

Book Reviews

The Dancing Self: Creativity, Modern Dance, Self Psychology, and Transformative Education. Carol M. Press. Cresskill, NJ: Hampton Press, 2002. 249 pages, hardcover, \$ 57.50; softcover, 24.95.

The metaphoric title of this book is simple, straightforward, and poetically appealing—one to which we dance/movement therapists can immediately relate, *The Dancing Self*. However, the subtitle had me worried. Research professors' voices from graduate school days rang in my ears, "Too many variables!" So, I approached Carol Press' wonderful book with some skepticism. Though it is indeed true that she has a lot going on, it is a very worthwhile read for dance/movement therapists, dancers, scholars and others interested in the powerful connections between creativity, modern dance, self-psychology and education.

I appreciated the sweeping overviews of information, including the entire history of modern dance, the basic principles of self-psychology, the relationship of these two fields of study to creativity, a case study (none other than Paul Taylor!) and dance education. The author states that her book is ". . . an interdisciplinary investigation of the fortification that creativity brings to a meaningful sense of self, to sustaining relations with others, to a vigorous society and culture, and to the empowering role that education can serve towards these endeavors." (p. 3) She further states that, "Creativity involves exploration and self-assertion, through a multileveled subjective relationship that serves significant selfobject functions through the construction of an ideal form that embodies and expands self-delineation, self-cohesion, and self-development, and that is ultimately self-transformative." (p. 4) These claims are accomplished in six chapters: "Introduction," "Modern Dance, Sense of Self, and One's Surrounding World," "Self Psychology," "Creativity, Self Psychology, and the Modern Dance Choreographer," "Paul Taylor: A Case Study," and "Creativity and Transformation: The Heart of Education."

The best thing about the book for dance/movement therapists is that the focus is on dance, dancers, and choreographers as unfolding selves. The direct connection of the art form to psychology is beautifully accomplished. The book is predominantly about the creative process as a psychological imperative to the development of a cohesive sense of self, both subjectively and in relation to the world. Although it may be true that this particular theoretical framework, or the emphasis on dance as art, is not readily applicable to all of the arenas and ways in which dance/movement therapy is practiced, it does provide a valuable basis for the creation of the dances themselves, including dances created in dance/movement therapy sessions as selfobjects for both the choreographer/therapist and for the dancers/patients. Dance/movement therapists already know that the dances are important in and of themselves, and through an understanding of self psychology, Carol Press clarifies and supports why this is so. She quotes anthropologist Ellen Dissanayake:

Our world and our selves have fragmented to a degree unimaginable in earlier human history, and if there is to be any coherence at all in our lives, it is up to us to put it there. To this extent, we are all called upon to be artists—to shape, find significant aspects of, impose meaning upon, discern, or state what is special about our experience. Response to the mystery of life becomes a personal aesthetic gesture. (1988, p. 190)

This book is a reminder for us to stay close to the art, and to our subjective experience as artists, as therapists, and as people. Mircea Eliade called this “founding the world.” Carol Press has written a book that supports such creative practice, as well as the potential for a deepened experience of self in *every* dance we do.

Deborah J. Welsh

References

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Invitation to the Dance: Dance for People with Dementia and Their Carers. Heather Hill. Stirling, Scotland: University of Stirling, 2001. 63 pages, softcover, \$15.

Heather Hill, a dance/movement therapist in Australia, has written a concise, easy-to-read book designed to encourage staff and perhaps family members to dance with those for whom they care. Although this book is not intended specifically for dance/movement therapists, it may be even more effective with that audience, and is especially well-suited for students.

The author presents a joyful, compassionate, respectful, life-affirming and health-oriented outlook to her work, which is consistent with the person-centered approach to dementia of Tom Kitwood (1997) and the Bradford Dementia Group. It has been said that dementia erodes the self, but the person-centered approach proposes that the symptoms we typically see in dementia are responses of the self to progressive and traumatic loss of many brain functions. This understanding encourages caregivers to look through the symptoms with sensitivity to the self that is struggling to be expressed both verbally and non-verbally. Hill's person-centered approach to dancing with those who suffer from dementia attempts to reach the ongoing sense of self through the body when verbal interaction may be difficult or unavailable.

