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Dance Movement Therapy

(DMT):

an analysis of its application in care of
women in vulnerable situations

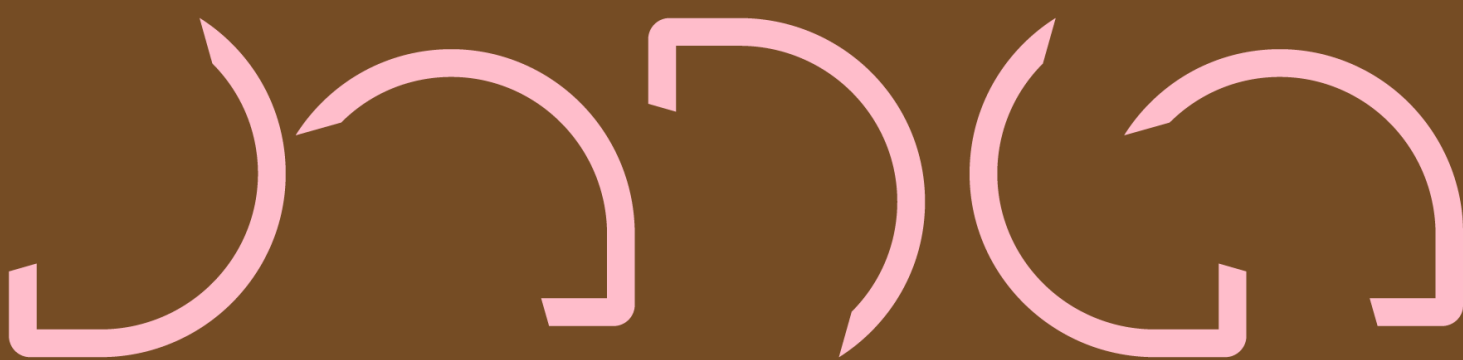
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ABSTRACT

This study presents Dance Movement Therapy (DMT), an innovative psychotherapeutic practice through dance that, despite having a small professional community in Brazil, has been gaining increasing interest. This study discusses what characterizes this approach, professional training, and the structure of treatments, considering its applicability in the care of women in vulnerable situations. Basic, descriptive, and exploratory research with a qualitative approach was conducted. Through interviews with eight DMT professionals, their training, references, what characterizes the treatments, as well as the challenges and opportunities perceived by them were observed. The results indicate a plural formation due to the lack of curricular parameters and regulation, as well as the absence of a single protocol for follow-up or treatment. Furthermore, the need for research on the application of DMT in public projects for the care of women victims of violence is highlighted, aiming to offer more comprehensive and effective support.

KEYWORDS dance; DMT; women victims of violence; integrative practices.

RESUMO

Apresenta a Dança Movimento Terapia (DMT), uma prática psicoterapêutica inovadora por meio da dança que, apesar de possuir uma comunidade profissional reduzida no Brasil, tem despertado interesse crescente. Este estudo discute o que caracteriza tal abordagem, a formação profissional e a estrutura dos atendimentos, considerando sua aplicabilidade no atendimento de mulheres em situação de vulnerabilidade. Foi realizada uma pesquisa básica, descritiva e exploratória, com abordagem qualitativa. A partir de entrevista com oito profissionais de DMT, observou-se sua formação, suas referências, o que caracteriza os atendimentos, assim como os desafios e as oportunidades por eles percebidos. Os resultados apontam uma formação plural, resultado da ausência de parâmetros curriculares e de regulamentação, assim como destacam a ausência de um protocolo único de acompanhamento ou atendimento. Além disso, aponta-se a necessidade de pesquisas para aplicação da DMT em projetos públicos de atendimento a mulheres vítimas de violência, visando oferecer um suporte mais abrangente e eficaz.

PALAVRAS-CHAVE dança; DMT; mulheres vítimas de violência; práticas integrativas.

Dance Movement Therapy (DMT): an analysis of its application in care of women in vulnerable situations

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Introduction

In 2017, Ordinance N°. 849 of the Ministry of Health incorporated biodance and circular dance into the National Policy of Integrative and Complementary Practices (PNPIC) of the Unified Health System (SUS), considering that these practices were already offered by federal entities. Some therapeutic practices through dance, such as Dance Movement Therapy (DMT), were not incorporated into public health because states and municipalities do not yet apply them. Nevertheless, national and international DMT professionals have been striving for the recognition of the area as a scientific discipline, whose results can benefit individuals with a variety of health needs, including mental disorders, traumas, and emotional challenges.

