

Dancing in the Asylum
The changing view of ‘dance therapy’ from 1850 to 1910

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Abstract

From the “visits to Bedlam” recounted in Shakespeare’s plays, to the “Friday concerts” at the Powick Asylum (conducted by a young Edward Elgar) the public attendance to observe the ‘dancing’ of asylum inmates has been frequently recorded. As a location for dance outside of the opera house, the asylum, along with such performances, raises interesting questions about the nature of dance as both participatory activity and public spectacle. At the same time its increasing use as a therapeutic tool touches upon the pedagogic aspect and the important role that dance can play in fostering social as well as mental well-being.

Starting with the well-documented material from Powick, the proposed paper will investigate the role that ‘dance in the asylum’ played as both public spectacle and therapeutic tool in the second half of the 19th century.

Introduction

In 1879 a young Edward Elgar – he was just 22 -- was appointed as Bandmaster to the Worcester City and County Pauper and Lunatic Asylum, generally now known as the Powick Asylum. This was his first professional engagement as a musician and he held the post for nearly 5 years. Much is known about the music he wrote for the asylum band (which was made up of musicians from among the hospital staff, augmented by a number of local professionals). The part books for the band

have been preserved in the collections of the Elgar Museum in Worcestershire and have been transcribed and published by the Elgar Society as part of the composers ‘complete works’.¹

Far less is known, however, about the context in which they were intended to be used. The music consists primarily of dance compositions: quadrilles, polkas, minuets, etc. It was not primarily intended as music for listening to (though no doubt it may have partly served that function) but for dancing. The clear aim of the administrators of the hospital was that the Friday ‘concerts’ were provided as opportunities for the patients to dance – though no doubt the less mobile might be allowed to just listen. In other words, the project was part of a considered programme of dance therapy – not music therapy.

In the past few years, music therapy has been given a considerable airing as a means of improving mental well-being. While the general benefits of listening to music are not in question, the efficacy in measurable terms is more difficult to ascertain. The value of dance as therapy has more recently become a subject of considerable interest although its historical background has largely been neglected. Nor do the relative benefits of music versus dance therapy appear to have been addressed in any serious or methodical way.

Taking as a starting point the use of dance therapy at Powick Asylum (to the music of Elgar) we trace the extent to which this novel approach to treating patients with mental illness was followed in the period from 1850 up

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until the outbreak of the First World War. The practices at Powick asylum were not unique and dance has often been associated with asylums, from the public spectacle of watching the cavorting inmates of Bedlam to the sad incarceration of Nijinsky, who spent thirty years in and out of such institutions (though few accounts appear to exist of any of his non-public dance performances). In this way we would hope to shed some light on the history of this long-neglected subject – which, with an aging and dementia-prone population, is likely to become more to the forefront in the future.



Fig.1 Inmates and observers at Bedlam in the 18thC (after Hogarth)

The building of Victorian asylums

For much of the 19th century and for centuries earlier, wealthy families would generally place their lunatic relatives into privately funded asylums. Poorer class lunatics were confined to workhouses or treated as criminals and incarcerated in prisons. Following the County Asylums Act of 1808, however, justices of the peace were encouraged to build county lunatic asylums to house any pauper lunatics in their county and after the 1845 Act, this became compulsory.

The result of these Acts was the creation of the many new buildings dedicated to the care (in

one form or another) of 'pauper lunatics'. These buildings were often on a grand scale, designed to house over a thousand inmates, and often equipped with large function rooms which might serve as dance halls or music recital rooms. Examples are Colney Hatch (North London) founded 1849 and Powick (Worcester) founded 1847. Normansfield asylum in West London, founded in 1868, was a privately funded institution for the care of mentally disabled children of well-to-do families.



Fig.2 The main building of the former Colney Hatch asylum

The 1890 Lunacy Act gave the 'pauper lunatic' asylums a wider role, and patients with means began to be admitted. This led to another round of grand-scale building. At its peak, Colney Hatch was home to over two thousand inmates

With changes in the way in which psychiatric patients were treated, many of these buildings were closed as asylums by the 1970s, though a number (including Colney Hatch) still remain standing -- now converted into up-market apartments. Colney itself finally closed as an asylum in 1993, and is now converted to luxury residential apartments under the name of Princess Park Manor.

