Holistic Treatment in Mental Health

A Handbook of Practitioners' Perspectives

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Dance/Movement as a Holistic Treatment

Using Creative, Imaginal and Embodied Expression in Healing, Growth and Therapy

Ilene A. Serlin *and* J. Ryan Kennedy

> "Movement, to be experienced has to be found in the body, not put on like a dress or coat. There is that in us which has moved from the very beginning; it is that which can liberate us."
>
> —Mary Starks Whitehouse (1999, p. 53)

Physical expression, ritualized movement, and choreographed folk dance have been a significant and ongoing aspect of community healing practices for as long as recorded time (Serlin, 1993; Wosien, 1974). This is because movement and dance are often experienced as integrative processes that help individuals organize and make meaning out of unpredictable, and emotion-laden life experiences (Siegel, 1984, 1995). These practices also help communities transmit or communicate important values and historical narratives across time and between generations, as well as celebrate and remember the important events and transitions in the lives of their members (Adler, 1992; Chodorow, 1991; Lewis Bernstein, 1979). The ancient capacity for dance and expressive movement to support self-growth, strengthen connections, and facilitate communication continues to be present today, and is at the heart of what defines dance/movement therapy. In today's world of disembodiment, fragmentation, dislocation, and isolation, the enlivening, integrating, and connecting energy of dance therapy can be a powerful path to healing.

The American Dance Therapy Association (ADTA) defines the practice of *dance/movement therapy* as "the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual" (ADTA Website, 2017). Dance/movement therapy educator Penny Lewis (1996) noted that:

> The concept of dance in the context of dance therapy is a wider one perhaps than its usual definition would reveal. It includes, of course, all forms of traditional and nontraditional performance art, ethnographic ritual dance, folk, and social dance. But it also includes the dance of everyday gesture and the pas de deux of all relationships: the dyadic dances of couples, care givers, and their children, family dances, organizational dances, and those of other groups [p. 97].

Currently, there are about 1169 dance/movement therapists credentialed by the ADTA, with most located in the United States. Additionally, in recent years several other countries around the world have begun developing and/or expanding upon their own professional associations and their credentialing and approval processes (American Dance Therapy Association, 2017).

As a profession, dance/movement therapy is relatively new, but it is one of the few modalities offering practitioners such a complete vehicle for bringing body-based, movement-oriented assessment and intervention tools directly into their psychotherapeutic work. Though other modalities may include the body and/or movement as elements of what they have to contribute, these somatic therapies are usually limited to separate bodies. Dance/movement therapy, on the other hand, works with the nonverbal language of movement between people and across space. It is especially designed to integrate creative process work with attuned, relational, and engaged support for those on a healing journey (Schmais & White, 1986; Schoop & Mitchell, 1974). This is because it is steeped in the creative, imaginal, embodied, intuitive, and artistic practice of understanding the meaning of movement from the inside out (Aposhyan, 1999; Cohen, 1993; Serlin, 1996). In this way, dance/movement therapy is truly a holistic, integrative, and experientially transformative approach.

This essay further explores the psychotherapeutic practice of dance/movement therapy as a holistic therapy by first taking a brief look into the early background and more recent history of the field. Next, several career-based topics are discussed, including the minimum education requirements to enter the field, the programs that offer training in dance/movement therapy, evidence-based research on the effectiveness of the modality, and its applicability to various demographic populations and psychiatric diagnoses. The essay ends with an overview of some of the key features of a typical session, including dance/movement therapy specific assessment tools, and dance/movement therapy effectiveness measures.

Background and History

The roots of dance/movement therapy extend back centuries and are deeply connected to forms of individual and community healing rituals associated with many indigenous cultures (Canner, 1992; Sandel, Chaiklin, & Lohn, 1993; Stanton-Jones, 1992). As a profession, it arose primarily out of modern dance in the middle part of the 20th century, and therefore has a strong connection to the emancipatory practices associated with that dance form in particular (Mettler, 1990; Roskin Berger, 1992). Other forms of dance and expressive movement, such as authentic movement, also have their place in the history of the profession (Levy, 1995; Lewis, 1979, 1984). As the field has matured into a profession in more recent years, dance/movement therapy has additionally been adopted as a specialization within the larger disciplines of counseling and psychology. In this way it retains a fundamental connection to its early inspirations and foundations in indigenous healing practices as well as in modern and other types of dance, while also drawing upon contemporary research and innovations in psychology, philosophy, neuroscience, and beyond (Bruno, 1990; Chaiklin, 1997; Levy, 2005; Schmais & White, 1996).

