

COMMENTARY

The Power of Dance: Health and Healing

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ABSTRACT

Dance involves the culturally mediated body, emotion, and mind. So do illness and pain. Dance may promote wellness by strengthening the immune system through muscular action and physiological processes. Dance conditions an individual to moderate, eliminate, or avoid tension, chronic fatigue, and other disabling conditions that result from the effects of stress. Dance may help the healing process as a person gains a sense of control through (1) possession by the spiritual in dance, (2) mastery of movement, (3) escape or diversion from stress and pain through a change in emotion, states of consciousness, and/or physical capability, and (4) confronting stressors to work through ways of handling their effects.

INTRODUCTION

Through my own dancing, and learning about dance in our culture and other cultures, I have discovered the power of dance in preventive medicine and the healing process. My personal odyssey began when a pediatrician diagnosed my case as pes planus and said dancing would make my feet strong. So I studied different kinds of dance and my feet improved. Well, only slightly. Dance does have its limitations. Dance, however, has helped me, as it seems to help many people worldwide, to prevent or reduce the debilitating effects of injury, disease, and stress.

As an anthropologist, I explore the potential of dance through historical time and across geographic space. In this article, I suggest some possibilities about the relation between dance and good health and healing. I hope my remarks will create an enhanced interest in the

use dance in alternative and complementary medicine so that we do more research and learn more.

An introductory comment about dance is called for. I use the word *dance* to refer to human behavior composed of, from the dancer's perspective, purposeful, intentionally rhythmical, and culturally patterned sequences of non-verbal body movements other than ordinary motor activities. (See appended movement data categories.) The movement is frequently accompanied by music, and it may have an acting quality such as pantomime and role-playing and be performed alone or with others. Dance usually involves sight, sound, touch, smell, and kinesthetic feeling. Thus dance may provide a person with a captivating multisensory experience. The intricate combination of movement, rhythm, and music involves simultaneous right and left brain usage in the complex process of self-expression. Dance may pro-

vide a more complete mode of self-expression than speech or writing.

Let me next turn to stress, because it often leads to or results from illness. *Stress* refers to the perception of threat or physical or psychological harm that pushes a person toward the limits of his or her adaptive capacity. Of course, what is stressful to one person may not be stressful to another. Perceptions vary both individually and as the result of group culture. It is important to distinguish between chronic unresolved stress and brief acute stress.

Two kinds of stress have been described: *Eustress* has positive results in catalyzing adaptive, productive, creative efforts to solve problems and motivate persons to high peaks of performance. *Distress* overworks and exhausts the body's defenses against harmful effects of stress, such as weakening the body's immune system and burdening heart and blood vessels. People under prolonged stress may suffer a changed sense of self that increases the probability of accidents and of certain diseases. These problems, in turn, may well increase the probability of pain. And pain itself can be a powerful stressor. Thus there is often a bidirectional causal pattern.

I use the concept of *pain* to refer to a noxious sensation occurring in varying degrees of severity as a consequence of injury, disease, or emotional disorder. As we know, individual human differences and group culture shape the experience of pain. This variation is well documented by David Morris in his book, *The Culture of Pain* (1991), and in a book-length collection of studies entitled *Pain as Human Experience* (Good et al., 1992).

Since early history (and perhaps prehistory), dance has been one of the means people have used to cope with the effects of stress and illness. Dance activities, both in our society and in cultures different in many ways from our own, suggest possibilities for further use of dance as a means of healing. By a *healing intervention*, I refer to a process that has a positive benefit for experienced stress and/or pain. (Positive is compared with a hypothetical alternative; it does not necessarily mean improvement.) Of course, like any physical activity, dance may have positive and negative consequences. For instance, the activity of

dance itself may cause injury and induce pain. But dance also may be helpful in recovering from some injuries, and it may reduce or even eliminate pain.

To discuss the potential for dance in promoting health and managing illness, I draw upon the limited relevant literature that appears in the *American Journal of Dance Therapy*; books on dance therapy and medical anthropology; and articles in dance, psychology, anthropology, and such journals as *Brain Injury* and *Arthritis Care*. All of my own books (see bibliography), which synthesize many psychobiological dimensions of dance, might be added to the list of relevant work.

Although there are few properly controlled studies that demonstrate specific relations between dance and healing, there are clinical case studies and theoretically inspired speculations. And there are documented bodily processes involved in human dancing that help us to understand the dynamics of how dance as preventative medicine and dance as healing may work.

DANCE

Dance involves the body, emotion, and mind, all three of these culturally mediated, not only biologically based. Our perceptions and use of body, emotion, and mind are influenced by culture. Pain also involves the intertwining of body, emotion, mind, and culture.

