could move right through you, that there's not this incredible blockade of defences, morality, resistance - all those words, and I think it's very apparent in our country at the moment because all the slogans have got to do with blockades; the struggle, resistance, so that the bodies became potentially less immune.

Just take for example if you would be in a family and you were a little girl, and there was continuous strife in the house, your body builds up barricades from where you can shoot if you need to shoot, but you're always on guard. Now unless you have a place to really let go of that apparatus and that positionality, that posturing of attack or of vulnerability, you will be so prone to the creation of a situation where you have to use that apparatus.

It's the problem with the army at the moment, most of those guys are trained to kill but they never get into a position to kill, so they have to find a substitute for choreographing themselves into a place which they've only learned theoretically about, you know, they have to make that thing happen. So unless the people are rather resourceful what you will end up with is another generation of fathers who are potential wife-beaters, children-batters, dog-kickers, racists, sexists, ageists.

So unless the body is helped to become transparent it will always have those barricades with which it operates, and I know that one could even extend that thought to the place where you learn so much about the frequency of your environment by being clear, constantly clear, that radiation could enter your body and pass right through, and if you are prone to that barricade you are bound to develop cancer. Cancer happens at that place where things get stuck, you know, when things can't move through. So I understand in a similar fashion why it is important for everybody in the world to be free. But for the majority of the world's populations who have been oppressed up till now, they almost need that struggle before they can become free. "Join the struggle towards freedom" you know, - *feel* the barricades, join *in* on the barricades, become *totally* aware of the oppressed and the oppressors, make it your *only* aim in life before you can become free, so its that acknowledgement of that barricade. Was that your question that you asked?

Nicky: Mmm, the 'being sick'.

Tossie: So that the sickness is not really only being in hospital, but it is in us, all around us, in the air, and health could also be in the air.

Nicky: Something that An Fiske said to me in January is that there is no place in our society for meaningfully not being well. I wonder if you're saying the same thing?

Tossie: Well we have to create the space, I would add that; we have to create that space.

Nicky: Something else she said was that she found that the movement therapy work she was doing didn't work very well with coloured adolescents from poor, impoverished areas. And she felt it had something to do with lack of imaginative faculty, these people found it difficult to explore out of themselves, and some of the reading she did used the term 'foreclosure', as an adaptive technique: it was a way out of having to deal with the pain of not being able to reconcile the harsh reality of the lack, with the rich imaginative life.

Tossie: Ja I think that the imagination can only really open if life is really livable. That's a reality. Unless you are in a very unlivable situation and you can transcend that if you're quite resourceful, yes, but ah . . . but one has to then just stay working with these people you see, you have to continue the work and work on a very unimaginative level. Maybe they need something like aerobics which is not involving the imagination - I think, I haven't done aerobics in my life, am I right?

Nicky: How would imagination feature in your work?

Tossie: I think that if the work would not have an image-world attached to it, the potential integration of the personality would have a much lower likelihood. The place where the healing takes place is where movement is attached to the imagination - consciously.

Nicky: Explain?

Tossie: We could do a lot of sit-ups, you and me you know, and we would feel quite good about having done them, and we would know that we have done them because we want to strengthen our stomach muscles, and all those knowledges will add already to the mind being connected to why we're doing it. If the mind is not connected at all it is possible for the body to wear and tear; to simply become a machine, so you're not aware of the fact that when you do certain movements over and over and over that you're in fact numbing them from consciousness. So it is a routine which is an end in itself, like the way in which I witnessed certain dance teaching taking place, simply just doing that class because it is the thing to do now - no reason why except that in itself it serves the purpose of making you a dancer, but the imagination is away, far away from that, the mind is away from that.

So the best place where the healing takes place is when the imagination is very wide open and the movement runs absolutely parallel to that. So that you could have the image of being one grain of sand in the ocean and you can move because the waves of the sea . . . you know, then your movement is exactly what that grain of sand must be moving like and that's where the biggest healing takes place.

Nicky: Because of the connection?

Tossie: It's a connection.

Nicky: And if it was a verbal connection, would it be the same?

Tossie: Just give me an example?

Nicky: Well to use your example of a grain of sand; maybe that is happening in the image world, maybe you can make a connection by saying, "it is a feeling of . . .", describing with words rather than with movement?