Elgar and the Powick years

Throughout the period that Elgar was bandmaster at Powick he composed dance music for the band to perform at regular Friday 'concerts'. This output consisted of seven sets of quadrilles (each of 5 parts), five polkas and one 'menuetto' [see Table1]. By far the major part of his output, therefore, was in the form of quadrilles. This raises some interesting questions for by the 1880s the quadrille as a social dance and as a vehicle for composition

was well in decline. [Figs 3&4 show the rise and decline of the quadrille as measured by newspaper references or dance publications]. Why would a young composer adopt this old-fashioned form for his first exploits into composition? And if the music was simply to be used as dance accompaniment for the patients, why did he not simply draw on the innumerable quadrilles already published (in the form of piano transcriptions that were readily available from every good music store?

Table 1 – A Summary of Elgar's music composed for the Powick Asylum band

Date of composition (on score/parts)	Title (type of work/key) Instrumentation
21 Dec 1878 (MS ¹)	Menuetto in B ^b Fl, Cl; Cnt.I,II, Euph (B ^b), Bomb (E ^b); Vio.I,II, Bass; Pno
undated sketch	A Singing Quadrille: 1 in D; 2 in D; 3 in G; 4 in G; 5 in G; Fl, Cl; Cnt.I,II, Euph (A), Bomb (E ^b); Vio.I,II, Vla, Bass
19 May 1879 (Pno.)	Die junge Kokette (5 quadrilles or Caledonians: 1 in C; 2 in G; 3 in D; 4 in G; 5 in C) Picc, Fl, Cl (C); Cnt.I,II (A); Vio.I,II, Bassi; Pno
11 Sept 1879 (Pno.)	L'Assomoir (5 quadrilles: 1 in C; 2 in A; 3 in A; 4 in D; 5 in C) Fl, Cl (C and A); Cnt.I,II (A), Euph (A); Vio.I,II, Bassi; Pno
21 Sept 1879 (sketch score; undated parts)	La Brunette (5 quadrilles: 1 in F; 2 in B ^b ; 3 in B ^b ; 4 in B ^b ; 5 in F) Picc, Fl, Cl (B ^b); Cnt.I,II (B ^b), Euph (B ^b); Vio.I,II, Bassi; Pno
14 Feb 1880 (most parts inc. Pno.)	The Valentine (5 lancers: 1 in G; 2 in D; 3 in G; 4 in D; 5 in G) Picc, Fl, Cl (C); Cnt.I,II (A), Euph (A); Vio.I,II, Bassi; Pno
30 May 1880 (most parts inc. Pno.)	Maud (polka in G) Picc, Cl (C); Cnt.I,II (A), Euph (A); Vio.I,II, Bassi; Pno
July 1880	Untitled (5 quadrilles) Cl part only
17 Oct 1880 (Pno.)	Paris (5 quadrilles: 1 in C – Chatelet; 2 in G – L'Hippodrome; 3 in C – Alcazar d'été; 4 in C – (La! Suzanne!); 5 in D – Cafe des ambassadeurs)
Oct 1880 (most parts) 25 Oct 1880 (Vio.I, Bassi)	Picc, Fl, Cl (A); 2 Cnt (A), Euph (A); Vio.I,II, Bassi; Pno
Oct 1881 (most parts inc. Pno.)	Nelly (polka in F) Picc, Fl, Cl (B ^b); Cnt.I,II (B ^b), Euph (B ^b); Vio.I,II, Bassi; Bass Brass; Pno
15 Oct 1882 (Pno.)	La Blonde (polka in C) Picc, Cl (B ^b); Cnt.I,II (A), Tbn; Vio.I,II, Bassi; Pno
7 Oct 1883 (Pno.)	Helcia (polka in D) Picc, Cl (A); Cnt.I,II (A); Vio.I,II, Bassi; Bass Brass; Pno
22 May 1884 (some parts inc. Pno.)	Blumine (polka in G) Fl, Cl (A); Cnt.I,II (A); Vio.I,II, Bassi; Pno

¹ source also contains sketches of versions for Fl. and string quartet with wind quintet cues, and for wind quintet

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Well before the 1880s the quadrille as a dance form had more or less settled into a few very standard patterns. Although the craze for quadrille dancing had only started at Almack's Dance Hall in London in 1817, it had already by the 1830s coalesced into just three basic forms: 'First Set', 'The Lancers' and 'Caledonians'. Variations might be included within these basic forms, but these were the dances that everyone would be expected to know. The accompanying music, on the other hand, was continually changing with each new dancing season.