The book begins with a lovely and accessible description of dance, based on the writings of dancer Sandra Fraleigh (1987), useful to professional and non-professional helpers who may be more familiar with exercise, physical therapy, occupational therapy, and traditional or social forms of dance. Phrases like "dance involves moving with *awareness* and with a *feeling* for the *quality* of movement," and "dance is movement that is *expressive* and imbued with human *meaning*" (emphasis added, p. 5) may help the reader understand how dance transcends the mere functional physicality of movement.

The author helps make dancing sound attractive to the caregivers, who may have doubts about the value of dance and insecurities about their own abilities to dance. An outline describing the basic requirements for those who want to dance with the people they care for includes:

- Some rhythmic response to music;
- Readiness to develop more knowledge about bodies and the materials of dance;
- Playfulness, a sense of humor, fun and enthusiasm;
- A flexible approach;
- A positive attitude, focusing on abilities rather than disabilities.

These are certainly abilities that many good caregivers have or are willing and able to develop. Almost as an afterthought, a few skills that also happen to be essential for dance/movement therapists are added: “a good movement repertoire, group skills” (p. 8) and the ability to share in a creative experience with people. These are casually mentioned, yet are no small achievement, as most dance/therapy students quickly learn. This tendency to include, yet downplay, some of the skills that experienced dance/movement therapists may take for granted is the dilemma the author faces throughout the book, as she attempts to make dancing with this population accessible to caregivers.

I want to clarify that I am not in any way objecting to the idea of explaining and even teaching skills to caregivers that would enable them to dance with those for whom they care. Obviously, dancing, its healing qualities, or even the therapeutic relationship are not the exclusive domain of the dance/movement therapist. However, the unique combination of all three does seem to involve a constellation of methods and skills that are not easily taught or learned, though dance/movement therapists may eventually practice them with an ease that belies their complexity. The author does an admirable job of presenting some basic and essential techniques, yet is not spared the conundrum of communicating something complex and profound in a simple, accessible manner to those who may not be able to appreciate or replicate the work she describes so clearly.

The book continues with practical suggestions for expanding an exercise group to include dance, and addresses several challenges, such as getting past the belief that one can't dance. A basic structure with which we are all familiar is offered- greetings, warm-ups, a thematic group body, and goodbyes. Several concerns that are critical in working with this population, such as pacing the action, and building in recuperation and rest periods, are explained clearly.

Hill goes on to succinctly address the dynamics and forms of movement, such as space, flow, time, weight, breath and body parts, in terms that most people would understand. I especially appreciate her discussions about breath and touch, as I have found these so helpful in my work with the elderly, especially those with disabilities that make movement almost impossible. She provides examples of how to use a variety of props and music, and includes a discography. Helpful ideas for dance/movement experiences to address certain themes or encourage particular qualities of movement are also offered. In all these areas, the reader is well-guided through valuable concepts and techniques, similar to those found in books on dance with special populations and creative movement.

It is in a section entitled “The Ethic of the Dance Sessions” that some of the more subtle, yet essential, methods that I have experienced as

intrinsic to the effectiveness of a dance/movement therapy group are identified. These include: giving participants freedom of choice; recognizing the unique contributions of each individual; affirming the person through unconditional regard; encouraging initiation and contributions from group members; including everyone regardless of skill level; accentuating the positive through actions such as reframing and redirecting; focusing the group's attention; creating a safe and trusting environment; enhancing playfulness and joy; recognizing the importance of the leadership relationship; and offering sufficient time for response.

While these are presented as elements of a successful dance session, they may actually be the dimensions that distinguish a dance session from a dance/movement therapy group. When embodied fully, they lead to what is most profound about dance/movement therapy, especially with this population. Despite the simplicity and clarity of Hill's explanations, it is probably a rare caregiver who can embody these principles while also providing a dance experience as described. This is the realm in which dance/movement therapists are trained and in which they excel.

This point is illustrated in the vignettes from dance groups the author has led, which, perhaps because she is a dance/movement therapist, move beyond the content of the dance sessions that she sketches earlier in the book. Most of the examples offered are not so much about dancing as they are about being in a spontaneous, creative, non-verbally attuned therapeutic relationship. These kinds of compassionate and sensitive interactions also happen between people with dementia and the best caregivers, yet perhaps more rarely within the context of a group designed for dancing.

If caregivers can begin to incorporate the practical aspects of creating and maintaining a group that dances together, or the relational aspects of a truly therapeutic relationship, they will contribute greatly to the quality of life for those for whom they care. If this book can help a dance/movement therapist or student accomplish the transition to more effective work with this challenging population, then it has also served our profession and those we serve, as well. Heather Hill has offered us a book that may just encourage such fruitful experiences.