Tossie: Ja, I think that that's - you know when you talked earlier that there's not a place for people who are not well, in Durban I had a lady again, I mean she's a clinical psychologist and she says, "I'm so afraid of going mad." It's not so much that she's afraid of going mad, as she's afraid of what society is going to think of her when she exposes a sentence like; "I am a grain of sand," you know, which *works* for her, has that moment of healing but will be looked upon from the outside as, you know, not acceptable.

We're living in such a primitive way, if one really looks at the levels where we've come from - we've come from ancient civilizations where people have fully embraced the village idiot into the society, the person actually serves a purpose and gradually we've removed people. Now it is to protect the society, from these people who are abnormal, but the truth is that those people have actually developed because the society is essentially split, people in society became more and more split - they've lost the *bush* in themselves, the primitive, the intuitive, the instinctive, so they have to create individuals in the society that can house that full *bush* - you know, for them to be free, but the truth is that they have that bush inside of them, but they just won't give expression to it - there's no place to dance that bush out.

Nicky: I have the feeling what you're talking about is almost a removal, or a breaking down of so much that has been set up by the society as we understand it; the political strategies, the economic policies - all those things. And you speak about the bush being inside and getting back to it or finding it or honing in on it, and I'm not sure if I understand what that would mean. I suppose what I'm battling with is the 'noble savage' notion, and I'm sure that that's not what you're saying but I can't quite connect it in the same way - I'm not sure if that maybe *is* what you're saying; that this way of being *does* need to be replaced by another way?

Tossie: I don't think it's so much - what was the word you used when you first started talking? You used a word which was something like . . . anyway, it's not so much about replacing, it's *growing* through and finding a new place to be in, integrating things fresh. I think Prince Charles is quite a good example . . .

Nicky: (Yes?..)

Tossie: The man is what he is, his position, but he's changed his way of eating, he's living much more holistic, he's a man who would support the wilderness concept - I hope he doesn't mind me using him as an example but I think that people are unnecessarily constrained and it is simply something that we've inherited and that is spin-off from our current societies and if people would just constantly respond to what feels right for them that honesty will simply let the person move through an area of inhibition, for instance, and be there without affecting anybody else, without affecting anybody else negatively, being unfair to people around you, does that make sense or am I getting tired?

Nicky: We can leave it and make another time later if you would rather?

Tossie: Ja . . . I have to tell you that a holistic way of working is, it could be so light you know, it just brings you in a place and then you're there, and then everybody knows that you are there, then you don't have to worry about what other people would think.

It lies in the process as well, if the process is very linear: "if you express yourself, if you get rid of all that anger then you will be easier to live with,". Yes that might be so but there's something else that we're missing, maybe there's another part of the whole holistic thing that we're missing out on. If you go and make a garden you might feel better instead of getting rid of all this anger. The emotional body is in the way at the moment, I think, and it is true for a lot of people - the emotional body stands in the way, it is holding us back and ja, could say "bring the emotional body in line by getting rid of a whole lot of emotions," - true, but maybe if you do a completely different dance you get rid of the emotions in a very silent way, things just *molecularly* shift and the emotional 'greed' is just not there anymore.

End of first interview.

Second interview; 2 May 1989.

Tossie: What I wanted to tell you is that the way in which I do this work, often when people call it dance therapy I just have the feeling that its really not what I'm doing you know, so maybe its quite important for me to clarify that. When you talk about dance therapy in the way in which people would go and train for it, it would be towards a kind of integration - that whole intellectual/emotional/physical integration which is what they define it as well by the American Dance Therapy Association.

And by that definition they also assume that you work with people who need quite badly to be integrated into society so we're talking about maybe the fields of psychiatry and those kinds of areas, and then I think just generally going into a clinical direction where one could say yes, you could generally work with people, but what I feel the difference in my focus at the moment is because we're moving in a new time, into a new time of a lot of changes that's going on, that I feel quite responsible to work with people who are in key positions, who are actually functioning well but they need to function even better, so that actually changes the nature of the work as well.

So that one tries to encompass the people's personal work but you go beyond that into things that's got to do with nations and the international world and a global consciousness and universality and things like that as well, but almost consciously so.

And so when I think of myself as a dance therapist, its actually not that you know, I think its a completely different thing, I just happen to use movement as a vehicle, but I don't feel like a therapist, I feel like some kind of a facilitator. You know people take on what they, - they know what they want to work with and one simply provides the space for that, you don't have to do too much work. Does that make sense?

