CHAPTER TWO
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2.1 INTRODUCTION

This chapter covers a brief description of Expressive Therapies, followed by a detailed account of Music and Dance Therapies, their history, definitions and techniques employed.

2.2 EXPRESSIVE THERAPIES

Expressive Therapies or Creative Therapies as the name suggests refers to a cluster of techniques that are creative and expressive in nature. The aim of these therapies is to find a form of expression beyond words or traditional psychotherapy. Therefore, the scope of creative therapy is as limitless as the imagination in finding appropriate modes of expression. Art therapy, dance/movement therapy and music therapy, play therapy and journaling therapy are the most commonly used and supported forms of expressive therapies.

Art therapy uses techniques like drawing, painting and clay modeling with the aim of providing a medium of expression that bypasses words. The scope of the drawings are limited only by imagination and the creativity of the therapists. This enables the individual to connect with emotions regarding an array of personal experiences.
The health benefits of journaling techniques have been studied in detail. Its application is broad and it can be used in various therapeutic approaches. Journaling can be used on a regular basis for stress relief by writing down whatever comes to mind, or it can be used for specific problem areas, such as focusing attention on goals or on unresolved feelings of grief or anger. In journaling, it is more important to focus on emotional aspects, rather than using it to simply record daily events.

Play therapy is an approach used with children, and is quite extensive in background theory and application. It is a psychological therapy in which the child plays in the therapist's presence. The therapist then uses the child's fantasies and the symbolic meanings of his or her play as a medium for understanding and communicating with the child (Encyclopedia of Mental Disorders, 2007).

The two expressive therapies included in this study, namely, music and dance will be dealt with individually in the following sections of this chapter.

2.3. Music Therapy

Music has been known to be a ubiquitous social phenomenon. The concept of music as a therapeutic tool has been in existence from Greek myths and has even been mentioned in the Bible. Music can affect function at the basic sensory level as well as that on an unconscious level. Music has
been known to be an expressive vehicle for relief of emotional tension as it bypasses speech and conventional language (Sadie, 1980).

2.3.1 History

The origin of music itself is hard to trace. The word music derives from the Greek 'muses' who, according to mythology, were the Goddesses that inspired poets, painters and musicians. It is a universal phenomenon spanning all cultures and is known to be the most social of the arts. The use of music in healing practices has been employed from time immemorial. From primitive people of all cultures up until the middle ages, illness was viewed as originating from magical or religious forces or from the breaking of taboos. Music along with words and instruments were thought to appease the gods and cure these illnesses or heal wounds. Music has always been a great healer. In the Bible, we learn about how David played the harp to help ease the severe depression of King Saul (Good News Bible, 1979). Music as a therapeutic tool has been mentioned in the writing of Socrates, Plato and Aristotle as well. Socrates attributed certain emotional and ethical characteristics to various musical modes. He referred to the subliminal action of intoxicating music and Aristotle recognized the cathartic power of music. Plato introduced the idea of specific harmonic modes, instruments and rhythms affecting the human psyche, and suggested specific musical recipes for certain afflictions (Christiansen, 2002). In fact, the oldest known documentation of medical practices, the Kahum papyrus, refers to the use of
incantations for healing the sick (Standley & Prickett, 1994 cited in Macalester College, UBNRP, 2006).

During the 18th century, scientists began to research and study the effects of music on the human body. It was during this time that the effect of music on functions such as cardiac output, respiratory rate, pulse rate, circulation, blood pressure, on electrical conduction of tissues, on fatigue-ness, and on general vibratory effects on the body was initiated (for review, see Diserens, 1926, 1926; Prickett & Standley, 1994 cited in Macalester College, UBNRP, 2006). It was not until the end of the 19th century that music was studied systematically. Relationships between music and physiological or psychological responses were being highlighted. The relationship between music and emotion became a hot topic for lab researches. However, the development of music therapy is believed to be a fall-out of the wars. World War II led to the development of large-scale screening techniques, group therapy, and increased use of music in hospitals (Tyson, F. 1981). It was during that time, that musicians began to work in hospital settings directly with the patients and music therapy as a profession came into being.