From a psychotherapeutic perspective, though the use of movement and dance were historically known to have a healing or therapeutic effect, their overt use as agents of

change and transformation had become obscured and even lost with the advent of the modern industrial world, modern medical practices, and the introduction of classical psychoanalytic techniques (Payne, 1992; Schmais & White, 1986; Siegel, 1984, 1995). In philosophy and science, mind and body were understood as separate, and the body was understood as an object, something functional rather than expressive. In other words, it had been reduced to a "Mute Body" (Serlin, 1996). Psychotherapy was still primarily verbal, and those practicing it were psychoanalytic, behavioral, or cognitive in their approach. Expressive movement and creative expression were only rediscovered as a contemporary psychotherapeutic modality in the 1940s, parallel to the field of humanistic psychology, when, quite by accident, various teachers of modern dance began to notice that their dance classes had an uplifting effect on class participants and that psychiatrists were remarking on the surprising beneficial effect that movement had on their patients (Espenak, 1981; Lefco, 1974; Levy, 2005; Sandel, Chaiklin, & Lohn, 1993).

One of the early pioneers and innovators on the east coast of the United States was Marian Chace at St. Elizabeth's Hospital and Chestnut Lodge in Washington, D.C. Others located in New York City, included Blanche Evan and her "dance as creative transformation," Liljan Espenak and her "psychomotor therapy" at the Alfred Adler Institute, and Irmgard Bartenieff and her "Effort/Shape work" at the Dance Notation Bureau (now the Laban Institute of Movement Studies, or LIMS). On the west coast, primarily in California, were Mary Starks Whitehouse at the C.G. Jung Institute, Trudi Schoop at Camarillo State Hospital, and Alma Hawkins at the University of California in Los Angeles (Hawkins, 1988, 1991; Levy, 2005).

Today dance/movement therapists come from many diverse theoretical orientations and personal backgrounds, but all of them focus on both subtle and expansive movements as they are expressed in the therapeutic relationship and understand these behaviors as both communicative and adaptive strategies used to meet important personal, developmental, and relational needs (Loman, 1992; Naess Lewin, 1998; Schmais & White, 1996). Dance/movement therapists are trained to meet this implicit language of movement with skill, care, and trained curiosity (North, 1995; Schoop & Mitchell, 1974; Serlin, 2006). Indeed, they are specifically taught to access and activate the transformative power of creative process, experiential work, expressive movement, and embodied practices to support psychological health and mind/body integration (Dosamantes Beaudry, 1997; Goodill, 2005; Lewis, 1996).

Because dance/movement therapy draws so directly on the creative process and concomitantly on the practitioners' own ability to access, adapt, and utilize that process through their own artistic development, it belongs squarely to the family of other expressive and creative arts therapies such as art therapy, music therapy, drama therapy, and poetry therapy. Likewise, because it invites deep exploration and understanding of sensation and subtle internal processes, it also belongs to the family of somatically based psychotherapies such as bioenergetics, core energetics, Gestalt therapy, Sensorimotor Psychotherapy®, Somatic Experiencing®, Body-Mind Centering®, and many more (Caldwell, 1997; Hartley, 1995). This point was illustrated by Payne (2006) in her integrative article published in the inaugural issue of the international journal, *Body, Movement, and Dance in Psychotherapy*, that outlined the intersection between the two fields of dance/movement therapy and body psychotherapy. In the article, she clearly laid out that:

> Much is recognizable to both body psychotherapy and dance/movement therapy; they connect through several bridges. There is a shared attention to aspects of theory and practice such as holism in psyche and soma, the powerful connection between emotion and the body, therapist involvement-in-action, embodied relationship, spontaneous non-verbal cues in the "here and now," and the importance of reclaiming the often dissociated body/movement in counseling/psychotherapy (with their limitations of the dominant left brain) is central in both disciplines [p. 11].