Nicky: Ja it does because I was listening to the tape of our conversation of the other morning, and when I asked you about that you said that you don't have words to describe the work you're doing, and as I listened again, with the knowledge of having experienced your work, I realised that "dance therapy" wasn't the correct description, in terms of the literature that's been written, the Associations' constitutions from America, from Britain - ja, it quite clearly was allied to but not completely identifiable with those things. You spoke quite a lot about the "completeness"; you spoke about it in terms of the environment, connecting with the environment, "the wilderness

without and the wilderness within", and I suppose that is a sense of the integration idea but can you speak some more about that?

Tossie: Ja, if I could just relate it back to the work that we've done in the workshop. You know when I talk about the wilderness it is really the most natural things about ourselves, if that would draw any conclusions to the workshop, and I think the value of the work is that I almost approach it philosophically, and then make it real. So everybody could say "yes, I am feeling very natural, or I have a natural self and I have an unnatural self," but they don't know where that distinction is, and that's its mixed up so that the stuff that feels unnatural sometimes when you repeat it enough, it becomes natural, and when you do something natural and the societal norms are such that you can't really do it; you do something that's quite natural for you but you don't feel free to express yourself in that way in your society then the suppression of it becomes unnatural again.

But at that moment when your body makes a decision that 'this is natural' and 'this is unnatural', when you can draw that line, when you get so much more clearer insight into a whole range of more primitive, more shadow-like, more darker, more spiritual confrontations, and if you are able to, in your dance to embrace all of that and to embrace it with immediate choreography which is so clearly just that, then I think you're getting close to the place where you can feel that completeness, where the things that is normally natural for you is rather primitive but which you have suppressed or not allowed yourself to have, is actually embraced by the choreography.

So that you accept your own dark side much more and in the moment that you do that, there is an immediate sense of more completeness in the body. And if you persist in taking on roles and ways of speaking and ways of behaving that is so much geared towards trying to be accepted by other people, you wear and tear the body to a large extent and your mind becomes more and more confused, and your thoughts will get that overlap of confusion and that to me is where the split happens between the wilderness on the inside and the wilderness on the outside, because at that moment when you split you can't see clearly anymore, your thoughts are not clear and you can't see clearly.

So - but you will see animals - just as an example - and you will view them as if they are in a zoo, you know. They might be out in the wild, but your way of perceiving them is that they're out there and you're not going to touch them and they're can't touch you and you are safe and they need to be killed, and you know a whole . . . that's where conservation comes into it for me. But -

Nicky: In what way?

Tossie: That people don't really understand, I mean people try to conserve certain species and you know things that are extinct, try and save them, but I think the natural thing of having an animal kingdom around you, you know, having nature around you is such an important thing, and I have that experience now with Namibia you know, that we've made this place that we live in so civilized that we are continuously alienating it from ourselves.

I once read about a performance artist in Italy and she was working with this concept, in fact it's in a book called *The Knowing Body* by Louise Stein, you know about it? Just find that area, I think it's Polozzi or something like it, an Italian name, and she said she always went to go and look at the movements of the animals and in trying to be fully in it you know, to have such a strong empathy with that primitive part of herself with the animals as well, that she ended up one day with this abrupt realisation - but she's not only looking at the animals, the animals are also looking at *her*, you know, and that moment when you can actually interact, that you acknowledge that, that animal is a sensing human being almost, and you don't have this elevated stance, arrogance, - but I mean that comes with quite a strong realization of the nature in yourself, you know, and what you were talking about, about your head coming in the way, is a really big frustration for a lot of people, they just can't allow themselves to let that civilization, that part of their brain that is civilized, to just let it rest.

Nicky: Carrying on from what you were saying about the natural and the unnatural, yesterday at lunch time when we were sitting in the park, one of the questions that a few of us had was "how did we know what was natural for ourselves?". That seemed to be a frustration for a lot of people. When you were asking us to identify what was natural and how we violated that, how could we sort out what was natural and what was 'natural' because it had been learned or assimilated so easily?

Tossie: You see I think that also in terms of the layers of the work that one could just do a dance, you could play music and do a dance and say I'm doing the most natural movements to this music as I possibly can. That's one thing, but then you can, the deeper you go into the work and the more profound the images, the more you get to older patterns in the body and then one gets probably the closest that you can get to a natural self, which is sometimes probably looking quite regressive but that *is* it you see, and because we never allow ourselves a dance which feels regressed or just even - you don't even have to have that term - just allow yourself into that area of expression.