Lenore Wadsworth Hervey

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Returning to Health with Dance, Movement and Imagery. Anna Halprin. Mendocino, CA: Liferhythm, 2002. 193 pages, softcover, \$20.00.

Anna Halprin is a force of nature! For 60 years, through a career in performing, choreographing, teaching and writing, she has been recognized as a major dance innovator and teacher. Participants who might never have joined a studio dance class are active in Anna's yearly "Planetary Dance" and in her healing sessions. *Returning to Health with Dance, Movement and Imagery*, is a recent revision of her work, *Dance as a Healing Art, Returning to Health with Movement and Imagery* (2000). In *Returning to Health* she has detailed her healing procedures through a series of lesson plans providing good general information about working with groups. The book includes testimonies, by medical authorities and fulfilled participants, to her work in dance, movement and imagery.

In 1972, Ann Halprin was diagnosed with cancer. She had long been leading groups in dance improvisation and inventing dance rituals. A former student of Margaret H'Doubler at the University of Wisconsin in the 1940s, early on, she had adapted the kinesthetic feedback approach to dance. Through her own visualization, imagery and drawing, she was able to direct her doctor to the abdominal area where the cancer grew. This intelligence and an invitation to join the Cancer Support and Education Center in Menlo Park is the source of the remarkable information in *Returning to Health*. When her cancer receded, she renamed herself Anna, the original name on her birth certificate and an indication of her rebirth.

Each of the lesson plans are intriguing and hold many procedures that may be of great value to dance/movement therapists. The one caveat I would extend to dance/movement therapists is that they must thoroughly understand the strengths and weaknesses of their patients in offering the experiences, as Anna tends not to deal with resistance.

Several topics she presents are: The Body as Healer; Finding your Animal Ally; Relationships; Prayers; and Nature as Healer . . . The Use of Visualization and Celebrations. Sessions move systematically, albeit a bit quickly, from lead in, to group process, movement activities, drawing, self-portraits and imagery, partnering, choreography, role play and journal-keeping. Depending on the population, many of these sessions would take weeks, months and years to evoke full participation for dance/movement therapy patients. Halprin, is working with cancer patients. Her clients ability to move from event to event as she projects it, depends, of course, on their general health and responsiveness. All her suggestions are applicable to learning groups and people in personal growth groups. Still, use caution. Anna has developed her work in the beautiful hills of

Marin County, north of San Francisco. For many people, environmental and animal imagery holds neither expansive nor soothing power.

With so many years of experience, Halprin acknowledges the need to adapt lesson plans, deal with crises, and change direction when sessions do not go according to plan. She is a charismatic leader and is able to evoke rich responses from her participants. Many testimonials, in letter, story and poetry are included in the book, as well as a chapter from a 'dancing doctor,' Mike Samuels, MD. Alan Stinson, an HIV patient writes, "Working with movement and visualization is important to me because it helps me turn around, go back down and deep within myself to face, feel, and own my experience. (p. 185) Throughout, Anna differentiates between healing and curing, and is careful that students, clients, patients see medical doctors.

Returning to Health is complete with bibliography, resources for tapes and videos, places to contact for further information, as well as a short biography of Halprin. As we expand our definition of dance/movement therapy and seek our own healthy perspective in a difficult world, we can gain much from Anna Halprin and her extraordinary leadership. Take care to use her lesson plans only when your own training and leadership skills are fully mature.

Joanna G. Harris

On Touch in the Psychoanalytic Situation. Edward J. Lichtenberg, MD. In *Psychoanalytic Inquiry*, 20(1). Hillsdale, NJ: The Analytic Press. 186 pages, softcover, \$20.

This issue of *Psychoanalytic Inquiry* is a veritable treasure trove for any psychodynamically or psychoanalytically-oriented clinician, regardless of theoretical preference. The issue editors are three eminent self psychologists, E.G. Ruderman, E. Shane and M. Shane. They are well-versed in framing and presenting controversy. Their collection of essays not only addresses the many meanings and applications of touch, but also provides an intersubjective space which allows for the airing of scholarly disagreements in a respectful manner. They show how a simple, but well-structured research design, can elaborate and teach in a powerful way. However, this is only the subtext of this volume. The issue of touch is looked at openly and with candor.