Because of this implicit recognition and understanding of subtle, internal, sensate processes along with clearly visible, external expressive dynamics, dance/movement therapists have much to offer the larger field of psychotherapy (Hanna, 2006; La Barre, 2001; Levy, 1988, 2005; Lewis & Loman, 1990; Musicant, 1994; North, 1972).

Professional and Educational Requirements

The American Dance Therapy Association (ADTA) is the national professional association that promotes, supports, regulates, and advocates for the field of dance/movement therapy in the United States. The ADTA was established in 1966, with Marian Chace as its first president, and is currently based in Columbia, Maryland. The purpose of the ADTA, according to its website, is to "establish, maintain, and support the highest standards of professional identity and competence among dance/movement therapists by promoting education, training, practice, and research" (2017). ADTA also encourages dialogue between dance/movement therapists and those in affiliated disciplines, and is engaged in promoting dance/movement therapy to the public through social media campaigns and other types of outreach.

According to ADTA requirements, a master's degree is the entry level for the practice of professional dance/movement therapy. The ADTA has established two levels of credentialing for professionals within the field, corresponding to similar types of credentialing for art and music therapists, thereby helping to secure its place among the older art therapies. The first level of practice is the Registered Dance/Movement Therapist (R-DMT), which allows a practitioner to work clinically as a dance/movement therapist under supervision. The second level of practice is the Board Certified Dance/Movement Therapist (BC-DMT), which allows a practitioner to work independently, supervise other dance/movement therapists, teach dance/movement therapy–specific courses, and sit on dance/movement therapy–specific thesis committees. The Dance/Movement Therapy Certification Board, Inc. (DMTCB), an independent affiliate of the ADTA, reviews and approves applications for the two levels of credentialing provided by the ADTA. The DMTCB is comprised of professional members of the ADTA, who are elected by credentialed members of the organization to serve in this capacity (ADTA, 2017).

In order to attain the R-DMT or entry-level credential, there are three possible pathways available. The first is to complete an ADTA-approved graduate program in dance/movement therapy. Graduates from such programs are immediately eligible to apply for the R-DMT credential without specific review of their individual coursework. The second pathway is to complete a graduate program in dance/movement therapy that is not approved by the ADTA. In such instances, applicants would need to provide detailed paperwork substantiating that they had met the education and training requirements set forth by the ADTA for the R-DMT credential. The last option, known as the alternate route, typically involves completing a master's degree in a mental health-related discipline

and then pursuing a self-directed course of study in dance/movement therapy from individually approved BC-DMT trainers or educators, including a dance/movement therapy-specific internship. These courses can be arranged privately or taken as part of several established alternate route training programs scattered throughout the USA. Applicants interested in pursuing the R-DMT credential through the alternate route are well advised to contact the ADTA before beginning the process, to ensure that they are following the appropriate steps, in the correct order, with officially approved ADTA trainers and educators. To learn more about the R-DMT credential and how to apply for it, please visit this weblink: http://adta.org/r-dmt/

The advanced practice credential, or BC-DMT, has only one pathway. Earning a BC-DMT requires first attaining and maintaining the R-DMT credential, completing 3,640 hours of paid employment over a minimum of 24 months doing dance/movement therapy, receiving 48 hours of clinical supervision from a BC-DMT, and submitting two separate but related essays to the Dance/Movement Therapy Certification Board. The first essay needs to articulate the candidate's theoretical orientation as a dance/movement therapist, and the second essay should demonstrate that orientation in action through a detailed session analysis. To learn more about the BC-DMT credential and how to apply for it, please visit this weblink: http://adta.org/bc-dmt/

Training Programs

Currently, there are six graduate-level training programs in the United States that have been approved by the ADTA. They are, in alphabetical order: (1) Antioch University, New England, in Keene, New Hampshire; (2) Columbia College in Chicago, Illinois; (3) Lesley University in Cambridge, Massachusetts; (4) Naropa University in Boulder, Colorado; (5) Pratt Institute in Brooklyn, New York; and (6) Sarah Lawrence College in Bronxville, New York. See the section on Additional Dance/Movement Therapy Resources below for more details, or visit this weblink: https://adta.org/approved-graduate-programs/