That is why we don't know our natural selves you know, because we've just risen up from the earth to do things on the top here and we don't go down there anymore. And I think it's difficult to know your natural self unless you're actually prepared to go into areas which are closest to your natural self, you know, which are most dissociated from civilization, but at the same time one could say what feels like a movement to you of your natural self on that deeper level is, could also be experienced by another person in the group and that's where the collective element comes in. But we don't know our natural selves, that is the split you see.

Nicky: There was another question from the few of us at lunch yesterday, and that was your perception of the group this weekend and how it might have differed from other groups you might've worked with, and why, because obviously there was a sense on Saturday it wasn't moving, there was a very stuck quality that we had to work with and it functioned obviously in a particular way, and there was a curiosity as to how you perceived that and, ja, what your thoughts and perceptions about that were?

Tossie: I think that it doesn't differ a lot from what I've actually said to the group on Sunday morning, that I took for granted firstly that there would have been a certain amount of screening, you know that people would just really know why they're coming and that is what I'm used to, and it wasn't that at all, it was a totally different group of people. But then I always have this sense of optimism, you know, that I think, "yes, the people don't know why they're here but maybe they'll find out why they're here!", you know, but I think that I just stretched that optimism a bit too far, and you see this is where the thing about dance therapy *versus* my sort of pursuit of philosophy in groups is coming in, that I thought that the idea of working with natural movement and the violation of natural movement would be an important theme to work with in a group in any case so even if I come with that kind of theme, wherever people are at, they would slot into it with their own work as well - their own personal work.

And I think the problem came in when that whole vision was stronger than acknowledging where the group was, that acknowledging the diversity of the group, and I think that, that caused a certain amount of conflict in me for where I think the group *could* go and where I think they were prepared to go. So it was I think mainly that thing - my - what I'd mentioned before - my expectations of working in that specific field, going there too quickly and the diversity of the group. What were the comments from the people, did they have any ideas about it?

Nicky: That question, and the one about the natural self were the two major areas of discussion yesterday. There was also a feeling that in some way we had disappointed you, that we hadn't gone to where you'd wanted us to go and there was a sense of insecurity about that: "did we not do it right?". And some of us felt that even if we hadn't done it right in the way that we *thought* you wanted us to do it, still things happened for us. Someone else and myself both realized that there was a lot happening - it was in our heads, yes but it was happening. It wasn't as if there was a nothingness.

Tossie: Ja, I could say, yes . . . I think that the route that the people then naturally chose to work in, with this kind of initial conflict that we all had to deal with, was that I think that on some level people felt unsure but at the same time people did take autonomy on a whole other level, when I look at the kind of drawings that people made, I felt that there's in any case a lot of psychic work taking place and I had a sense also yes with the unclarity of reason why they are there - and this does not include everybody only a few, - but even if you have a few it does have an effect on the group . . . that even if people could just have one little experience it was probably enough.

And on the other hand, what people have to understand about me too - that is why I also can't class myself as a therapist, is that I have been a performer and that performance just gives you experience of working with yourself on the bone and pushing yourself to the place where you have absolute ecstasy, and I think that another thing that I'm used to is that in my groups that I give people a physical experience and a psychic experience much more than what they can actually cope with, but I'm not worried about that because I just want to give everything that I can give on that moment, you know. And people will integrate it the next week or how ever long after that - they'll have dreams about it, they'll have a little bit of sense in their body and so on and so forth.

But that is why I think my work is quite challenging for me, that I can't repeat the work, I've got to be having that essence of a performer inside of me you know, and I have to constantly feel creative and whatever I am suggesting to the group is my creativity and how they work is creative and we feed on each other's creativity, which did not really happen on Saturday, you see, and so the work became quite hard and difficult and in a way it was quite important I think to have experienced that because I've just never ever experienced that so difficult in my life, you know, so I think it's a combination of being so used to groups of people who know that this is the way they want to work and I can just know that I can be totally performer in that work as well, and then with that you can't give a performance and not give everything you know, you actually push yourself to give everything, and the disappointment which people might feel is on that level, you know if I had not been a performer I think they would have felt it less and it's not a disappointment in that they didn't do what I wanted them to do, but it's that I didn't get the chance to give everything that I wanted them to give, it's the other way round, and due to those problems that I've talked to you about already.