By the time Elgar was appointed in 1879, the practice of using dance – and particularly quadrilles – as a form of patient therapy had been going on for some twenty years or so. It is conceivable therefore that the Powick band had already run out of repertoire and had become bored. By the 1880s, the quadrille was in decline and fewer were being published. It may therefore have been the case that if the patients – or their 'therapists' -- demanded more quadrilles then Elgar would have to write them himself. This in turn raises the question: What is it about the quadrille that lends itself to this form of therapeutic use?

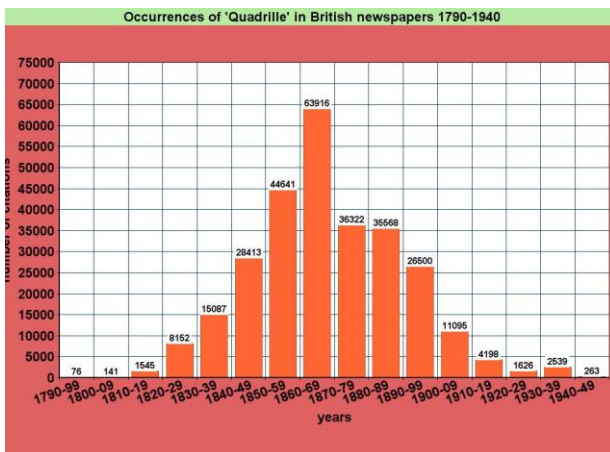


Fig.3 Graph showing rise and fall of the quadrille as measured by occurrence in newspapers

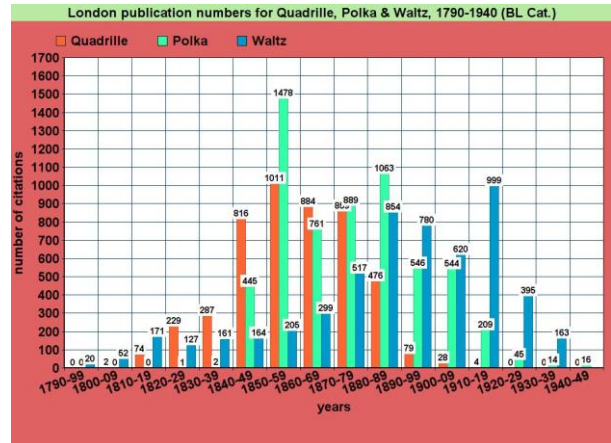


Fig.4 Graph showing the relative popularity of quadrille, polka and waltz as indicated by music publications in each genre

Dancing in the Asylum -- Other examples.

Powick was not the only asylum where an enlightened management endeavored to encourage participatory dance as a form of therapy for the patients. Bristol Lunatic Asylum (which later became Glenside Hospital) took leisure activities for patients seriously. Each week they had a concert which most of the patients attended. And there was the annual ball to which visitors including the local press were invited, the quote below being from the Bristol Mercury, February 4th 1871.

'The annual ball given for the delectation of the unfortunate inmates of the Bristol Lunatic Asylum took place on Thursday. The male inmates have formed a brass band and their performance excited and astonished the visitors including many members of the Visiting Committee. Of the 243 inmates 170 took part in the activities and there was not a single instance in which it was found necessary to withdraw a patient..... Amongst the inmates we have often noticed were Green, the scripture reader, who wishes to advertise for a solicitor to recover for him a bequest of £1000, Tustin the inventor who, after patenting inventions which brought him too much money for his brain to stand, was obliged to seek the aid of the asylum, Bibby

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the jester, Lingard the graceful dancer and the lady with the dolls..... the singing, the music and the dancing were entered into with the greatest spirit and the festival was never more thoroughly enjoyed.'



Fig.5 Dancing quadrilles (?) at Colney Hatch Asylum (near London)



Fig.6 Dancing at the Somerset County Asylum

In the two illustrations of Asylum balls, the participants do appear for the most part to be enjoying themselves. One illustration shows a ball at the Somerset County asylum and is a fairly small affair. The other illustration is of Colney Hatch, which was a very large asylum near London, and shows a large crowd of people.