The *body dimension of dance* refers to its discharging energy through muscular-skeletal responses to stimuli received by the brain.

The *emotional dimension of dance* refers to the subjectively experienced state of feeling in engaging in or empathically observing dancing. Researchers generally agree that emotions combine a physiological response with a cognitive evaluation. Dancers may also symbolize emotions without experiencing them.

The *cognitive dimension of dance* refers to the mental activities involved such as memory, imagery, perception and attention, evaluation, and reasoning and decision making. A key point is that dance is more than just movement and conveys events, ideas, and feelings like a "language text in motion," some dance being more like poetry than prose.

The *cultural dimension of dance* refers to the cumulative values, beliefs, norms, and rules of dance shared by a group and learned through communication. Health practitioners need to be aware of cultural differences and to be flexible in their work in order to accommodate diverse groups. For example, among the Vietnamese, a smile communicates not only happiness and assent, but also the sentiments of anger, embarrassment, stoicism, and rejection. To look directly at a person with whom one is speaking is a sign of disrespect and rudeness. A touch on the head is offensive (Brower, 1983).

Since every body is composed of universal features, most members of the medical and therapeutic professions erroneously assume that the body is experienced in a universal manner by everyone. Because time, space, and energy are universals in human life, many professionals mistakenly believe all people experience them the same way.

In considering dance, health, and healing, it is helpful to bear in mind that there are different kinds of dance, degrees of involvement in dance, and reasons for dancing.

Kinds of dance range from codified ballet, modern dance, and dance folk forms to self-expressive improvisation. Sometimes different forms of dance are combined. The links between dance, health, and healing may well vary according to kind of dance, level of difficulty, characteristics of the person involved, and whether in group dancing there are positive interpersonal dynamics that provide what may essentially be a support group. The musical accompaniment and acting through movement may also be therapeutic.

Regarding degree of involvement in dance, professional and preprofessional dancers, and others who dance several times a week may, when painfully injured and prevented from dancing, suffer additional pain from being "titrated," experiencing dance withdrawal symptoms. This means that the dancer is accustomed to physiological changes that occur from the exercise of dance, and like stopping drinking caffeine, experiences withdrawal symptoms such as nervousness, headache, and depression. The occasional dancer generally does not have such an experience.

The reasons for dancing include to gain pleasure, to relieve stress, to master skills, to respond to social pressure, to participate in a group emotional experience, and to benefit from dance therapy. Some dance has healing consequences, some dance is intended to heal, and, of course, there is an overlap.

Self-help may take place through dance in common settings, such as homes, clubs, halls, and studio classes, as well as performances on stage. Dance has had sufficient success in healing that an entire profession with certified dance therapists has arisen to take advantage of the potential therapeutic result. Some art and music therapists, psychologists, psychiatrists, counselors, social workers, and physical therapists may integrate dance into their work.

Of course, dancing may be a kind of preventive medicine—an "inoculation"—by conditioning an individual to be able to moderate, eliminate or avoid tension, chronic fatigue, and other disabling results from the effects of stress. Exercise is associated with the prevention of such illnesses as heart disease, obesity, non-insulin-dependent diabetes, hypertension, and osteoporosis (Mackinnon, 1992).

Dancing, moreover, has transcendental potential. It can lead to altered states of consciousness and an extraordinary metaphysical-physical experience. Association with deities, spirits, and supernatural essences reflects the religious dimension of dance. Self-extension and exploration through dance reflect a secular dimension. Dance can lead to feelings of identification or inclusion in a culture or group, which strongly reduces stress and alienation.

DANCE, CONTROL, AND HEALING

The literature on dance and healing suggests that through dance, with its physical, emotional, cognitive, and cultural dimensions, a person may gain a sense of control related to stress and pain. (Needless to say, dancing does not always lead to a sense of greater control. For instance, a dancer's past experiences, his or her current instructor, and the difficulty of dance could cause a loss of control.)

Arthur Kleinman, psychiatrist and medical

anthropologist at Harvard University, makes an important point relevant to gaining a sense of control through dance. He says that there is a crucial distinction between a medical condition and a person's experience of that condition. Although a portion of pain comes from the medical situation, the rest comes from a sense of helplessness and fear. Reports on dance and healing suggest that dance for some people may provide a feeling of control that minimizes the sense of helplessness and fear related to pain as well as promote motor functioning.

There are at least four ways of getting *a sense of control* through dance that may enhance healing. These are (1) possession by the spiritual manifested in dance, (2) mastery of movement, (3) escape or diversion from stress and pain, and (4) confronting stressors to work through ways of handling their effects.