BIBLIOGRAPHY

- Adshead, Janet. *The Study of Dance*. London: Dance Books Ltd, 1981.
- Argyle, Michael. *Bodily Communication*. London: Methuen & Co. Ltd., 1975.
- American Dance Therapy Association Information Brochure, 1975.
- Bartenieff, Irmgard. *Body Movement: coping with the environment*. New York: Gordon & Breach, 1980.
- Bell, Judith. "Family Therapy in Motion: Observing, Assessing, and Changing the Family Dance." In *Theoretical Approaches in Dance-Movement Therapy*, 2 Vols. Ed. Penny Lewis Bernstein, Vol. II. Dubuque, Iowa: Kendall/Hunt Pub. Co., 1984, pp. 177-256.
- Bentham, Jonathan, and Ted Polhemus, eds. *The Body as a Medium of Expression*. London: Penguin, 1975.
- . "A Prospectus as Published in *Studio International*, July 1972." *Ibid.*, pp. 5-12.
- Best, David. *Philosophy and Human Movement*. London: George Allen & Unwin, 1978.
- Blacking, John. "Movement and Meaning: Dance in Social Anthropological Perspective." *Dance Research*. 1, No.1 (1983), pp. 89-99.
- and Joann Kealiinohomaku, eds. *The Performing Arts*. Music and Dance. The Hague: Mouton, 1979.
- Bloch, Erica. *Dance Therapy*. Unp. Sem. P. delivered at Dept. of Psychology, UCT, 1985.
- Boucoulalas, Marcie. "Transpersonal Psychology: a working outline of the field." *The Journal of Transpersonal Psychology*. 12, No. 1 (1980), pp. 37-46.
- Brennan, James, F. *History and Systems of Psychology*. New York: Prentice-Hall, 1982.
- Brinson, Peter. "Dance and Social Policy. An argument for action." In *Dance. The study of dance and the place of dance in society*. Proc. of the VIII Commonwealth and International Conference on Sport, Physical Education, Dance, Recreation, and Health. 18-23 July, 1986. London: E. & F. N. Spon, 1986, pp. 73-80.
- Brown, Malcom. "The New Body Psychotherapies." *Psychotherapy: Theory, Research and Practice*. 10, No. 2 (1973), pp. 98- 116.
- Burr, Lorraine A. *Therapy Through Movement. Integrating the Physical and Psychological Self*. Nottingham: Nottingham Rehab, 1986.
- Capra, Fritjof. *The Turning Point. Science, Society and the Rising Culture*. London: Fontana, 1983.
- Cardinal, Marie. *The Words to say it*. London: Pan, 1984.

- Chaiklin, Sharon and Claire Schmais. "The Chace Approach to Dance Therapy." In *Eight Theoretical Approaches in Dance-Movement Therapy*. Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 15-30.
- Clarke, Mary, and Clement Crisp. *The History of Dance*. London: Orbis, 1981.
- Clinebell, Howard. *Contemporary Growth Therapies. Resources for actualizing human wholeness*. Nashville: Abingdon, 1981.
- Copeland, Roger and Marshall Cohen, eds. *What is Dance? Readings in Theory and Criticism*. New York: Oxford University Press, 1983.
- Corsini, Raymond J, ed. *Current Psychotherapies*. Itasca, Illinois: F. E. Peacock, 1984.
- Darwin, Charles. *Expression of the Emotions in Man and Animals*. London; John Murray, 1873.
- Dosamantes-Alperson, Erma. "Experiential Movement Psychotherapy." In *Theoretical Approaches in Dance-Movement Therapy*, 2 vols. Ed. Penny Lewis Bernstein. Vol. II. Dubuque, Iowa: Kendall/Hunt, 1984-6, pp. 257-291.
- Douglas, Mary. *Natural Symbols: Explorations in Cosmology*. London: Barrie & Rockcliff, 1970.
- Duggan, Diane. "Dance Therapy." In *Handbook of Innovative Psychotherapies*. Ed. Raymond J. Corsini, New York: John Wiley, 1981, pp. 229-240.
- Dychtwald, Ken. *Bodymind*. New York: Jove, 1978.
- Ellfeldt, Lois. *Dance. From Magic to Art*. Duquesne: Wm. C. Brown, 1976.
- Espenak, Liljan. *Dance Therapy. Theory and Application*. Illinois: Charles C. Thomas, 1981.
- , "The Adlerian Approach in Dance Therapy." In *Eight Theoretical Approaches in Dance-Movement Therapy*. Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 71-88.
- Fadiman, James and Robert Frager, eds. *Personality and Personality Growth*. New York: Harper and Row, 1976.
- Feldman, Edmund Burke. *Becoming Human Through Art*. New Jersey: Prentice-Hall, 1970.
- Fletcher, Diane. "Body Experience Within the Therapeutic Process: A Psychodynamic Orientation." In *Eight Theoretical Approaches in Dance-Movement Therapy*. Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 131-154.
- Giorgi, Amadeo. *Phenomenology and Psychological Research*. Pittsburgh, PA: Duquesne University Press, 1985.