These images are from the collection of the Glenside Hospital Museum in Bristol. Material in this extensive collection serves to illustrate the changes and development in the treatment and care of people with mental illness and other mental disabilities from 1850s to the late 20th century. The objects, images and historical material now in the museum have been collected from several institutions including Bristol's psychiatric hospital, which had a brief spell as the Beaufort War Hospital during the First World War.

Along with Powick and Bristol there were many other 'asylums' that looked after people with mental or learning disabilities. All were closed by the year 2000. For this reason, it is difficult now to determine just how many were involved in the use of dance as therapy, although the practice of running an annual ball for the benefit of patients (and the amusement of visitors?) does seem to have been widespread.

Another example where dancing appears to have been encouraged as a form of therapy was at the Normansfield Asylum in Teddington, London. This institution was founded specifically for the care of Down's Syndrome children. It contained a very splendid theatre – which still remains in its original form today and is used for local groups and others for a variety of performances, including 'Regency' and 'Victorian' Balls. [Fig.7]



Fig.7 The theatre at Normansfield hospital

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What is unclear, however, is just what form this 'dance therapy' took. What kind of dances did they do? At Powick – at least during the tenure of Edward Elgar -- we can assume that the repertoire consisted largely of quadrilles. Was it the same in Bristol (Glenside) and Normansfield?

Pictorial representations give us some clue. For example, the illustration in Fig 8. shows female inmates dancing in Broadmore Asylum for the criminally insane. This dates from the Illustrated London News of 1867 and may possibly represent a quadrille or a polka (with same sex couples) but not a waltz. The band in the background is likely to have been composed of inmates and hospital staff, given that the presence of musically gifted inmates was not uncommon (see Fig.9)



Fig.8 Same sex couples dancing at Broadmore, 1867

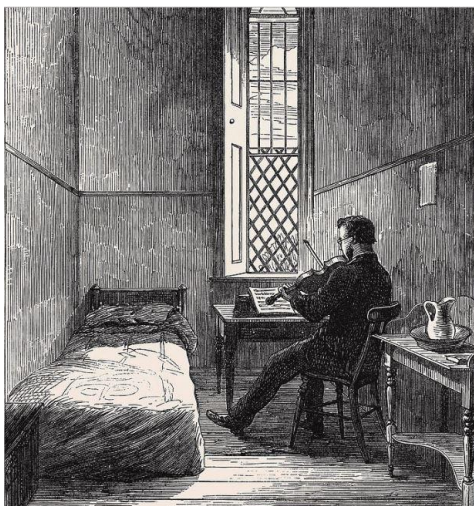


Fig.9 Fiddler inmate at Broadmore



Fig.10 Dance at Blackwell's Island lunatic asylum, New York, 1865

Dance as recreational therapy was also practiced at this time in many of the asylums in other parts of the world, including the United States and Australia [Fig.10]. Again, it is difficult to be certain just what kind of dance is being shown, although the US illustration may well be some kind of 'square dance' (derived, of course, from the quadrille).

Mixed sex 'close couple' dances, such as the waltz do not appear in these early illustrations. The later photograph shown in Fig.11 purports to show an outdoors dance for patients at the Monrose Royal Asylum.



Fig.11 Patients (?) dancing in the garden at the Monrose Royal Asylum, Scotland (late 19th century)²

The interpretation of these illustrations of dance at the asylum is clearly problematic. In the absence of detailed notes on the 'dance therapy' provided in such institutions we must fall back on the actual music provided – the band books, programme lists, visitors' accounts, etc.. In this respect Elgar's output at Powick may be our best guide to the dances: quadrilles, polkas and even, on occasion, a minuet. It is even more difficult to judge the effectiveness of 'dance therapy' in this context.

Dance as 'spectacle'

A useful way of categorizing dance forms is into the two classes of 'participatory' and 'presentational'. This follows the work of Thomas Turino in discussing the sociology of music.³ Social dance, for example, is generally 'participatory', whereas dance as a performance art is 'presentational'. This doesn't exclude the possibility of some overlap – an amateur or workshop performance of *Swan Lake*, for example, might well be regarded as essentially participatory, while professional displays of social dancing (as in *Strictly Come Dancing*, or similar TV programmes) are certainly presentational. The 'Lunatic Ball at the Asylum' is another example of a mixed form: for the inmates it may have been 'participatory' while for the spectators it was 'presentational'.