DMT is presented by its practitioners as an evidence-based⁵ body psychotherapy (MEEKUMS, 2002; CRUZ, 2016). It is based on research showing that artistic expression through dance can support therapeutic practices (PAYNE, 1992; FARAH, 2016; BRITO; GERMANO; SEVERO JUNIOR, 2021). The growing number of scientific investigations into this therapeutic practice through dance (KOCK *et al.*, 2019) indicates increased interest in its scientific validation. This study analyzes the initiatives of Brazilian DMT professionals to consolidate the area as a line of scientific research and evidence-based therapeutic practice through interviews with Brazilian DMT professionals.

This investigation is part of a research project on strategies and practices for welcoming women in vulnerable situations, especially victims of violence⁶. Thus, it investigates DMT as a valid procedure to support these women while presenting the efforts of professionals to consolidate this field of action. The article discusses

⁵ Referring to Evidence-Based Practice (EBP), which is a methodological approach used in various fields, especially in health and education, that integrates the best available scientific evidence with clinical/professional experience and the values and preferences of the client/patient (EBBELL *et al.*, 2017).

⁶ The research project "Studies for the implementation of an integrated system of digital and informational inclusion for women in situations of vulnerability" is developed by the Brazilian Institute of Information in Science and Technology (Ibict). Among other multidisciplinary endeavors, these researches analyze methodologies of care in the fields of Physiotherapy, Medicine, Psychology and Dance.

health care practices in attending to women victims of violence, DMT as a therapeutic practice, and, based on the interviews, discusses professional training, treatment structure, and the challenges and opportunities faced by professionals in applying DMT.

Violence Against Women and Integrative Health Care Practices

Violence against women is a complex problem that has occurred since the dawn of civilizations due to erroneous conceptions of gender superiority (biological and social). For centuries, it was considered that women's primary functions were reproduction, breastfeeding, and raising children. This type of social construction persists today in sexist societies that reproduce outdated hierarchies in labor and family relations. Such conceptions lead to psychological and physical violence (PINAFI, 2007; BARONI; CABRAL; CARVALHO, 2020).

By a definition of the United Nations (UN), violence against women is a form of human rights violation. Brazil is a signatory to all international treaties that aim to reduce and combat gender violence. According to the National Council of Justice, violence against women is considered any conduct, action, or omission of discrimination, aggression, or coercion, caused by the simple fact that the victim is a woman and that causes damage, death, embarrassment, limitation, physical, sexual, moral, psychological, social, political, or economic suffering or patrimonial loss.

Psychological violence consists of any action or omission that causes damage to the victim's self-esteem or development (GADONI-COSTA; ZUCATTI; DELL'AGLIO, 2011). It is difficult to identify and is characterized by humiliation, threats, blackmail, discrimination, deprivation of freedom, and criticism of sexual performance. Additionally, it can also lead to social isolation through distancing from friends and family and even preventing the victim from accessing their own money. This type of violence implies

serious consequences such as illness and, in the most severe cases, suicide (BRASIL, 2001).

Physical violence rarely occurs without the presence of psychological violence, considering that the latter is part of all forms of intrafamilial violence (SILVA *et al.*, 2007). Domestic violence occurs in the private sphere, practiced by a family member who has an emotional relationship or lives with the victim, including psychological, physical, and sexual violence, as well as neglect and abandonment (GADONI-COSTA; ZUCATTI; DELL'AGLIO, 2011).

Some clinical syndromes characteristics such as depression, anxiety, and phobic symptoms are found in abused women, as well as post-traumatic stress disorder and obsessive-compulsive disorder (ADEODATO *et al.*, 2005; ROVINSKI, 2004). Moreover, violence causes a state of vulnerability and fragility, whose negative effects are permanent on the woman's self-esteem and self-image, causing insecurity about her own value and reducing her ability to protect herself. This leads to victimization as a natural condition for women (MENEGHEL; HENNINGTON, 2007).

In Brazilian legislation, various forms of violence against women are provided for, whether in family, labor, or power structures. Article 7 of the Maria da Penha Law (Nº. 11.340/2006) recognizes various forms of violence against women, grouped into: Physical, Psychological, Sexual, Patrimonial, and Moral Violence (BRASIL, 2006). Beyond the Maria da Penha Law, the National Policy for Confronting Violence Against Women (BRASIL, 2023) seeks to support women in situations of violence through the integration of actions from various sectors such as health, public security, justice, education, and social assistance (SOUZA; REZENDE, 2018).

