

The Dance – Medicine and the Idea of Movement

2011-10-07 08:30:25

By

I have been conducting research on the experiences of women with mental illness in India in an effort to understand how everyday relationships shape medical practice and enliven the subjectivities clinical life makes possible. Like any ethnographer, I am interested in what people say. Ethnographic methods privilege speech: we seek narrative, memories, and a good interview; we hope to overhear juicy talk. However, in psychiatry wards talk can play ambivalent roles. It is highly routinized; it is put to different uses by doctors; it is unreliable; it is changeable.

And often in psychiatric settings things are simply very quiet.

For me, talk has become increasingly difficult to work with.

But movement is constant. Even if it is winter, the in-patient unit is cold, and people sleep through afternoons under heavy quilts, bodies are oriented to spatial and temporal (as well as chemical) arrangements. They gather in the courtyard, “eating sunshine” and waving away flies. They curve in concentration on the tiny movements – intentional? involuntary? – of fingers. They rise when called for a meal, or shake with fever or delusion.

They find routes through the way a day, or a room, is arranged. A woman I spent time with in the locked ward of a private clinic passed more and more time praying during the months of her confinement. She had never paid much attention to matters of faith, but now she cut a line across the concrete floor, running beads through her fingers, walking slowly because of ever-shifting drug regimes. Her stay involved isolation from those she loved. It was of uncertain duration – doctors were vague about not only her prognosis but about when she would be released while her family continued to pay for care. For them, prayer and pacing were symptoms, signs of “increased religiosity.” For her, they were habitations in which to locate longing and grief. For others they were a way to know the time of day.

In the government hospital, where patients from a wide range of backgrounds stayed for shorter spans of time, cared for on the ward by family members, I first encountered one young woman as she climbed

through an observation window, pursued by ward attendants. She was a troublemaker; this was part of what had brought her into the hospital. That week, the bathrooms in the unit were unusable. Women had to journey to another building to use the toilets and showers. It was desperately hot and the nurses who passed through the ward covered their noses with handkerchiefs. The ward attendants caught the young woman bathing in the men's bathroom and chased her upstairs. When I walked in, they were yelling from the doorway as she jumped through the opening, her hair wet and the damp bundle of yesterday's clothes in her arms.

Every Thursday night I visited a Sufi shrine near my house. There, women seeking relief from afflictions physical, social, and emotional said, after emerging from altered states, that they could not recall the movements they made or the words their mouths spoke in trance. During the "30-day course" prescribed by the healer, they arrived in the evening and settled into a posture from which they could give themselves over to the spirits. They moaned and swayed, swinging their loosened hair as the entities afflicting them were "grabbed" by the saint from his tomb. To me, their motions defied the norms of female composure. To the women, this was a strange observation.

In clinical spaces as in shrines, there was a danger of over-reading movement. As women in the locked ward picked stones from the rice to be served for lunch, did they think of themselves as like the dark pebbles – culled from what was good or useful – as their fingers moved through grains? I doubt it. What did it mean that I saw their action in this way?

Psychiatry brought me toward movement – thinking with and about motion as an idea. A new buzzword in anthropology, "movement" may point away from the power structures that regulate life and toward the mobilities, strategic and otherwise, that exceed those systems. But for me, this shift is important not only for what it signifies about liberatory turns in ways we think about power, but for what attention to tensile, cultivated and restless ways of being in the world bring to light about living with suffering.

Being attentive to movement made me question the limits of interpretation. It made me think about the ways lives and bodies can be impacted and impactful beyond their capacity to bear or communicate meaning. It caused me to ask how medicine can organize lives in ways other than by knowing bodies, assigning labels or regulating biologies. The accidental seemed to have as much consequence as the systematic. Women suffered and pushed against their suffering in the ways they filled, moved through, and skirted the edges of space, the ways they let time inhabit their bodies and pushed their bodies through time.

There are literal connections between movement and health, especially

where women, and ailments associated with them, are concerned. Movement has been both cure and pathology in relation to hysteria, crisis of movement par excellence. While Charcot's 19th century theatre of hysteria proved the universality of the disorder in the replicability of movement, for later hysterics, both rest cure and physical activity were prescribed for distresses of mind that manifested in disrupted movement – too much, too little, the wrong kind.