- , William F. Fischer and Rolf von Eckartsberg, eds. *Duquesne Studies in Phenomenological Psychology: Vol. I.* Pittsburgh, PA: Duquesne University Press, 1971.
- Govine, Barbara Freudenthal. "Movement Therapy: A Transpersonal- transformational Approach." In *Eight Theoretical Approaches in Dance-Movement Therapy.* Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 155-164.
- Green, Barry. "Body Therapies." In *Handbook of Innovative Psychotherapies.* Ed. Raymond J Corsini. New York: John Wiley, 1981, pp. 95-106.
- Hanna, Judith Lynne. "Patterns of Dominance. Men, Women and Homosexuality in Dance." *The Drama Review.* 31, No. 1 (1987), pp. 22-43.
- Hjelle, Larry A. and Ziegler, Daniel J. *Personality Theories. Basic Assumptions, Research and Applications.* 2nd Ed. Auckland: McGraw-Hill, c1981.
- Hinde, R. A., ed. *Non-verbal Communication.* Cambridge: Cambridge University Press, 1972.
- Howlett, Reg and Maureen. *Dance. Theory and Practice.* Privately published, 1983.
- Hubback, Judith. "Body Language and the Self: The Search for Psychic Truth." In *People Who Do Things to Each Other.* Wilmette, Illinois: Chiron Publications, 1988, pp. 174-190.
- Irwin, Eleanor, C. "Arts Therapy and Healing." *The Arts in Psychotherapy.* 15, No. 4 (1988), pp. 293-296.
- Jung, C. G. *Memories, Dreams, Reflections.* Recorded and edited by Aniela Jaffe. London: Fontana, 1983.
- Kealiinohomoku, Joann. "An anthropologist looks at ballet as a form of ethnic dance." In *What is Dance?* Copeland, R and M. Cohen, eds. London: Oxford University Press, 1983. pp. 533-549.
- Kenny, Carolyn Bereznak. *The Mythic Artery. The magic of music therapy.* Atascadero, CA: Ridgeview, 1983.
- Kruger, Dreyer. *An Introduction to Phenomenological Psychology.* Cape Town: Juta, 1979.
- Kumar, Krishan. *Prophecy and Progress. The Sociology of Industrial and Post-Industrial Society.* London: Penguin, 1978.
- Laing, R. D. *The Politics of Experience and The Bird of Paradise.* Harmondsworth, Middlesex: Penguin, 1967.
- Lapointe, Francois, H. "The Evolution of Merleau-Ponty's Concept of the Body." *Studies in the Science of Human Experience and Behaviour.* 5, No. 2 (1975), pp. 389-404.