However, despite national efforts, according to the Brazilian Public Security Forum (FBSP), cases of violence against women have increased over the years. Most of these acts of violence are committed within their own homes by their partners or boyfriends (SILVA; PAULA; MACENA, 2022). In 2020, around 17 million women suffered some form of physical, psychological, or sexual violence in the country (FBSP, 2021). The fact that these numbers are even higher is alarming.

Despite the increasing number of reported cases of violence against women each year, studies show that such violence is still underreported due to fear, shame, feelings of helplessness, or lack of trust in institutions (AQUINO, 2021; SILVA; PAULA; MACENA, 2022). The result is deep marks and traumas left on the woman, ranging from physical injuries of all kinds to emotional damages such as depression, anxiety, low self-esteem, insecurity, psychosomatic illnesses etc.

According to the World Report on Violence and Health (KRUG *et al.*, 2002), women who are victims of violence manifest a higher risk of poor health in the future. This is associated with reproductive health damage due to difficulty preventing unwanted pregnancies or diseases, physical health damage due to psychosomatic illnesses, injuries, and eventually, death, and psychological health with higher rates of depression, anxiety, phobias, suicide attempts, and suicide. Moreover, exposure to violence increases the likelihood of women developing psychological disorders such as post-traumatic stress disorder, mood disorders, or substance use disorders (FONSECA; RIBEIRO; LEAL, 2012).

Dance Movement Therapy (DMT)

Throughout history, humans have embraced dance as a form of expression and gestural possibilities to develop artistic-creative ways to reinterpret their context and identity. This expressive dance, advocated by dancers like François Delsarte and Rudolf Laban, has produced results in all areas, presenting new therapy possibilities to address both physical and mental health (PAYNE, 1992; FARAH, 2016).

Numerous investigations, covering the domains of artistic expression and physical, mental, and emotional well-being, advocate the use of movement and dance as a valuable therapeutic modality (FUX, 1983; VIANNA, 1998; BERGER, 2012). The application of dance and movement as a form of therapy is theoretically and practically based on the psychology of human growth and development, research on non-verbal communication,

recent neuroscience discoveries, creative processes, and various systems of movement analysis and observation (PAYNE, 1992; FARAH, 2016; BRITO; GERMANO; SEVERO JUNIOR, 2021).

In this sense, various studies have advocated the potential of dance to alleviate and/or treat individuals experiencing psychological and emotional suffering due to already diagnosed benefits such as: strengthening self-esteem, reducing anxiety (promoting concentration and expanding awareness of the present moment), rescuing the ability to express oneself and be spontaneous, stimulating creativity, and breaking repetitive and automatic patterns, promoting behavior changes. According to Miriam Roskin Berger, one of the first students of Marian Chace,

from the original focus on work with severely disturbed psychiatric patients, our scope has now expanded to include special education, developmental disabilities, family therapy, eating disorders, substance abuse, geriatric populations, trauma, victims of war, violence prevention, aid in natural disasters, child prostitution, business venues, physical disability, medical conditions, community building (BERGER, 2012, p. 14-15).

In Brazil, after the publication of Ordinance No. 849, dated March 27, 2017, the Ministry of Health incorporated dance practices into the structure of the Unified Health System (SUS), enhancing the services available to meet the population's needs. The practice of DMT in the context of body psychotherapy has gained prominence due to the growing demand for evidence-based therapeutic approaches. The need to scientifically verify the effectiveness of DMT in treating psychosomatic illnesses and other emotional disorders has become a priority (KOCH *et al.*, 2019).

In recent years, the demand for scientific evidence on the effectiveness of DMT has intensified. Research in this field has become a crucial partner for the evolution and validation of the approach. Cruz (2016) highlights the contributions of researchers who have committed to rigorous studies to establish the effectiveness of DMT. Since the early days of the discipline, these professionals have adopted an experimental, observational, and reflective approach. According to Meekums (2002), DMT differs

from Therapeutic Dance (Dance Therapy, Dance Therapeutics, or another variation) because the latter is a practice that can be carried out by individual dance teachers who are not trained as therapists.