Before the 20th century and its supposedly more enlightened policies, lunatic balls were a well-regarded event. It would be wrong, however, to see them as a simple public amusement at the expense of the hapless patients – though no doubt there was an element of this – but rather they might be seen as a powerful way of shedding light on one important aspect of the human condition: the fragility of mind.

They could also be seen as a sort of public relations exercise in which the general public –

or the charitably minded visitors – could be shown how enlightened the policies and procedures of the hospital might be, with a view to persuading further charitable contributions.⁴ The interpretation of published illustrations showing dancing in the asylum is for this reason somewhat problematic. Do the illustrations show actual 'recreational therapy'? And if so, then exactly what kind of dance is being represented?⁵

Examples in which 'madness' takes the form of presentational entertainment also occur in the theatre, such as in *The Honest Whore* (by Thomas Dekker and Thomas Middleton) or the commedia dell'arte performances of Flaminio Scala's *La pazzia di Isabella* (The madness of Isabella). Also, in this same vein would be the long tradition of 'mad songs' by composers such as Henry Purcell.

Presentational Dance and Insanity

In the world of ballet we have numerous examples of the representation of insanity: *Giselle*, *The Red Shoes*, *Petrushka*, or the film *Black Swan*, being several obvious examples. A more recent example is the ballet *Cassandra* created by the young French choreographer Ludovic Ondiviela for the Royal Ballet.

In a different direction are the concerns expressed by a number of dance authorities over the mental health of professional dancers. The physical and mental pressures imposed upon those involved in the highest levels of performance are intense and it is unsurprising that many fail to cope. A recent Australian report on mental health issues within the dance profession is an example of such concern.⁶ A similar concern is frequently voiced by One Dance UK.⁷ Closer to the period of this study is the tragic case of Nijinsky, though to what extent his insanity was due to the pressures of his career as a dancer is perhaps debatable.

The Rise and Fall of Participatory Dance as Psychotherapy

The emergence of 'couple dancing' (waltz, polka, mazurka, schottische, etc.) led to a decline of 'formal set dancing' (branle, country dance, cotillon, quadrille, etc.). The form of social interaction in the couple dance is totally different from that in the set dance. This difference seems to have been little appreciated by those who today advocate 'dance' as 'therapy'. For example, the list of dance forms given out by the NHS includes only one example of a formal set dance, and that is Line Dancing. All the other styles listed are either couple dances or 'creative' group dances.



Fig.12 Couple dancing in a NY Asylum, 1920s

The problem that couple dancing created for asylums is neatly captured in the photograph above (Fig.12), showing a dance session at the New York State Asylum in the 1920s. Social contact through dancing was viewed as critical to psychiatric care. It also gave patients in the asylum something to look forward to - a way to express themselves physically in an otherwise restrained environment. However, to avoid unwanted disruption, only same sex partners were allowed to dance with each other leading to the adoption of the bizarre costumes shown in the picture: women dressed as men and men as women.

NHS List of 'approved' dances:

"Not sure which dance style you'd like to try?
Below is a quick guide to some popular dance styles taught in the UK."

- Modern jive**
- Street dance**
- Ballet**
- Contemporary dance**
- Line dancing**
- Salsa dancing**
- Ballroom dancing**
- Zumba**
- Flamenco dancing**
- Tap dancing**
- Bollywood dancing**
- Modern jazz dance**

Fig.13 Extract from an NHS brochure publicizing dance for health

The further disintegration of a 'social' element in current dance fashions is also noticeable in the 'clubbing' culture of today, in which even dancing with a partner is no longer obligatory, let alone as part of a choreographed group. The exception is Line Dance and part of the reason for its growing popularity may lie in the fact that it restores some of the group participatory element that characterized earlier dance forms.

The most extreme form of 'solo' dancing is probably represented by the current craze for 'silent disco' in which the individual dances alone (but within a group setting) while listening to the dance music through headphones.