- Lewis Bernstein, Penny, ed. *Eight Theoretical Approaches in Dance-Movement Therapy*. Dubuque, Iowa: Kendall/Hunt, c1979.
- , Ed. *Theoretical Approaches in Dance Movement Therapy*, 2 Vols. Dubuque, Iowa: Kendall/Hunt, 1984-6.
- , "The Somatic Countertransference: The Inner Pas de Deux." *Ibid.* (1984a.) , pp. 321-342.
- , "The Somatic Unconscious and Its Relation to the Embodied Feminine in Dance/Movement Therapy Process." *Ibid.* (1984b), pp. 295-319.
- with Arlene Avstreich. "Object Relations and Self Psychology within Psychoanalytic and Jungian Dance-Movement Therapy." *Ibid.*, Vol. II, pp. 63-175.
- Lewis Parker, Penny. "The Transformative Process within the Imaginal Realm." *The Arts in Psychotherapy*. 15, No. 4 (1988), pp. 309-316.
- Lewis-Williams, J. D. *Believing and seeing: Symbolic meanings in southern San rock paintings*. London: Academic Press, 1981.
- Lichtenberg, Joseph, D. *The Talking Cure. A Descriptive Guide to Psychoanalysis*. New Jersey: The Analytic Press, 1985.
- Lindeggar, G. "The Body in Psychotherapy." *Psychotherapeia*. 38, July (1985), pp. 29-32.
- Liss, Jerome. *Free to Feel. Finding your way through the new therapies*. London: Wildwood House, 1974.
- Lowen, Alexander. *The Betrayal of the Body*. New York: Collier, 1967.
- Maletic, Vera. *Body-Space-Expression. The Development of Rudolf Laban's Movement and Dance Concepts*. Berlin: Mouton de Gruyter, 1987.
- MacRae, Donald, G. "The Body and Social Metaphor". In *The Body as a Medium of Expression*. Eds. Benthall, J. and T. Polhemus. London: Penguin, 1975, pp. 59-73.
- McNiff, Shaun. *The Arts and Psychotherapy*. Springfield, Illinois: Charles C. Thomas, 1981.
- Melville-Thomas, Rachel. "What is Dance Therapy?" *Dance Theatre Journal*. 5, No. 1 (1987), p. 11.
- Mindell, Arnold. *Dreambody*. Boston: Sigo Press, 1981.
- , *River's Way. The Process Science of the Dreambody*. London: Routledge & Kegan Paul, 1985.
- Moss, Donald. "Brain, Body, and World: Perspectives on Body- Image." In *Existential Phenomenological Alternatives for Psychology*. Eds. R.S. Valle and M. King. New York: Oxford University Press, 1978, pp. 73-93.

- Murphy, Sally. "Why Dance? A Functional Perspective." In *Dance. The study of dance and the place of dance in society*. Proc. of the VIII Commonwealth and International Conference on Sport, Physical Education, Dance, Recreation and Health. 18-23 July 1986. London: E. & F. N. Spon, 1986, pp. 93-99.
- Murray, Edward L. "Language and the Integration of Personality." *Journal of Phenomenological Psychology*. 4, No. 2, (1974), pp. 469-489.
- , "The Significance of Rhetoric in Human Science Research." *Journal of Phenomenological Psychology*. 15, No. 2, (1984), pp. 169-195.
- Payne, H. L. "Dance Movement Therapy with Male Adolescents Labelled Delinquent." In *Dance. The study of dance and the place of dance in society*. Proc. of the VIII Commonwealth and International Conference on Sport, Physical Education, Dance, Recreation and Health. 18-23 July 1986. London: E. & F. N. Spon, 1986, pp. 309-315.
- Polhemus, Ted. "Social Bodies." In *The Body as a Medium of Expression*. Eds. Benthall, J and T. Polhemus. London: Penguin, 1975, pp. 13-35.
- , Ed. *Social Aspects of the Human Body*. London: Penguin, 1978.
- Rappaport, Bernard, S. "Carnal Knowledge: What the wisdom of the body has to offer psychotherapy." *Journal of Humanistic Psychology*. 15, No. 1 (1975), pp. 49-70.
- Reich, Wilhelm. *Character Analysis*. New York: Farrar, Straus & Giroux, 1968.
- Rifkin-Gainer, Iris, with Bonnie Bernstein and Barbara Melson. "Dance/Movement/Word Therapy: The Methods of Blanche Evan." In *Theoretical Approaches to Dance/Movement Therapy*, 2 Vols. Ed. Penny Lewis Bernstein. Vol. II. Dubuque, Iowa: Kendall/Hunt, 1984, pp. 3-64.
- Romanyshyn, Robert D. "Metaphors in Human Behaviour." *Studies in the Science of Human Experience and Behaviour*. 5, No. 2 (1975), pp. 441-460.
- , *Psychological Life. From Science to Metaphor*. Austen, Texas: University of Texas Press, 1982.
- Rothberg, Donald. "Philosophical foundations of transpersonal psychology: An introduction to some basic issues." *Journal of Transpersonal Psychology*. 18, No. 1 (1986), pp. 1-34.
- Sachs, Curt. *World History of Dance*. Trans. Bessie Schonberg. New York: W. W. Norton, c1937.
- Sander, Donald F. "The Symbolic Life of Man." In *The Differing Uses of Symbolic and Clinical Approaches in Practice and Theory*. Proc. of The Ninth International Congress for Analytical Psychology, Jerusalem, 1983. Zurich: Daimon Verlag, 1986, pp. 325-347.