Finding a Dance/Movement Therapist

Finding a dance/movement therapist who is credentialed through the ADTA is a fairly quick and easy process. By simply going to the ADTA website, it is possible to search an online database by state and country. The database subsequently identifies all practitioners within that particular region. Once the list has been generated, it is then possible to determine which level of credential the practitioner holds: R-DMT for the entry-level, and BC-DMT for the advanced practice level. To access and view the practitioner database, please visit this weblink: http://adta.org/find-a-dancemovement-therapist/

Applicable Populations and Psychiatric Diagnoses

Dance/movement therapists are fully trained psychotherapists. Though they come into their dance/movement therapy training with specific experience in creative and expressive movement, and also gain more skills in this area as part of their graduate

training, all R-DMTs and BC-DMTs receive rigorous clinical training through their coursework, clinical fieldwork and internship placements, and post-graduate supervised hours. In other words, dance/movement therapists are fully trained counselors and psychotherapists with an additional set of body-centered, movement-oriented, clinically relevant skills (Loman & Merman, 1996; Payne, 1992). Because of this, dance/movement therapists are well positioned to work with clients from a diverse array of demographics and populations, with a variety of psychiatric diagnoses and presenting problems, and across the continuum of care (Dosamantes Beaudry, 1997; Goodill, 2005; Levy, 1995, 2005; Serlin, 2010).

On one end of the continuum of care, dance/movement therapists are working in a highly structured manner with groups and individual patients in inpatient psychiatric, residential, and institutional settings. On the other end, they are facilitating deep personal growth work with individual clients in private practices or as wellness or executive coaches. In the middle are dance/movement therapists working in schools, universities, businesses, and not-for-profit organizations. Some work as medical dance/movement therapists in traditional medical settings on issues such as oncology and gerontology and at the bedside (Goodill, 2005), and others work as educators, researchers, and entrepreneurs (Levy, 1988, 1995, 2005; Lewis, 1979, 1984; Stanton-Jones, 1992). Dance/movement therapists are also working within the field of alternative and complementary medicine (Serlin, 2006). In all of these roles and contexts, dance/movement therapists are bringing an understanding of the body and its inherent capacity to access and utilize creative and expressive movement as a force for healing, connection, and change into the work they do (ADTA, 2017).

Like most therapies, dance/movement therapy can be adapted to almost any situation to meet a client's emergent clinical concerns and developmental needs. For example, it can be used effectively with clients who have anxiety problems, attention and concentration issues, depressive symptoms, existential and identity confusion, body image disturbances, attachment and relational concerns, and much more (Levy, 1995, 2005; Lewis, 1979, 1984; Payne, 1992). Typically, if a client lacks internal psychological structure, the dance/movement therapist would provide that structure externally through interventions like rhythm, tempo, clear spatial boundaries, synchronized movement, guided imagery, and supported phrasing (Bartenieff & Lewis, 1980; Lefco, 1974; Schmais, 1985; Siegel, 1995; Stanton-Jones, 1992). By contrast, if a client is able to maintain internal structure, the dance/movement therapist might invite the client to explore a diverse range of somatic themes and physical expressions without much specific guidance or direction (Chodorow, 1991; Musicant, 1994; Sandel, Chaiklin, & Lohn, 1993).

For clients referred into dance/movement therapy by a primary therapist, the dance/movement therapist and referral source would engage collaboratively with one another to identify the client's presenting problems and treatment goals, and communicate about the course of therapy. It should be noted, however, that, although dance/movement therapists often work in conjunction with other clinicians across the continuum of care and within the range of mental health disciplines, they are also quite prepared to practice independently, if they are appropriately licensed by the state in which they practice. In that case, a client can work with a dance/movement therapist as a primary therapist without needing a referral or auxiliary practitioner (ADTA, 2017; Dosamantes Beaudry, 1997; White, 1994).