The various dances included in the repertoire of Therapeutic Dances can aid the creative process, stimulating new forms of treatment (Meekums, 2002). Such treatments are easily implemented by DMT professionals because the fields interact. However, Meekums, Koch *et al.*, and Payne emphasize that DMT is based on studies and scientific evidence. According to the analysis conducted by Koch *et al.* in 2019, there has been a notable increase in research related to DMT from 1996 to 2018. These studies show that DMT can be an effective form of treatment for a variety of problems.

DMT seeks to bridge a gap by combining body expression and movement as therapeutic tools. Through scientific studies, such as controlled clinical trials, longitudinal research, and case analyses, the effectiveness of DMT in treating psychosomatic illnesses is being systematically investigated. This evidence-based approach not only validates the practice but also allows the formulation of more precise guidelines and protocols for treatment (KOCH *et al.*, 2019).

The confluence between the artistic creativity inherent in DMT and scientific research represents an important milestone. By combining intuition and innovation with scientific validation, DMT is gradually solidifying its position as a therapeutic tool. The quest for evidence not only benefits the approach itself but also responds to the growing demand for differentiated and validated therapeutic options in treating psychosomatic disorders. In other words, over the years, DMT has undergone significant transformations, moving towards an evidence-based practice. The collaboration between professionals, researchers, and practitioners has the potential to provide solid scientific validation, consolidating DMT as a reliable and effective therapeutic option for a variety of emotional and psychosomatic conditions.

It is interesting to highlight here the distinctions and proximities. While DMT seeks to pursue evidence and follow a treatment protocol, other practices seek group and/or spiritual

integration. It is observed that all approaches value movement and body expression as means of communication, self-expression, and personal transformation. Meekums (2002) differentiates DMT from dance therapy, noting that both involve an artist as a facilitator, but DMT sessions are more structured and have stricter boundaries, including start and end times.

According to Meekums (2002), DMT is based on the belief that movement can be used to access the unconscious and promote emotional integration. It is usually performed in a group, with a facilitator guiding participants through movement exercises. The movement exercises can be simple or complex and can be adapted to the individual needs of the participants. Dance therapy, on the other hand, is a broader form of therapy that may use movement but can also use other forms of artistic expression such as painting, music, or writing. Dance therapy is not as structured as DMT and can be performed in a group or individually.

Despite the differences between DMT and dance therapy, both modalities can be effective in treating a variety of problems. DMT is especially useful for people struggling with emotional issues such as depression, anxiety, and grief. Dance therapy, on the other hand, can be beneficial for people struggling with physical issues such as chronic pain, balance, and coordination problems.

It investigates DMT and the initiatives of Brazilian professionals for its consolidation in the country, as well as the supposed benefits of the practice for attending and welcoming women victims of violence. Besides reviewing the published literature, the analysis is empirically supported by data collected through semi-structured interviews. This technique favors dialogical aspects in interaction (MANZINI, 2004), allowing at the same time the freedom of expression of the interviewee and the maintenance of focus by the interviewer (GIL, 2010).

The recruitment of interviewees was done through contact with Brazilian DMT professionals via email and WhatsApp. A document presenting the research and its objectives was sent to DMT groups in the country, inviting them to participate in the interviews. The criteria used for inclusion in the group were: a) professionals from diverse fields with training in DMT; b) those who

voluntarily agreed to participate in the study; and c) those who signed the Free and Informed Consent Form (ICF). A total of eight interviewees were mobilized. It is worth noting that the universe of DMT professionals in Brazil is not known, but the number of participating professionals is significant as it allows understanding the movements of the area as well as the characteristics of DMT.

The resource used in this research is the interview, through a semi-structured script, which favors a social interaction that values the use of words, signs, and symbols present in human interactions, through which social actors construct and seek to make sense of the reality they are inserted in. One of the advantages of using the interview from the perspective of qualitative research is to favor the intersubjective relationship between the interviewer and the interviewee, and through the established verbal and non-verbal exchanges in this interaction, enable a better understanding of the meanings, values, and opinions of these social actors in relation to personal situations and experiences (FRASER; GONDIM, 2004).

Results

For the interviewees, DMT is a body psychotherapy capable of integrating creative and body movement processes. Unlike creative therapies such as art therapy and music therapy, DMT does not use other instruments besides the body itself. It is a psychotherapeutic practice of movement, distinguishing itself from psychotherapy approaches by emphasizing body expression and non-verbal communication, as well as its somatic perspective of mind-body integration. It also stands out for its possible application in group settings, as well as in the various possibilities of treatment for different audiences, who would have a safe space for movement in it.