India has played a curious role in these conversations. For at least a century, hysteria has been rendered characteristically "Indian." In 1950, D.W. Abse, comparing Indian and British soldiers' manifestations of hysteria, noted the ailment's "remarkable" predominance in the subcontinent "over other forms of mental disorder," with crises of movement and sensibility more prevalent than depression ([1950:47](#)). Early 20th century Christian evangelists used the throes of spirit possession in Indian adepts to debate distinctions between divine habitation, demonic possession, and medical affliction ([Curtis 2011](#)). The dissociative disorders currently diagnosed by psychiatrists, resemble, in many Indian doctors' own words, "hysteria." They involve clenched teeth, sudden rigors, immobile limbs, unconsciousness, and "running away." They are, I am told, immediately recognizable to Indian doctors, who see them all the time, but not to Western-trained physicians for whom such patients are rare.

In medical settings movement can be meaningful in ways familiar to anthropologists – it can inscribe bodies with historically rich symbols, reproduce unspoken values, perform hierarchies, voice what is unspeakable, or generate aesthetics. But in the same spaces, the nature of movement may also suggest aspects of living for which interpretation is an inappropriate response, things that probe the inevitability of time and the curvatures of space, taking us to the heart of suffering's peculiar relationship to existence and obsolescence.

In looking for a language to make something of this dilemma, I found myself drawn toward the kinds of theorizing found in dance studies. Here was a way of writing that took for granted that pleasure and discipline could coincide, that existence is in question when bodies move, that subjects can disappear into the things they generate and that they can re-emerge in tensile places. Here was an approach to the body that did not necessarily lead to signification, but nonetheless accounted for the "marks" the body makes in space and time ([Franko 2004:118](#)).

Writing on early forms of choreographic notation, dance scholar André Lepecki observes that in Western dance "the presence of the body is always preceded, always prefaced by, always grounded on, an open field of absence" (2004:3). Together with the scholars contributing to his

edited volume [Of the Presence of the Body](#), he revisits Derrida's notion of the trace to explore the gaps between "body and text,... movement and language" (2004:124). In modern Western dance, he notes, presence is never entirely mapped onto the body – bodies may be absent to an existing dance, or absence may be part of their presence. At the heart of the tractable, then, is a dilemma of existence.

In movements in the wards – through windows and across floors – we might notice experimentation with presence, both the fact of presence and the *kind* of presence a person might have. For the women I encountered in my fieldwork, especially those confined to in-patient units and in varying states of distress and disorientation, life seemed to hinge on subtleties of presence. Whether in assertion or unease, the body had an uneven relationship to existence, or the sense of it.

For some this involved the possibility of reaching for presence in a setting that would do much to deny it. Describing conditions his mother faced during decades of involuntary confinement in a hospital, one man said, "Mom, she was very fond of walking, pacing, walking up and down, which is typically one of the things that symptomatic schizophrenic people do. So she would pace up the walk, and she could walk for 3 hours a day. The good thing about that place is that there was a lot of walking space for her, and that was the kind of thing she would want to do, she would walk around."

She had a habit, during these ambulations, of hiding sweets in her clothing to feed animals. Her daughter-in-law said, "What used to happen was the *pallu* [cape] of her *sari* would get eaten by rats and cockroaches and all sorts of things, so we had to say don't [feed sweets to animals], we had to get her out of that habit, but you know over there [in the hospital], always in her sari a *laddu* [sweet], to put out for the squirrels or the birds."

* * *

The idea of movement does several things for thinking about suffering, healing, and the technologies of clinical life:

First, it takes us into time, and the variable ways a person might establish a presence in time, particularly when time does not flow so much as puddle.

Second, it takes us to some of the more difficult places to locate when it comes to agency. Poet and essayist [Paul Valéry](#) described the dancer as a body that disappears into its motions, one that is "devoured" – by time, by form. "One can no longer speak of '*movement*'. ... Its acts are no longer distinguishable from its limbs." Dance theorists have long contested

Valéry's vision, but interest remains in dance's unique status as an art that evaporates as it comes into being.

In taking up movement as a metaphor, there is a danger of emphasizing the liberatory capacity of movement (a response to the imagined stagnation of power or immutable social forms). Valéry's vision sits unsteadily where liberation is concerned. Movement involves sparks of agency, and the loss of self into movement can be a pleasure. But let us not forget the forms of stasis movement can bring into being – the automatic, programmed and drone-like, or the liberating capacities of sitting still – meditatively or enraptured, or of inhabiting an authoritative grid – the submission of prayer, the discipline required to fulfill an aesthetic vision.