Overview of a Session

Dance/movement therapy sessions look as different as the various types of clients whom dance/movement therapists see. Each session is tailored to the specific needs and presenting issues that are associated with the particular individual, couple, family, or group with which the dance/movement therapist is working on a particular day. Because most dance/movement therapists work from a deeply experiential, phenomenological, theoretical orientation that takes into account the importance of establishing kinesthetic empathy (Sandel, Chaiklin, & Lohn, 1993) or a state of attuned, somatic resonance with their clients, dance/movement therapy tends to endorse many of the same qualities in a session as other psychotherapeutic approaches located within the humanistic/existential psychotherapy tradition (Behar-Horenstein & Ganet-Sigel, 1999; Serlin, 2012). Even though dance/movement therapists may come from a variety of theoretical orientations, in general dance/movement therapy does not lend itself to manualized treatment, linear protocols, or one-size-fits-all strategies.

That being said, one quite common session structure adopted by many dance/movement therapists is that developed by dance/movement therapy pioneer and first ADTA president Marian Chace. Essentially, there are three parts to this approach: (1) warm-up; (2) theme development; and (3) integration and closure (Levy, 2005). The warm-up phase consists of first creating a safe space. Some therapists will use an archetypal format like a circle, while others encourage individuals to explore the room and their own bodies independently. During this phase, the clients begin to connect with themselves and each other through body-centered and movement-oriented mirroring exercises. The purpose is to get a pulse on what is vital and alive for the client or clients at that particular time. This could include activities like using rhythmic movement to vitalize the body, initiating body part exploration through progressive movement, using the breath to wake up the body, grounding into or connecting with the floor as a base of support, and playing with polarities in the body to experience physical and emotional contrasts (Johnson & Sandel, 1977; Lefco, 1974; Levy, 1995; Naess Lewin, 1998).

Perhaps the primary point of this first warm-up phase is for the dance/movement therapist to identify thematic material that can then be deepened during the second part of the dance/movement therapy session, which is the theme development phase. Identifying and developing a theme can be accomplished through engaging both implicit and explicit channels; dance/movement therapists are specifically trained for this (Levy, 2005; Payne, 1992). Their training in counseling helps them track verbal content that emerges overtly as potential thematic material (Caldwell, 1996, 1997; La Barre, 2001; Serlin, 2010). In addition, their theoretical, observational, and embodied knowledge of movement patterns and expressive possibilities helps them detect subtle thematic cues of which the client may not be aware (Hackney, 2002; Naess Lewin, 1998; Stanton-Jones, 1992). These include standard body/movement assessment elements such as the ways in which clients relate to posture, gesture, developmental movement patterning, facial expressivity, dynamic expression, the shapes the body inhabits and how shape changes occur, spatial pathways and use of space, personal kinesphere, and interpersonal space (Bartenieff & Lewis, 1980; Espenak, 1981; Kestenberg Amighi, Loman, Lewis, & Sossin, 1999; Laban, 1960, 1974; Laban & Lawrence, 1974; Moore & Yamamoto, 1988; North, 1972). From these cues, and also from the therapist's own kinesthetic counter-transference, the therapist may help clients become more aware of what their bodies are telling them.

The therapist works with the client or group at this point to explore and amplify the kinesthetic images (Serlin, Rockefeller, & Fox, 2007). Some think of this part as if it were working with a dream image. Movements can be repeated or intensified, sounds amplified, and expressions made bigger in space … until the "aha!" moment when the group or individual has a felt sense of rightness. The dance/movement therapist might then act as mirror, coach, partner, or witness, but would not interpret the image, instead inviting the client to discover personal meaning through the imagery. Sometimes the therapist might encourage the client to amplify the images through drawing, poetry, or a different modality. Healing happens in this act of objectifying the psyche rather than overidentifying with it. Instead of being hijacked by the emotion or energy of the image, clients can begin to develop their observing ego or inner witness. What is healing is the act of symbolizing, the process of finding one's authentic voice, of being grounded in one's embodied truth, such that there is congruence between verbal and nonverbal expressions (Wallock & Eckstein, 1983). Telling one's story through movement and nonverbal behaviors, and being in the flow state where the transcendent function between the conscious and unconscious mind can arise more deftly, act as tools of the dance/movement therapy (Jung, 1966; Serlin, 2007).