- Schefflen, Albert E. with Alice Schefflen. *Body Language and Social Order. Communication as behavioural control.* New Jersey: Prentice-Hall Inc., 1972.
- Schilder, Paul. *The Image and Appearance of the Human Body.* Studies in the constructive energies of the psyche. New York: International University Press, 1950.
- Schmais, Claire. "Creative Arts Therapies and Shamanism: A Comparison." *The Arts in Psychotherapy.* 15, No. 4 (1988), pp. 281-284.
- Schneider, Friedrich J. "Movement Exploration and Mime' as Part of a Movement Therapy Program for Elderly in Nursing Homes." In *Dance. The study of dance and the place of dance in society.* Proc. of the VIII Commonwealth and International Conference on Sport, Physical Education, Dance, Recreation and Health. 18-23 July, 1986. London: E. & F. N. Spon, 1986, pp. 322-326.
- Schoop, Trudi. *Won't You Join the Dance? A Dancer's Essay into the Treatment of Psychosis.* Palo Alto: Mayfield, 1974.
- and Peggy Mitchell. "Reflections and Projections: The Schoop Approach to Dance Therapy." In *Eight Theoretical Approaches to Dance-Movement Therapy.* Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 31-50.
- Siegel, Elaine V. *Dance-Movement Therapy. Mirror of Ourselves. The Psychoanalytic Approach.* New York: Human Sciences, 1984.
- "Psychoanalytically Oriented Dance-Movement Therapy - A Treatment Approach to the Whole Person." In *Eight Theoretical Approaches to Dance-Movement Therapy.* Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 89-110.
- Smith, Huston. *Forgotten truth.* New York: Harper & Row, 1976.
- Speer, David C. (ed.). *Nonverbal Communication.* Sage Contemporary Social Science Issues, 10. California: Sage, 1972.
- Spencer, Paul, ed. *Society and the Dance.* Cambridge: Cambridge University Press, 1985.
- Steinman, Louise. *The Knowing Body.* Elements of contemporary performance and dance. Massachusetts: Shambhala, 1986.
- Storr, Anthony. *Jung.* London: Fontana, 1973.
- "Individuation and the Creative Process." *Journal of Analytic Psychology.* 28 (1983), pp. 329-343.

- Szasz, Thomas. *The Myth of Psychotherapy. Mental Healing as Religion, Rhetoric and Repression*. New York: Doubleday, 1978.
- Thomas, H. "Dance, body symbolism and the context of culture: Methodological issues for a sociology of dance." In *Dance. The study of dance and the place of dance in society*. Proc. of the VIII Commonwealth and International Conference on Sport, Physical Education, Dance, Recreation and Health. 18 -23 July, 1986. London: E. & F. N. Spon, 1986, pp. 84-91.
- Tseng, Wen-Shing and John F. McDermott. *Culture, Mind and Therapy. An introduction to cultural psychiatry*. New York: Brunner/Mazel, 1981.
- Van der Post, Laurens. *Jung and the story of our time*. London: Hogarth, 1976.
- Van den Berg, J. H. *The Changing Nature of Man*. Netherlands: Norton, 1983.
- Van Tonder, Tossie. "The alchemy of Creative Movement or Psychodance." *Odyssey*. August/September (1988), p. 44.
- Wethered, Audrey G. *Drama and Movement in Therapy. The therapeutic use of movement, drama and music*. London: MacDonal and Evans, 1973.
- Wheelwright, Philip. *Metaphor and Reality*. Bloomington, Indiana: Indiana University Press, 1962.
- , *The Burning Fountain. A Study in the Language of Symbolism*. Bloomington, Indiana: Indiana University Press, 1968.
- Whitehouse, Mary Starks. "C. G. Jung and Dance Therapy: Two Major Principles." In *Eight Theoretical Approaches to Dance-Movement Therapy*. Ed. Penny Lewis Bernstein. Dubuque, Iowa: Kendall/Hunt, c1979, pp. 51-70.
- Williams, Drid. "What are people doing when they dance?" *Momentum*. 1, No. 2 (1976), pp. 1-8.
- Willis, Paul E. "The Expressive Style of a Motor-Bike Culture." In *The Body as a Medium of Expression*. Ed. J. Benthall and T. Polhemus. London: Penguin, 1975. pp. 322-252.
- Weinrib, Estelle L. *Images of the Self. The Sandplay Therapy Process*. Massachusettes: Sigo, 1983.
- Wosien, Maria-Gabriela. *Sacred Dance. Encounter with the gods*. London: Thames and Hudson, 1974.