2.3.2 Definitions

The following are definitions of music therapy by International Associations.
Medical Dictionary

Music therapy facilitates the creative process of moving toward wholeness in the physical, emotional, mental, and spiritual self in areas such as, independence, freedom to change, adaptability, balance and integration. The implementation of music therapy involves interactions of the therapist, client and music. These interactions initiate and sustain musical and non-musical change processes which may or may not be observable. As the musical elements of rhythm, melody and harmony are elaborated across time, the therapist and client can develop relationships which optimize the quality of life. This definition is based on the definition of music therapy in the Joint Declaration of the 1982 International Symposium of Music Therapists (MedTerms, 2006).

American Music Therapy Association

Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to:

- promote wellness
- manage stress
- alleviate pain
• express feelings
• enhance memory
• improve communication
• promote physical rehabilitation (American Music Therapy Association, 2007).

**Canadian Music Therapy Association**

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development (Canadian Music Therapy Association, 2007).

**2.3.3 Techniques**

Music therapists draw from an extensive array of strategies and techniques the most commonly used are:

1. **Singing** - involves having the participants sing along or learn songs.
2. **Toning** - is a sort of vocal exercise, where in the individual is required to make sounds based on vowels and consonants. It involves making sounds of distinct pitch, quality, and duration.
3. Listening - involves receptive listening to music; the type of music that is used is varied and can range from classical to rap.

4. Imagery - is a process of music psychotherapy in which music experiences are used to bring about therapeutic change. It involves the client listening to specifically programmed music in a deeply relaxed state. The client may experience visual imagery, feeling states and/or body responses as evoked by the music. The therapist engages the client in a dialogue to enhance the experience of the imagery. This process facilitates the client to explore and to resolve major life issues in a supportive manner (Music and Image Assoc. of Australia, 2007).

5. Playing instruments - involves actually playing a musical instrument with the guidance of the therapist.

6. Lyric Writing - is the writing of original lyrics for a composition. It acts as a catharsis and helps bring to the fore issues that have been kept at bay.

7. Improvisation - is defined as a process whereby client and therapist relate to one another in which the client makes up music while singing or playing, extemporaneously creating a melody, rhythm, song or instrumental piece. In clinical improvisation, client and therapist (or client and other clients) relate to one another through the music (Wikipedia, Online Dictionary, 2007).
2.4 Dance Therapy

Dance does not leave behind visible relics like tools or instruments hence it becomes difficult to estimate indubitably the debut of dance into human civilization. However, the following is a brief account of the evolution of dance and dance therapy.

2.4.1 History

As with Music, Dance has been an integral part of people’s everyday lives from the very beginning of civilization. According to archeology, traces of dance as shown on paintings depicting dancing figures were first found on Egyptian tombs from circa 3300 BC and the Rock Shelters of Bhimbetka paintings in India (Wikipedia, 2007). In all early settlements, dance had been used in celebrations as well as healing rituals. From the Native American civilization, which believed that dance not only had healing powers for the one that danced but as well as for those that were close to him, to the 17th Century Tarantella, which is a dance used in Italy to cure one of tarantism, or the bite of the tarantula, to ancient mythologies dance has played a pivotal role. In the Hindu tradition, it is believed that the whole universe is brought into existence as the manifestation of the dance of the Supreme Dancer, ‘Natraja’. Hence, dance has a very integral part in all cultures and was indispensable in worship and rituals.

The roots of Modern Dance therapy, however, can be traced to the 20th century, where traditional techniques of traditional and rigid dance were
being replaced with more expressive and free flowing movements that put an emphasis on spontaneity and creativity. Mary Wigman was one of the first women from the world of contemporary dance to have a seminal effect on dance therapy. Wigman was concerned with pure or natural movement expression, her technique was expressive-improvisational and provided a robust underpinning for delving into human emotion (Levy, 1988).