Third, while movement can be healthful and healing, it may also, in worrying presence, encapsulate certain paradoxes of suffering. Dance can involve violence to the artist that reflects other forms of violence to selves. Anthropologist Julie Taylor describes the tango as a physical grappling, an art both combative and demanding submission that incorporates a history “of human ties destroyed” (1998:61). Dance, for Taylor, reenacts a violence that is elementary to what it is to be a body from which one may be alienated. And yet its movements provide less a means of resistance or liberation than the possibility for habitation – for being alive in spaces of destruction and self-negation.

I have come to think about settings of healing and confinement, suffering and treatment where mental health is concerned as involving paradoxes of selfhood not unlike those inherent to dance. I am told that in the US, people navigating a deteriorating health-care system in search of care for mental illness, their own or others', refer to this work as “the dance.” At the crux of voluntary and involuntary movement, sites for healing, knowing, and treating disordered minds are also places where selves and “human ties” are dissolved and refashioned. Movement in these spaces is choreographed through arrangements that are as often accidental as programmatic. It is also improvisatory. The distinction matters little in recognizing movement as integral to what it is to be what anthropologists refer to as a “clinical subject.” Movement in such settings is literal and metaphorical and fraught with intensity it may not have in other places. Presence is always at stake.

Finally, movement, as an idea, shatters knowingness. Not just in the way it evokes the alterity of stasis and by extension certainty, but in the way bodies in motion, in hospitals as on stages, play out the momentariness of their conditions, encountering, in any instant, multiple actors, histories, authorities, and forms of understanding. The beauty of the body in motion for anthropology may be not be that it is a vehicle for meaning – about

societies, selves, or structures – but that it is capable of eluding meaning. The illegibility of movement can be illuminating in itself, and can provide access to forms of presence elided by a sense of the body as a text.

Pacing, the movement most readily associated with mental illness, involves both disordered movement and purposeful existence. Other movements share its complexities, demanding and evading interpretation. Like Taylor's tango, they offer presence to brokenness. Shaped by social forces, they bring presence to often uncomfortable contours of space and time, as the people who bear them trace the edges of obsolescence. What we make of movement as anthropologists may say as much about the things we hope to find in the places we look for meaning. Nonetheless, as bodies extend into space, they may do so guided by invisible (or very real) hands even as they carve presence out of suffering.

Works cited:

Abse, D. Wilfred. 1950. [*Diagnosis of Hysteria*](#). London: Bristol: John Wright & Sons, Ltd.

Curtis, Heather D. 2011. "[A Sane Gospel: Radical Evangelicals, Psychology and Pentecostal Revival in the Early Twentieth Century.](#)" *Religion and American Culture: A Journal of Interpretation*, Vol. 21 Issue 2, pp. 195-226.

Franko, Mark. 2004. "[Given Movement: Dance and the Event.](#)" In *Of the Presence of the Body: Essays in Dance and Performance Theory*. Andre Lepecki, ed. Middletown, CT: Wesleyan University Press, pp. 113-123.

Lepecki, André. 2004. "Introduction: Presence and Body in Dance and Performance Theory." In [Of the Presence of the Body: Essays in Dance and Performance Theory](#). Andre Lepecki, ed. Middletown, CT: Wesleyan University Press, pp. 1-12.

Taylor, Julie. 1998. [Paper Tangos](#). Durham, NC: Duke University Press.

Valéry, Paul. 1950. [Selected Writings of Paul Valéry](#). New York: New Directions.

[Sarah Pinto](#) is an Associate Professor of Anthropology at Tufts University. She is the author of [Where There Is No Midwife: Birth and Loss in Rural India](#) (Berghahn 2008), co-editor of [Postcolonial Disorders](#) (University of

California Press 2008) and author of articles on medicine and subjectivity in India.

AMA citation

. The Dance – Medicine and the Idea of Movement. *Somatosphere*. . Available at: . Accessed January 5, 2013.

APA citation

. (). *The Dance – Medicine and the Idea of Movement*. Retrieved January 5, 2013, from Somatosphere Web site:

Chicago citation

. . The Dance – Medicine and the Idea of Movement. *Somatosphere*. (accessed January 5, 2013).

Harvard citation

, *The Dance – Medicine and the Idea of Movement*, Somatosphere. Retrieved January 5, 2013, from <>

MLA citation

. "The Dance – Medicine and the Idea of Movement." . Somatosphere. Accessed 5 Jan. 2013.<>