1. With respect to *possession* by a deity or spirit that proceeds to speak or act using the possessed's body, some cultures, e.g., in Africa, the Caribbean, Middle East, Brazil, and Korea, recognize that a person's poor physical condition and related fear and helplessness may also be associated with difficult social relationships, which the person feels helpless to remedy by him or herself. These cultures have healers, such as medicine men and women, sometimes called shamans. The sick person or healer, through learned behavior, may become possessed by a spirit or deity that manifests itself in specific dances identified with the supernatural. Diagnosis and treatment of the sick person may then require following the supernatural's directive for healing. Sometimes dancing performed by the healer or sick person exorcises the spirit or deity that caused a debilitating condition. Supernatural sanction is given to the healer's treatment through physical activity, medicine, and mediation of social conflict that contributed to a person's poor health and sense of helplessness and fear.

The book *Dance and Stress* (Hanna, 1988) describes cases of possession reported by anthropologists and medical researchers. Other discussions include the Zar cult of Ethiopia, Egypt, Iran, Saudi Arabia, Yemen, and Sudan (Messing, 1949; Boddy, 1988; Guindy and Schmais, 1994); !Kung Bushmen (Katz, 1982,

1992; Marshall, 1962), Tumbuka of Malawi (Friedson, 1992), and Korean women (Kendall, 1985).

Richard Katz, a Harvard University-trained clinical psychologist with anthropological experience, says the healing dance of the Jul'hoansi people, formerly called !Kung Bushmen, involves the entire community. The dance generates the supernatural potency from which the healers derive their power to cure. The dance is generally the same whatever song is being sung.

Religious belief and practice are obviously relevant to healing through possession in our society.

2. A second way that dance can help individuals gain a sense of control toward healing is through *mastery of dance movement*. Mastery of the preparatory physical exercises, movement sequences, and the dances themselves not only may aid body functioning but also increase a dancer's awareness of the body's natural responses. In western dance classes and therapy, there are usually warmups with stretching for different parts of the body. Dancing may give a person a sense of being in charge of the body and its actions, physical health, and appearance. The sense of self-mastery contributes to a positive self-perception, body image, self-esteem, and self-confidence. Among the Ubakala Igbo of Nigeria, youth performance in dancing is advertisement for marriage: a person's qualities are believed to be revealed in dancing.

3. In addition to gaining a sense of control toward healing through possession dance and mastery of movement, a third way is *escape or diversion from stress and pain* through dance-induced changes in emotion, state of consciousness, and physical capability; distraction from pain through the discomfort of dance excess; and distraction through fantasy.

As an activity in itself, dancing may cause a performer to experience *emotional changes* or even altered states of consciousness. The physical exercise of dance increases the circulation of blood carrying oxygen to the muscles and the brain as well as altering the level of certain brain chemicals. Dancing can in this way dissipate muscular and emotional tension and induce a sense of well-being and release. Chronic

pain patients may learn to refocus awareness from painful to pleasurable body functions. Recent research findings indicate that when one consciously assumes the facial expressions and bodily postures of an emotional state, i.e., happiness or confidence, one can actually experience a change in one's perceived mood, toward that which is being expressed physically. The therapeutic implications are obvious.

Dancing may induce the release of endorphins to produce analgesia and euphoria. The Dogon of Mali describe their rapid *gona* dance movement as a relief, like vomiting.

Also, dancing in communal settings often builds up a spirit of elation that is infectious. A strong emotion, such as joy, may block pain and thereby provide an escape or diversion from it (Morris, 1991).

Because dance movement may improve muscle tone, flexibility, coordination, and balance, it may be helpful in recovery from some injuries and reducing or even completely escaping some pain.

Berrol (1990) reports successfully using dance therapy for head injury patients. Her goal is to help a patient deal with helplessness and fear by enabling ambulation; performing of movement tasks with an enlarged repertoire of movement dynamics, tempo, and range; improving posture, balance, gait, and improving gross motor coordination; enhancing ability to motor plan; increasing reaction time and ability; enhancing body image; and heightening proprioceptive awareness.