Thus, according to these professionals, DMT uses movement and body awareness as therapeutic tools that allow dealing with emotional and psychological issues in an approach rooted in the patient's/mover's body and experience. Although based on the creative process of dance, it is not tied to movement

dogmas and is available to "non-dancers." By its nature, it would be a profound form of self-care and therapeutic treatment.

It is worth pointing out, therefore, the existence of a discourse by the category about DMT and its specific characteristics. However, it is worth investigating how this discourse manifests itself in field practices. In this sense, the following presents issues related to professional training, the therapeutic approach itself, as well as challenges and opportunities for the DMT therapist.

Professional Training

Table 1 organizes the training areas of the interviewed DMT professionals. "Each dance therapist has a background" (Interview 5). The lack of regulation of DMT implies diverse professional training. From the interviews, it is possible to infer that the practice of DMT is influenced by each professional's academic trajectory, as well as the type and place of training. Among the psychologists interviewed, for example, dance practice is inserted in the context of psychotherapy during consultations. Professionals with other training adopt different treatment practices.

Table 1 - Training of interviewed DMT professionals

ID	Undergraduate Degree	Postgraduate Degree	DMT Training	DMT Training Location	DMT Experience
1	Physiotherapy	Master's in Integrated Health Care	Free course	Cefid (SP)	15 years
2	Psychology	Specialization	2 year specialization	Universidad CAECE (Argentina)	2 years
3	Psychology	Specialist in Psychomotricity	Master's in Dance Movement Therapy	Universidad Autónoma de Barcelona	12 years
4	Advertising	MBA in Marketing	Free course	Cefid (SP)	9 years
5	Administration	Specialization in Human Resources	Master's in Dance	Universidad Autónoma de Barcelona	11 years

ID	Undergraduate Degree	Postgraduate Degree	DMT Training	DMT Training Location	DMT Experience
			Movement Therapy		
6	Pedagogy	-	DMT Training	Campus Naturalis (Germany)	15 years
7	Psychology	Specialist in Gestalt Therapy Master's in Family Violence	Specialization	Escuela de Formación DANZACUERPO (Argentina)	11 años
8	Engineering	-	Specialization	India	3 años

Source: the authors (2023).

It is also worth noting that DMT is not solely a subsidiary of its American origin, as other references and proposals have influenced its practice in Brazil. From the interviews, we were able to identify other references that influence DMT professionals working in Brazil (Table 2).

Table 2 – References of interviewed DMT professionals

País	Profissional/ Pesquisador	Área
<i>Argentina</i>	Diana Fischman	DMT
	Elena Cerruto	DMT
	Maralia Reza	DMT
	María Fux	Dance
	Silvina Cané	DMT
<i>Germany</i>	Sabinni Koch	DMT
<i>Brazil</i>	Clarissa Machado	DMT
	Isabel Ribeiro	DMT
<i>Slovakia</i>	Rudolf Laban	Dance
<i>United States</i>	Arthur Robins	Art therapist
	Janet Adler	Authentic Movement
	Irmgard Bartenieff	Dance
	Marian Chace	DMT
	Mary Whitehouse	Authentic Movement
	Patrizia Pallaro	Authentic Movement and DMT
	Valerie Blanc	DMT
<i>Poland</i>	Judith Kestenberg	Psychiatry
<i>United Kingdom</i>	Bonnie Meekums	DMT
	Vassiliki (Vicky) Karkou	DMT

Source: the authors (2023).

One of the major challenges of DMT presented by the interviewees is the lack of regulation of the profession and training courses. In Brazil, the training takes the form of free courses since there is no minimum curriculum established by the Ministry of Education, nor registration of such courses. From the interviews, it was possible to identify a movement among DMT professionals seeking regulation of the area, whether through academic production or the creation of specific associations. However, the small number of professionals hinders these efforts. "We are still very small... So what have I been doing? Promoting network actions. [...] What we are doing today, politically, is trying to insert DMT in as many institutions as possible," explains an interviewee.

It is important to note that DMT associations abroad have minimum training parameters. For instance, the European Association of Dance Movement Therapy (EADMT) proposes a course with a minimum duration of 2 years, involving an internship, supervision, personal therapy, evaluation, and a final course project. In Brazil, however, this is a distant reality due to the small number of professionals and their distinct practices and training. Making DMT known precedes actions for its regulation.