In the early 1940’s Marian Chace, considered the grand dame of dance therapy (Levy, 1988) started as a dance choreographer and teacher and later began to experiment with dance movement that was not aimed at only performance but also as a healing tool (Kashyap 2005). Simultaneously with the end of World War II, new ways were needed to facilitate and accelerate the rehabilitation process of the soldiers. This gave impetus to dance as therapy. Marian Chace working in St. Elizabeth’s Hospital in Washington began using dance and movement as expression and communication with the soldiers as they were not responding to verbal therapy. Similarly pioneers like Francizka Boas, Blanche Evan, Mary Whitehouse, Trudi Schoop and Alma Hawkins, most of whom were primarily dancers and later took to dance therapy, developed different techniques and methods to use dance as a therapeutic tool, which has become the very foundation of modern dance therapy. With the evolution of dance as psychotherapy developments from allied fields began to have an effect on it. From the field of Psychology Jung and Wilhelm Reich had a tremendous impact on dance therapy and therapists (Kashyap, 2005). For
Jung (cited in Kashyap, 2005) artistic creativity of any form was a medium to extract material from the unconscious. It was not only a healing tool but also revealed the person. He strongly believed that emotions that otherwise could not be verbalized found an expression through art. Dance therapists observed this in actual practice and felt it provided greater self-awareness and understanding. Reich (cited in Kashyap, 2005) alleged that the way an individual held his/her body reflected his/her personality. According to him, tension or unexpressed feeling were held in the body in specific parts as muscular tension and he believed this could be dissipated with the help of special body movements and breathing techniques.

Sullivan was another psychiatrist who had a profound impact on dance therapy, as much work in dance therapy is based on his “interpersonal theory of personality”. Rudolf Laban is a Hungarian pioneer of dance theory who also had a seminal effect of dance therapy, based on his analysis and scrutiny of facial features and the symbols that people use through movement in their everyday actions, dance therapy practitioners have created detailed assessment and evaluation formats (Kashyap, 2005).

From this, it is evident that dance as therapy has come a long way and is finally gaining acceptance and recognition as a new and alternative psychotherapeutic technique.
2.4.2 Definitions

The following are definitions of dance therapy by International Associations.

**American Dance Therapy Association**

Dance therapy is the psychotherapeutic use of movement to further the social, cognitive, emotional, and physical development of the individual (American Dance Therapy Association, 2007).

**The Association for Dance Movement Therapy U.K**

Dance/movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is founded on the principle that movement reflects an individual’s patterns of thinking and feeling. Through acknowledging and supporting clients’ movements the therapist encourages development and integration of new adaptive movement patterns together with the emotional experiences that accompany such changes. Dance/ Movement Therapy is practiced as both individual and group therapy in health, education, social service settings and in private practice (The Association for Dance Movement Therapy U.K, 2007).
**International Institute of Dance Therapy**

Dance therapy is not about achieving defined forms of dance, but as being concerned with genuine, creative movement. The objective is to re-establish the unity of body, mind and soul. The increasing tendency towards isolation and growing estrangement in our society often results in emotional, mental and physical illness. Dance therapy helps people to rediscover themselves, thus achieving greater self-awareness and a sense of well-being. People can find their true inner self through authentic movement. They learn to love themselves and thus, learn to love others (International Institute of Dance Therapy, 2007).

### 2.4.3 Techniques

There are five major techniques used in dance/movement therapy:

1. **Body Movements** – The basic technique used in dance/movement therapy, are movement and manipulation of the various body parts. This can be done by isolating each body part or by using combinations of body parts. This is done through awareness of the body and control of breath. Movements are carried out in a rhythmic pattern so as to make the participant aware of the functions, flexibility and capabilities of the various parts of the body.

2. **Props** - Various objects or props are used in dance therapy, as they provide a medium of expression of feelings and emotions. Props are used as aids to motivate and energize people. In addition just the presence of these inanimate
objects, makes expression of feelings more free-flowing. Props tend to evoke movements that normally are not elicited by the person.

3. Imagery and Movement - Using imagery the therapist talks the participants through various situations, in which they have to imagine they are the object and behave as the object would. For example, imagining they are melting ice-creams.

4. Space Awareness and Memory Movements - Here movements are employed in such a way that the individual is made aware of the space around him/her and is taught how to best use it. For memory movements a certain sequence of movements is practiced or certain movements are to be done on specific cues. This helps or checks the memory of the individual. These movement techniques take into account the cognitive aspect of the individual as well.

5. Group Co-ordination - Here two or more participants work together and perform movements in synchronization with each other. It provides a medium for interacting with others and gives an insight into how the individual relates to people and the surroundings.

**2.5 SUMMARY**

The present chapter gave a thorough description of the intervention employed. The historical background and development, its definitions and the techniques employed in Music and Dance/Movement Intervention were expounded.