Psychoanalysis and DMT

Prior to the First World War there was relatively little one could do with mental patients by way of rehabilitating them other than provide a safe haven, or 'asylum', within which they might work through their problems. Dance was seen as a 'leisure' activity and the form it took was largely based on the styles of dance that would have been current in the earlier part of the 19th century – quadrilles, country dance, etc. -- rather than the latest forms of couple dance – waltz, polka, schottische.

With the emergence of psychoanalysis, however, this all changes. The war itself brought in a new group of patients, with conditions that were quite different from those of earlier periods, as a result of their wartime experiences. The Glenside Hospital at this point changed its name to the Beaufort War Hospital, perhaps reflecting its change of function and the changing forms of therapy in which it engaged.

The psychoanalytic methods and theories of Carl Jung (1875--1961) were a significant influence on the development of a new form of therapy based on dance. This has now become known as Dance Movement Therapy (or DMT) and is perhaps the most widespread form of dance as therapy at the present time, particularly for mental illness.⁸

It is probably true to say, however, that DMT is the polar opposite of the quadrille as 'dance' or as 'therapy'. Jung detested what he considered the regimentation inherent in the dance forms of his day (such as the quadrille) and sought something that was more 'expressive' of his inner being. This combination of Jungian psychoanalysis and 'expressive' dance improvisation (such as that espoused by Isadora Duncan) caught on, particularly in the USA and largely under the influence of female practitioners. By the 1960s it had become a 'professionalized' organization, largely displacing the somewhat

haphazard and amateurish efforts of dance therapy that had preceded it.⁹

Despite its professionalization and widespread use, there is little convincing evidence of its effectiveness. The usual criteria for accepting therapies as 'effective' is their rating in the so-called 'Cochrane Reports', which evaluate all the available studies purporting to measure the effectiveness of a therapy, using strict criteria and well-defined methodologies. Unfortunately, there are too few well-designed evaluative studies of DMT for any positive overall evaluation to be made. The conclusions from one of the latest Cochrane reports on DMT and Depression reads:

*The low-quality evidence from three small trials with 147 participants does not allow any firm conclusions to be drawn regarding the effectiveness of DMT for depression. Larger trials of high methodological quality are needed to assess DMT for depression, with economic analyses and acceptability measures and for all age groups.*¹⁰



Fig.14 DMT class (NY State Dance Therapy Assoc.)

Images of DMT classes show the style to be largely based on some form of Modern Dance; that is, with rather free 'creative' movement. It may, in fact, be difficult to distinguish DMT from Modern Dance at all – only the skill level and context is changed, from a professional 'presentational' orientation to an amateur therapeutic one (though even the expected skill level, as shown in the illustration below, may seem unreasonably high for many participants!)



Fig.15 High skill levels portrayed in a DMT advertisement

Dance Movement Therapy or Psychotherapy is now taught at Masters degree level in a number of UK universities as well as by several other accrediting institutions. Better evaluation procedures are clearly needed if this level of investment is to be justified.

Whether the earlier forms of 'dance therapy' based on the 19th century 'participatory' social dance forms (such as the quadrille or 'country dance', rather than the 'couple dances' such as polka, waltz, etc.) would have fared any better is difficult to say. Until we find a way of replicating the experiences of dancing to Elgar's quadrilles in the communal setting of the Powick Asylum or Normansfield Theatre, it will be difficult to carry out a more 'scientific' comparative evaluation of the therapeutic value of what appear to be two diametrically opposed dance styles: DMT vs. Quadrille! One project that may lead to such a comparative evaluation is currently underway under the auspices of the US Army. Called the 'Soldier Project' it is involved in the experimental use of country dance and quadrille in a social setting as a means of ameliorating the problems faced by US Army personnel suffering from PTSD.

Conclusions

There is beginning to emerge an interest in using dance as a therapeutic tool for dealing with a number of mental health problems. While review studies have so far been unable to lend much credibility to current approaches (such as DMT) there are good reasons to be optimistic that 'dance' of one form or another may be a valuable tool for therapy for certain conditions (such as depression or memory loss).¹¹

In view of this interest, it seems appropriate to re-examine the role that dance played in the 19th century. What was the meaning of the 'lunatics ball' at the great asylums during the latter part of the 19th century – patient therapy or an exercise in public relations? And how exactly did they dance on these occasions? There would seem to be a good case to be made here for further research!