In my opinion, an open forum such as this is sorely-needed for our organization, so that consensus can be reached and some of our "sacred

cows” can be re-examined and either be retained in our treatment armamentarium, or be discarded. The issue of touch and its efficacy remains one of the many aspects of dance/movement therapy not fully examined by its practitioners.

In particular, I am thinking of nonsexual touching, something most of us do easily, and, unfortunately, without thinking too much about it. Many were the interns who were distressed to learn that their practicum settings frowned upon touching clients. Depending on the supervisor, the student would be instructed to follow the rules of the institution or would just thunder at the denseness of the powers-that-be, saying “Do what is right for your patient.” But, what is “right” for our patients? Our theory does not inform us whom we should touch, when and where. A general rule of thumb and possible guideline says that touching is okay with children and with some deeply regressed people. Anyway, during a circle dance, we usually hold hands and nobody minds, so what’s the big deal here, one might ask? As dancers, we also took for granted that a teacher, a choreographer, a partner would touch and that we would reciprocate. Many of us forgot that the rest of our society is not in favor of touching and does not even advocate the casual kind of touching ubiquitous in many European countries. As is readily apparent, I am paraphrasing what I have heard too often from colleagues and friends during various parts of their careers. How did touch in the therapeutic situation become so fraught with real and imagined dangers?

Part of the prohibition of touch has to do with left-over pruderies from our Victorian past. One only need think of what Jones (1955) pointed out; that Freud and his followers were regarded as sexual perverts and, as such, a real danger to the community. Freud’s theories were interpreted as direct incitements to surrendering self-restraint. In our time, the one-time rebel, Freud, is often judged to be an arch-conservative, yet he often did what present-day analysts think of as totally out-of-bounds. He lent patients money, invited them to his home for dinner, shook hands with them upon arrival, and, of course, helped the ladies with their coats! Despite his famous edicts that treatment must be carried out in abstinence and that gratification must be limited, he would also show his patients his now famous collection of Greek antiquities, send them postcards, and give them small gifts of oranges, etc. In becoming aware of these many enactments of positive feelings for his patients, I have come to the conclusion that he must have written all his famous edicts about abstinence, neutrality, and the need to curtail analysts’ gratification in order to hold *himself* in check, lest his parenting attitudes curtail treatment. Indeed, the present volume shows, with great clarity, that what analysts preach is not necessarily what they practice. Many of them seem to touch a distressed patient’s shoulder, hold hands, or administer hugs during states of regression or highly affective states

without justifying, theoretically, what they have done. In an earlier work, Mintz (1960) pointed to four separate meanings of touch in the analytic situation: direct libidinal gratification; symbolic mothering; conveying acceptance; and strengthening a sense of reality.

In this volume, for instance, Breckenridge states “I find limited touch a natural form of communication. Used within cultural, ethical and common sense restraints, physical touch communicates with a subtlety and believability that words cannot carry.” (p. 10)

Mc Laughlin tells us of how, early in his career, he broke the rule of abstinence and he held the patient’s hand. He states, “I waited for the dire consequence of insatiable demands and lost analytic access. Instead our enactment released . . . fresh capabilities to drift to their own retrieval of not yet sounded recall and then to deal with fresh intensities.” (p. 68) In this volume, there are many more examples of analysts modifying the so-called classical technique. Unfortunately, there are also some examples of analysts triumphantly sticking to that same technique without realizing how, in doing so, they traumatize their patients.

Also of note, is a paradoxical example contained in this volume that should alert dance/movement therapists about the dangers of jumping to conclusions about a treatment technique or a theoretical framework that *only appears* to fit into our work. Holder regrets that British and American analysts supposedly miss so much because they do not shake hands with their patients. He reads much from the way a patient might offer his fingertips, or the man whose hands are always moist, or the patient who cannot let go. Yet, this same clinician denies that there is body memory or that physical interaction through movement with patients can bring about the recovery of childhood trauma and facilitate healing!

It seems a pity that the many insights offered in this volume on the subject of touch in psychological treatment come from a group of therapists who are traditionally said to be opposed to our methods. Yet, once again, it is worth our while to recognize their contribution to our craft. I recommend this volume highly for its scientific veracity and creative vision. I also recommend it for its potential usefulness in helping dance/movement therapists to better-conceptualize their work.

Elaine V. Siegel

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