The interviews agree, however, that the professional needs to have some relationship with dance, even to intervene in situations where the movement of the people being attended to is stagnant. Training that includes some form of psychotherapy is also important to ensure proper care for the mover.

Treatment

"The dance therapist acts as a facilitator, using resonance to feel and understand the patient's experiences. They do not interpret the movement but use their own bodily experience to connect with the patient" (Interviewee 3). According to the interviewees, DMT stands out as a non-verbal psychotherapy that operates from the body, with some flexibility in session structure. Furthermore, the

somatic approach, promotion of creativity and improvisation, as well as the primacy of movement are emphasized. It is noted, however, that there is no parameter for DMT treatment, as each professional adopts a session structure. Some work in groups, others individually; some integrate the practice into traditional psychotherapy sessions, while others do not. Table 3 summarizes the interviewees' responses on session structure:

Table 3 – Strategies for applying DMT

Tools	Observation of movement, verbal feedback from movers, reports, instruments to stimulate movements.
Follow-up of movers	There is no single protocol for following movers. However, the interviews highlight movement observation, especially the one proposed by Laban (space in the kinesphere, use of movement planes, and movement analysis), mover feedback, development of notes, and even reproduction of movement through drawings. Interventions by the DMT professional if the session becomes too verbal or the movement is stagnant. Preliminary anamnesis, sharing of what was experienced in the session, report with emotional aspects and physical experiences of the mover, analysis of group relationships, and self-assessment.
Concepts	Movement analysis, laterality, space in the kinesphere, use of movement planes (Laban), resonance, kinesthetic empathy, mirroring, authentic movement*, body awareness,
Instruments	Scarves (lightness), elastics (flexibility and perception of barriers), drums (non-verbal communication), balls (identification of places and people), colored ribbons (flexibility, "something upward"), yoga ball (weight).
Adaptations to movers	In the case of online sessions, requesting verbal feedback and adjusting the camera to capture the entire body. Developing bonds and trust with the mover. For children, playful activities can aid development. In the case of women victims of violence, exploring the body and movement is encouraged. Focuses on personalization to meet each individual's demands.

Source: the authors (2023).

Challenges and Opportunities

The community of DMT professionals in Brazil is very small, and the practice is not widely disseminated in the country. Thus, even associating is difficult, considering the small number of therapists. Consolidating DMT in the Brazilian job market and academia is a task to be faced, as pointed out by the interviews. Additionally, professionals report prejudice against the practice and people's difficulty using their bodies to dance, often out of shame.

DMT is still avoided by men, as reported by the interviewed professionals.

Regulation is another challenge since it depends on greater prestige for the profession and political movement to regulate both practice and training. The small number of therapists and their diverse curricula indicate the need for parameters that consider an interdisciplinary approach but with solid training in psychotherapies. In addressing these challenges, DMT professionals have developed network actions, held congresses, and also seek to insert their practice in public and private institutions.

While challenges grow, there is also greater interest in academic research on DMT. Additionally, social projects and social assistance are emerging as service areas, and gradually, dance is being perceived as an element of the psychotherapeutic process in the country. The interviewees also observe space for greater integration with psychology and research areas, such as neuroscience.

Considerations

In a context of adopting integrative health practices in the SUS, DMT professionals seek to expand the knowledge of the practice in the country and strengthen their network activity. This therapeutic practice seeks the integration between body and mind, highlighting the non-verbal and movement. In Brazil, the DMT professional community is small, which hinders its effort for regulation and adoption of such therapeutic practices in health care.

In this text, integrative health care practices and the treatment of women in situations of violence were discussed. The therapeutic use of dance was also addressed, focusing on the origin and proposals of DMT. Finally, the Brazilian scenario was addressed, based on interviews with professionals in the area. A distinct formation and the interdisciplinary nature of DMT were observed, as well as initiatives for its standardization and regulation. The principles of treatment in this therapeutic approach, as well as

the challenges and opportunities perceived by professionals, were also discussed.

Finally, it is emphasized that the application of integrative health care practices in the context of attending to women victims of violence requires research that points out the efficiency and effectiveness of such therapies. In the case of DMT, the lack of regulation, different training and practices draw attention, as they hinder the application of such therapy in public policies for women's care. Therefore, future research should identify the applicability of such practices in this context, even for the development of specific protocols.

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