The final element of this common dance/movement therapy structure is the closure and integration component. This is the time when the dance/movement therapist helps the client consolidate what was experienced and explored during the session into a meaningful and coherent personal narrative that can be returned to later as a point of reference, as a new skill, or potentially as a novel way to view or define the self (Sandel, Chaiklin, & Lohn, 1993). Reflection comes from making the explicit movements smaller and smaller, until they become implicit traces in the muscle memory. These are experienced as kinesthetic images (Serlin, Rockefeller, & Fox, 2007), which, like dream images, resonate with personal and universal meaning. As they tell a story, the therapy becomes similar to narrative therapy. Serlin calls this process, "Action Hermeneutics," because the movement itself, as it finds its authentic form, is a meaning-making process. Meaning is not separated from movement. Indeed, as meaning is discovered, both verbally and nonverbally, words and action become integrated. Because one of the primary objectives of dance/movement therapy is to help individuals expand their movement repertoires and have greater access to, as well as choices within, their expressive styles, this final phase of a common dance/movement therapy session frequently highlights and affirms such objectives. That is to say that this final integrative phase of a dance/movement therapy session supports clients to feel greater alignment between what they are experiencing internally with what they are doing externally (Lewis, 1996; Payne, 1992; Schmais, 1981, 1998, 1999; Schmais & White, 1986)—that is, greater integration of body, speech and mind.

Through the heightened consciousness of their movements, clients learn to own the aspects of themselves that emerge in the movement, and then find constructive ways of bringing these new patterns into their daily lives. The product is less important than the process of discovery, and, even as early dance therapists emphasized, the inherent healing power of creativity is itself what encourages this healing. The creative process involves novelty, learning, being in the flow state, and the reduction of stress. Clearly, it can promote mental wellbeing (Evans, 2007; Hanna, 2006). From this perspective, the experience of dance/movement therapy is one in which "each individual has the opportunity to enjoy and benefit from that which is rightfully his [*sic*] possession—the power to create" (Hawkins, 1988, p. 8).

Dance/Movement Therapy Assessments

When it comes to assessments in dance/movement therapy, there are not a great many objective measurements, and very few of them have been standardized using any type of psychometrically robust principles to ensure validity of the content being assessed and/or reliability of the measurement's accuracy (Johnson, Sandel, & Eicher, 1983; Kestenberg Amighi, Loman, Lewis, & Sossin, 1999; Leedy & Ormrod, 2014). This is largely because the goals and objectives of dance/movement therapy are usually quite subjective. While most dance/movement therapists proceed from the assumptions that a full and balanced movement repertoire is better than an unbalanced or incomplete repertoire, and grounded is more desirable than ungrounded (Lewis, 1979, 1984), there is not one set of movement patterns or expressive capacities that has been identified as ideal (Hackney, 2002; Moore & Yamamoto, 1988).

Because movement is fluid and dynamic, the field of dance/movement therapy has traditionally gravitated toward adopting a more or less value-free system of body/movement observation and assessment that uses a set of descriptive words to convey an individual's movement signature (Bartenieff & Lewis, 1980). This notation system, which is known as Laban Movement Analysis, or LMA, originated from the work of German choreographer and movement educator Rudolf von Laban in the early part of the 20th century. In the United States and Great Britain, his colleagues Warren Lamb, Marion North, and Irmgard Bartenieff further developed it, and there were several others in Europe who contributed as well (Bradley, 2009; Levy, 2005). The system, as it is practiced in the United States, conceptualizes all of human movement as being composed of the following aspects: Body Organization, Effort or Energy, Shape/Modes of Shape Change, and Space/Space Harmony, otherwise known as BESS (Dell, 1970; Dell, Crow, & Bartenieff, 1977; Hackney, 2002).

