In 1993, I was a New York City–based modern dancer in my 30s thinking about my next steps in life. My body hurt, I had little money, no savings, and was working several jobs to support myself. I had graduated from Purchase College in 1985 and went on to perform with Laura Dean Dancers and Musicians for the next nine years. I was also developing work with other downtown choreographers. But I was at a point in my life where I was searching for something else. I had lost close friends to AIDS. And while I found my work as a dancer rewarding, I was going through a crisis of meaning and purpose.

At the time, I hadn't heard of dance/movement therapy (D/MT). I had a vague idea that I wanted to help people, but I had yet to learn about the field. I would come to realize that D/MT capitalizes on the mind/body connection through the use of movement as a healing modality. In the last 25 years, D/MT has exploded in popularity both in the United States and around the world. More courses than ever are being offered at both graduate and undergraduate levels.

While still dancing, I had begun preparing for a transition, studying yoga and meditation. My teacher, Jon Kabat-Zinn, introduced me to the idea that meditation could be used therapeutically to help patients with chronic pain and illness. This revelation seemed to open a door, creating many new possibilities. I wanted to transition to a field where I could combine my love of dance with the potential to help others. I applied to the graduate dual degree program in Social Work and Dance/Movement Therapy at Hunter College (sadly, a program that no longer exists).

During my interview, I tried to play down my dance career, wrongly fearing that it would hurt my chances of getting accepted. I mistakenly thought that dance/movement therapy was something very removed from the dance world I was part of. To my surprise, the faculty wanted to know more about my dance life. How had my dance training affected my development? What drove me to dance? What was it like to be in a dance company? How did I manage conflict within the company? Naively, I hadn't realized how these life experiences were preparing me to become a therapist. Dance itself is at the heart of D/MT.

As I went through the program, I had many unforgettable experiences. In my fieldwork, I danced with severely mentally ill adults—women who had survived unbelievable adversity. Dance proved to be the medium through which emotions could be understood when words could not express “unspeakable” trauma.

“Some patients can’t or won’t communicate verbally. Dance therapy gives more options for expression,” says Leslie Daly, a dancer and dance/movement therapist in New York City.
“Dance therapy works by tuning in to the wisdom of our bodies in a setting that feels safe and nonjudgmental.”

I discovered that D/MT can change lives. One young woman I worked with was able to identify the roots of her eating disorder, which led to a successful period of recovery for her. “Dance/movement therapy can be used to bring the body image closer to reality in eating disorders, to support remembrance and socialization in the elderly as well as to increase functioning in development disorders,” says Miriam Roskin Berger, an early pioneer in D/MT who currently teaches D/MT at the 92nd Street Y Harkness Dance Center in New York City.

D/MT is not like teaching dance. Rather it is a dancing “with”: The client leads the movements and the therapist empathically mirrors and senses. The therapist creates movement themes, extends efforts, expands dynamics, or sometimes waits in silence for long periods of time. “Dance therapy can look very different from setting to setting—even from group to group,” says Daly. “It works because it requires the therapist and the patient to be fully present and engaged with one another, and it uses the body for information.”

Dance as a healing method has existed in every human culture. In early civilizations dancing, religion, music, and medicine were linked. Though they are under-acknowledged, dance/movement therapists have been using dance as a healing art in the U.S. for over 70 years. Long before contemporary medicine discovered the body/mind connection, dance/movement therapists used this knowledge to help patients tap their own natural ability to heal.

D/MT in the U.S. has its roots in dancer Marian Chace, who in the 1940s danced with hospitalized psychiatric patients languishing in forgotten back wards. Legend has it that Chace would play waltzes on an old record player and dance barefoot with the patients, stirring latent feelings within each individual. D/MT has come a long way since those days, but the basic principles it was founded upon continue to bring humanity to psychiatric care as well as in non-clinical settings.

Modern D/MT is a serious and scholarly discipline. In 1966, the
American Dance Therapy Association (ADTA) was formed to promote the practice and ensure the professionalism of D/MT. Today's dance/movement therapists are graduates of master's degree programs that integrate dancers' special knowledge of movement with D/MT theory. Course requirements include movement observation and assessment, group processes, research in psychopathology and diagnosis, as well as basic neuroscience. In addition, students gain fieldwork experience within a supervised clinical internship.

Study does not stop with the master's degree. After graduation students accrue supervised clinical hours for an advanced credential. Some dance/movement therapists also complete doctoral studies, and many are licensed practitioners in their states across the country. The international impact of D/MT has grown in the last 25 years, with practitioners in 48 states and 24 countries.

What draws people to D/MT? Robyn Flaum Cruz, current president of the ADTA and dance therapy coordinator at Lesley University in Massachusetts, says, "They recognize that dance is a powerful medium not just for expression, but for insight and growth in their lives."

Susan Imus, chair of Columbia College Chicago's graduate department of dance/movement therapy & counseling says, "Western medicine is beginning to accept a holistic approach to healing, such as that used in D/MT." Imus continues, "Psychobiologists are studying and proving the efficacy of nonverbal methods of communication to treat trauma. In fact, there is a current trend in the field of psychotherapy to focus on body-based modes of treatment. These new methods use some of the techniques of D/MT, but leave out the expressive, more creative aspects, as well as the dance/movement therapist's intimate knowledge of movement.

Today's dance/movement therapists heal with dance when words are not enough. Perhaps the biggest surprise for me as I trained at Hunter was the effect D/MT had on me personally, easing a painful career transition that might not have gone so smoothly.

For further information, including details on training programs, please see the ADTA website at www.adta.org.