In a study of 43 patients with rheumatoid arthritis (Perlman et al., 1990) who participated in a 16-week dance-based aerobic exercise program that met twice weekly for 2 hours, physician-assessed articular pain and swelling decreased significantly, as did the 50-foot walk time, pain, and depression. Moreover, program leaders observed that "the program seemed to stimulate in participants a renewed sense of possibilities, a belief that perhaps they could, after all, find ways to pursue personally important goals they either had set aside or given up on because of the presumed limitations of their arthritis" (p. 34). The program developed in response to repeated questions from patients about whether or not participation in dance-based aerobics classes was safe. Criteria for ac-

ceptance in the program included approval from the applicant's primary physician, no surgeries more recently than 6 months prior to starting the program, and ability to ambulate with or without assistive devices. The aerobic portion of the program used a character/folk dance format. Participants explored dance routines based on slow and fast walking without jumping or running. Variations in patterns and planes of movement, use of different body leads, and imagery created complex movements intended to enhance posture, balance, and coordination. The instructor encouraged participants to test movements that took into account their own disease-related limitations. We have here an example of a promising program that should be more systematically evaluated.

Another potential way of escape or diversion from some kinds of physical pain is the *physical discomfort of excessive dance* such as muscle soreness. According to psychiatrist Henry Kaminer, "Just the awareness of one's own body, stimulated by the kinesthetic experience, can be very beneficial for people who tend toward stress-induced dissociative states, or for people who have pathologically distorted sense of self or of body image" (personal communication, June 26, 1995).

Dance also allows individuals to escape stress and pain by moving in a *fantasy* world. A dancer can be a prince or princess, an animal, a ladies' man or siren. (Linda Valleroy explains the concept in Hanna, 1988: p. 145.)

Dangers of a danced fantasy include anesthetizing an individual from the responsibility of daily life, giving a sense of power that enables the person to endure a sense of powerlessness as opposed to trying to overcome it, offering escape from the task of attempting to change an often difficult and ugly world, and creating isolation from other kinds of social interaction.

4. In addition to possession dance, mastery of movement, and escape or diversion from stress and pain through dance, a fourth way of gaining a sense of control is *confronting stressors* by projecting them in dance to work through ways of handling them. With its language-like quality, dance movement exercises or full dances can represent past, current, and

anticipated events, ideas, and feelings that evoke helplessness, anger, or fear (Hanna, 1987).

Because dance representations of ideas are pretend and without the impact of real life, dance participants can play with them at a distance and, consequently, make them less threatening. Holding up problems for scrutiny through dance may allow their evaluation and possible resolution by dancers and spectators, as well as catharsis, that is, the recollection and release of past repressed distressful emotions such as anger and fear.

Renowned African-American dancer Pearl Primus described dance as "the scream which eases for awhile the terrible frustration common to all human beings who because of race, creed or color are 'invisible.' Dance is the fist," she said, "with which I will fight the scheming ignorance of prejudice. It is the veiled contempt I feel for those who patronize with false smiles, handouts, empty promises, insincere compliments" [quoted in *Dance magazine* 1968;42(11):56-60].

Ubakala dance can be conceptualized as a form of group psychotherapy to prevent communication disorders and demoralization and remedy problems. Ubakala women and youth are excluded from the village-wide political decision making about affairs of state. However, they "lobby" for their interests through the dance. The Ubakala allow a special kind of license in the dance that protects the individual and group from libel. And everyone is expected to attend the periodic market when the dancers perform (see Hanna, 1988:74-78).

Through the dance, alternative social arrangements can be played with, unpopular programs undermined, and new ones generated. Dancers may convey contrary ways of acting and thinking, perhaps ultimately unworkable or with disastrous consequences, or normative ways with positive impact.

More than letting off steam, dance is a venue to guard against the misuse of power and produce social change without violence. A political form of coercion in a shame-oriented society, unheeded dance communication led to the famous 1929 "women's war." Women went on a rampage, prisoners were released, and people were killed. The repercussions were wide-

spread both on local and intercontinental levels. Indeed, the British were forced to alter their colonial administration.

Through the dance, young girls try to cope with the tension of maturing, marrying, living among strangers, being fertile, and giving birth. In the *Nkwa Edere* dance, shoulder shimmying and side-to-side pelvis swinging highlight breast development and other pubescent body changes. There are also dances for the death of an aged man or woman that remind participants of the coming of their own deaths and help them cope with the dislocated parts of the fabric of social relations caused by a death.

Another example of confronting psychological stressors by projecting them in dance is Stuart Pimsler bringing together his dance company and health-care providers who felt the desire to express, as a community, the constant loss they experience in the course of their work (*Dance USA Journal*, Winter 93, 11).

Bill T. Jones, a charismatic dancer/choreographer, lost his partner, Arnie Zane, to AIDS. After the death, several of Jones's new dances confronted the pain of AIDS; he even had one of his company's dancers, who had AIDS, participate in a dance, even though pain prevented him from standing on his own. Company members reported that the dances enabled them to better manage the AIDS situation of pain and anguish of loss.