In brief, *body organization* has to do with things like how breath supports the body, how core muscles support stability so that peripheral muscles can be more expressive, how movement initiates and sequences, how alignment facilitates movement, and how early developmental patterns underpin and support more complex patterns (Hackney, 2002). *Effort* focuses on dynamic expression, addressing the ways in which a person relates to the polarities among the four qualitative elements of free and bound Flow, indirect and direct Space, light and strong Weight, and sustained and quick Time (Laban & Lawrence, 1974). *Shape* emphasizes the actual morphology of the body, or the qualities of general expansion and contraction that organize the body, as well as how the body relates to itself and the environment (Bartenieff & Lewis, 1980). Finally, the category of *Space and Space Harmony* takes into account the amount of physical space that is occupied by the body, the zones and levels in which it occurs, the pathways or traceforms that are left behind as the body moves through space, the tensions and countertensions that are created as the body engages with space, and the crystalline forms that can be used to explore various movement themes such as stability/mobility, exertion/recuperation, inner/outer, and expression/function (Bradley, 2009; Dell, 1970; Dell, Crow, & Bartenieff, 1977; Laban, 1960, 1974; Laban & Lawrence, 1974; Loman, 1992).

A close cousin to Laban Movement Analysis (LMA) is the Kestenberg Movement Profile, or KMP. Whereas the LMA system remains fairly descriptive in its approach and thus has applications well beyond dance/movement therapy, the KMP was specifically designed as a psychological assessment tool. Developed by child psychiatrist Judith

Kestenberg, MD, in the mid- to late 1960s with the Sands Point Movement Study Group in Long Island, New York (Kestenberg Amighi, Loman, Lewis, & Sossin, 1999; Loman, 1992), the KMP combines LMA with the psychodynamic theories of object relations and self-psychology. The KMP essentially views the Effort category of LMA as a system for understanding the expression of individual temperamental styles, and the Shape category of LMA as a system for making sense of how the self is supported in relationship. The two systems are placed within developmental trajectories that reflect levels of psychological and interpersonal maturity that develop in relation to one another and within the context of the human lifespan (Loman & Merman, 1996).

Both LMA and KMP are complicated systems of movement observation and assessment that take a certain degree of concentrated attention to learn and master and are, therefore, beyond the scope of in-depth explanation here. Combined or separately, they are systems of movement observation and assessment that most dance/movement therapists learn in school; thus, they are two of the most common assessment tools available across the field. Because of that, they provide an instantly accessible and imminently useful language for dance/movement therapists to use when communicating assessment, diagnostic, and/or treatment data to one another. They can also be used when communicating to people from other mental health disciplines, but typically the terms and concepts would need to be translated into more pedestrian terminology, given that they are quite detailed and specific to the field of body/movement observation and assessment.

Though LMA and KMP are two of the most common assessment tools used in the practice of Dance/Movement Therapy, it should be noted that they are not the only tools available, are not used by all dance/movement therapists, and are not exclusive to the field of Dance/Movement Therapy. Because dance/movement therapists can align with a variety of other theoretical orientations, they can also draw from the assessment tools associated with those additional approaches.

Dance/Movement Therapy Effectiveness Measures

Because the field of dance/movement therapy is relatively new, focuses on training practitioners rather than researchers, and has a small professional association and quite limited resources, research into its effectiveness has been mostly anecdotal for the first part of its history (Chaiklin, 1997; Cruz & Berrol, 2012). Because the field of psychology was itself trying to be more scientific during the nascent period of dance/movement therapy as a profession, the experimental method was established as the gold standard for all psychologically oriented studies; thus, outcome research has focused on symptom reduction as measurable through quantitative methods rather than qualitative or even mixed methods (Cruz & Berrol, 2012; Kestenberg Amighi, Loman, Lewis, & Sossin, 1999). This did not align well with the clinical and anecdotal findings dance/movement therapists were discovering, which fit more congruently with phenomenological approaches, holistic theories, qualitative research methods, and process-based ways of working psychologically (Levy, 2005; Payne, 1992). In other words, the kind of knowledge being generated by practicing dance/movement therapists in the early years of the profession was not valued within the traditional medical model, which made it difficult to complete any outcome studies substantiating the efficacy of dance/movement therapy as an effective treatment. As a result, funding to investigate further the therapeutic power of dance and

expressive movement was not readily available, so practitioners focused primarily on their clinical work and less on research.