The old style mental hospitals – along with their great theatres or 'ballrooms' -- were all phased out by 2000, to be replaced by other forms of care.¹² No longer is it possible to conceive of twice-weekly classes of dance for perhaps a hundred patients at a time. Yet if dance is to be an effective therapy then some way of scaling up such a service in the modern context will need to be found.

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- ¹¹ UK Government Briefing Paper: Mental health statistics for England: prevalence, services and funding. 2018

¹² Taylor, Barbara. The demise of the asylum in late twentieth-century Britain: a personal history, *Transactions of the Royal Historical Society, Sixth Series*, Vol. 21 (2011), pp. 193-215

Images

Colney Hatch Ball (Welcome Collection)
Bristol Asylum Ball (Welcome Collection)
NY Asylum dance (Dr G Burns)
Normansfield Theatre
Elgar's output (Elgar Society)
Others: London Illustrated News

Additional Notes

Letter and Programme from Kent County Asylum

Under the provisions of the Asylums Act 1853, the Corporation of London was empowered by statute to provide an Asylum to house the insane of the City of London. Land was acquired at Stone, near Dartford, Kent, in 1859 and building of the Kent County Asylum began in July of the same year.

A letter regarding a book-keeping system and a programme for the Kent County Asylum included an instruction to create 'Weekly Dance and Entertainment' (Extracted from the back of CLA/001/G/01/026)

Colney Hatch

The asylum opened in 1851, the year of the Great Exhibition. People coming to London for the Exhibition were urged to visit, to admire the asylum's lovely grounds and elaborate Italianate frontage, to peer down its endless corridors (the main corridor was a third of a mile, the longest in Europe) and to witness at first hand the happy condition of its inmates, labouring peaceably in the communal farms, gardens and craft workshops.

A decade later, such visitors could, if they wished, attend a 'lunatic ball' (fifteen of these were held in 1868 alone, along with magic lantern exhibitions, concerts, lectures and plays) or the ever-popular summer fête. So idyllic did all this seem that it left more than one early visitor convinced that Colney Hatch was a model environment for the sane as well as the insane. The only anxiety was that patients enjoying a steady diet would not want to leave. [Barbara Taylor: Demise of the Asylum...]

Jung and DMT

Dance/movement therapy as an active imagination was created by C.G. Jung and Toni Wolff in 1916 and was practiced by Tina Keller-Jenny and other analysts, but remained largely unknown until the 1950s when it was rediscovered by Marian Chace and therapist Mary Whitehouse, who after studying with Martha Graham and Mary Wigman, became herself a dancer and dance teacher of modern dance, as well as Trudy Schoopin 1963, who is considered one of the founders of the dance/movement therapy in the States.

UK Universities offering DMT&P degree studies

Goldsmiths
Derby
Roehampton
Leeds
Central Lancashire
Edge Hill
Chichester

Dancing Well: The 'Soldier Project'

The Soldier Project was born when staff psychiatrist Edwin O. Walker invited

Deborah Deneffeld – a seasoned dancer, dance instructor, and dance caller – to the VA Healthcare Center at Fort Knox, Kentucky. When Walker noticed that one of his patients got his memory back after learning to play the guitar, he suspected it might be due to the combination of music and repetitive movement.

The style of dance used is 'American contra' – a dance form derived from English country dance, generally based on 'longways sets for many as will' or other forms of 'Playford dance'.

While regarded more as 'therapeutic social dance' rather than 'dance therapy', it appears to have been very effective in countering the effects of PTSD in returning army personnel. [More information can be found on the website: <http://www.dancingwell.org/>]

Mental health of dancers

"Dance is not just a physically demanding career; it also wreaks havoc on the mind and mental health. Dancers are perfectionists who spend long hours in front of floor-to-ceiling mirrors, criticising every aspect of their body and of their performance. Our training is replete with teachers who yell, ridicule, demand and pressure us to breaking point. We need to be thinner, better-looking, jump higher and rehearse longer. The arts attract creative, competitive and hard-working people who often work long hours and experience great stress coupled with eating disorders, substance and alcohol abuse, insomnia and sleep disorders. Sadly, despite all of this, 87% of performing artists earn less than the average Australian weekly earnings". [Rebecca Martin, *Dance Informa* (Australian Edition)]