Anna Halprin, renowned dancer and choreographer, organized and facilitated a week-long workshop called "Circle the Earth: Dancing with Life on the Line" for individuals confronting AIDS, their caregivers, and supporters. Over a hundred participants, few of whom had any dance training, explored through movement "personal and collective myths about life and death." Halprin and 15-20 HIV-infected participants then created an ongoing performance-oriented group for the men to try to confront their sense of helplessness and fear of the biological and social disease for themselves, those they love, and those they lost or are about to lose (Wilson, 1991). The video, called "Positive Motion" (Wilson, 1991), records the first public dance performance, "Carry Me Home." It connotes the ambiguity of defeat and dependence versus triumph and camaraderie. The individ-

als rediscovered the body, alienated from oneself and others by both a virus and politic, and they experienced community as healing.

Permit me to talk about specific western dance therapy activity and its potential for health and healing. Dance therapy, as other therapies, is a process of acquiring insight, experiencing catharsis, and discarding personal misconceptions. Dance therapy, however, uses movement and verbal interventions to achieve these goals. Dance therapy acknowledges the fusion of mind and body and the expressive and communicative primacy of nonverbal body movement in revealing aspects of a person's mental and emotional state and range of adaptive behaviors. Dance therapy often incorporates music, acting, and role-playing through movement, and multiple participants to create positive group dynamics.

Dance therapy may be an integral component of a broad treatment program, or it may be a primary intervention. Dance therapists observe a person's movements for diagnostic purposes, treatment goals, and assessment of change over time as a result of therapy. Practitioners read a patient's/client's posture, gesture, face, and use of space (such as distance between people, synchrony with others, manner of touch, and eye gaze).

Dance therapy does not use a standard dance form or movement technique. Any form, from African folk to European waltz, may be drawn upon. Improvisation is common. Much of dance therapy is movement or predance-type experiences based on the patient's/client's own improvised movement to allow the person to experience themes and intensify or release feelings.

Therapists may treat patients/clients in hospitals, long-term institutions, community health centers, nursing homes, private practice offices, clinics, and the patient's/client's home.

Let me give an example of dance therapy in nursing home groups, which is a vehicle for persons to gain a sense of control through various means mentioned earlier: The sick try to escape the limitations of their pain and the restrictions it causes. Exercise, expression, catharsis, group recognition, and acceptance are important goals in dance therapist Schoenfeld's sessions (1986). She observed that the redis-

covery of the joy of moving in a creative sense is the greatest reward for their hard efforts. For geriatric residents, she tries to facilitate a sense of self-worth within each participant despite the necessary compromises in mobility, focus, sightedness, comprehension, and ability to verbalize.

A typical geriatric session involves gentle stretching and deep breathing, arms move upward, downward, out to the sides, forward, back, and in circles. Every part of the body moves—hips are wiggled, knees are lifted, legs are carefully stretched. She uses a beachball. The group joins in unison clapping, even if only one hand can be used. Music in a variety of moods lends energy, stimulates, and calms. The group moves in a circle, pairs up, and mirrors each other's movements.

It's noteworthy that in 1993 the federal government's administration on aging supported research on dance therapy and aging.

CONCLUSION

What I have tried to suggest in this article is the potential of dance in health and healing. Considerable research is obviously needed. Dance in the healing process appears to involve the possibility of a person gaining a sense of control in at least these four ways: (1) possession dance, (2) mastery of movement, (3) escape or diversion from stress and pain through a change in emotion, states of consciousness, and/or physical capability, and (4) confronting stressors to work through ways of handling their effects.

A key question is, why is dance more effective than other forms of exercise as therapy in pain management? An answer is that dance seems to have unique multisensory, emotional, cognitive, and somatic characteristics.

As with any healing intervention, dancing may be counterindicated. It is important for a dance instructor and therapist to be aware of a client's needs, capabilities, and culture for dance as therapy to have a good potential for success. Health care approaches may not succeed because practitioners do not understand how individual patients, as well as the cultures to which they belong, view the cause of a prob-

lem and the treatment. Given our cultural diversity, dance therapy should be seen in the context of a culture's criteria for who participates in dance, when, where, and how, and what movements are preferred, prescribed, and proscribed. This knowledge can determine how dance is best used; for example, whether it would be preferable to opt for creative or imitative techniques, and individual or group interaction. Notwithstanding its limitations, dance worldwide continually reaffirms its power to promote health and healing. Perhaps dance should be viewed as a potentially powerful yet underused and underresearched modality in the effort to contribute to human well-being by preventing illness and promoting healing.

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