Over the last two decades, however, the field of dance/movement therapy has stepped more fully into its place as a specialization within the counseling discipline. In so doing, it has demanded more qualitative and quantitative research to substantiate its efficacy as a therapeutic modality (Cruz & Berrol, 2012). Moreover, the broader field of somatic psychology has also burgeoned during this time, bringing with it significant research from neuroscience, interpersonal neurobiology, and developmental psychology that corroborates many of the theories, methods, and approaches introduced by the founding mothers of dance/movement therapy (Aposhyan, 2004; Caldwell, 1997; Leedy & Ormrod, 2014). This has led to a greater respect in recent years for the role of research within the profession of dance/movement therapy, and a greater understanding of how practitioners and researchers can better collaborate with one another in service of the profession, individual practitioners, and, ultimately, the clients they serve.

Conclusion

Movement is healing and transformative. It can unlock primitive feelings and experiences that are stored in the body, restoring one's connection with the body and the earth. As a psychotherapeutic modality, dance/movement therapy first emerged in the middle part of the 20th century, though its historical roots are actually quite ancient and ubiquitous among indigenous cultures and communities throughout the ages. Early dance/movement therapists drew from their extensive personal experience in modern, ballet, and other forms of dance and expressive movement, integrating that experience with direct observations they were gathering from their groups and classes, along with various psychological and developmental theories. Out of that integration was born the field of dance/movement therapy, a therapeutic approach that encompasses elements from the expressive and creative arts therapies as well as the somatically oriented psychotherapies.

This essay reviewed key aspects of the history of dance/movement therapy as a profession, emphasizing how it accesses and uses creative, imaginal, and embodied forms of expression as fundamental to healing, growth, and therapy. A definition of *dance/movement therapy* was provided, as well as information about its professional association in the USA. The ways in which new professionals might access training and credentialing within the field were outlined, and information about how credentialed practitioners could be contacted was supplied. The effectiveness of this approach was reviewed, along with a brief summary of how it could be adapted to support people from diverse demographic groups and psychiatric diagnoses. A summary of elements often included in a typical dance/movement therapy session was shared, as well as common tools employed by dance/movement therapists for conducting assessments, making diagnoses, and crafting treatment plans or interventions. The role of an embodied, creative process that draws on expressive movement and personal expression was emphasized throughout the essay as an intrinsic and necessary element of any dance/movement therapy experience.

Additional Dance/Movement Therapy Resources

Dance/Movement Therapy Professional Associations (Non-Exhaustive)

- American Dance Therapy Association (ADTA): http://www.adta.org/
- Association for Dance Movement Psychotherapy United Kingdom (ADMP-UK): http://admp.org.uk/
- Dance Movement Therapy Association in Canada (DMTAC): http://dmtac.org/
- Dance Movement Therapy Association of Australasia (DTAA): http://dtaa.org.au/
- European Association Dance Movement Therapy (EADMT): http://www.eadmt.com/

Dance/Movement Therapy Scholarly Journals

- American Journal of Dance Therapy (AJDT): https://link.springer.com/journal/10465
- Body, Movement, and Dance in Psychotherapy (BMDP): http://www.tandfonline.com/loi/tbmd20
- The Arts in Psychotherapy (TAP): http://www.journals.elsevier.com/the-arts-in-psychotherapy/

ADTA Approved Dance/Movement Therapy Graduate Programs in the USA

- Antioch University, New England; Keene NH; Website: http://www.antiochne.edu/applied-psychology/dance-movement-therapy/
- Columbia College; Chicago IL: Website: http://www.colum.edu/academics/fine-and-performing-arts/creative-arts-therapies/index.html
- Lesley University, Cambridge MA: Website: http://www.lesley.edu/master-of-arts/expressive-therapies/dance-therapy/mental-health-counseling/
- Naropa University, Boulder CO: Website: http://www.naropa.edu/academics/masters/clinical-mental-health-counseling/somatic-counseling/dance-movement-therapy/index.php
- Pratt Institute, Brooklyn NY: Website: https://www.pratt.edu/academics/school-of-art/graduate-school-of-art/creative-arts-therapy/creative-arts-therapy-degrees/dance-movement-therapy-ms/
- Sarah Lawrence College, Bronxville NY: Website: https://www.sarahlawrence.edu/dance-movement-therapy/#.TxnU6bNnV6c.email

Dance/Movement Therapy Programs Outside the USA (Non-Exhaustive)

- International Dance/Movement Therapy Programs: https://adta.org/international-programs/

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