

Dancing in a Mental Hospital by Bernice Vetter

(Circle Dance teacher, Edmonton, Canada)

Almost immediately after my first workshop (1995) in sacred circle dance, I began to offer it as an option in my place of employ—Alberta Hospital Edmonton, the facility for those with major mental illness where I was a spiritual care provider (called “chaplain”) in those days. For 20 years that became the weekly event for an hour in the Adult Psychiatry building. Sometimes I was able to “wangle” permission for someone to participate from the forensic building if I would personally go and escort her/him to and fro. Very occasionally, someone from Geriatric would also be “allowed” to come. In latter years, groups or individuals from the newly established youth dual diagnosis unit were attracted. Meanwhile I was answering invitations to facilitate an afternoon, an evening, a weekend in various other venues, or towns, as part of special events and so on. That continues to this day but less so.

By far, my weekly leading of the circle at the hospital for anywhere from 3 to 15 dancers) had become the highlight of my joy even though I’ve been the main facilitator in my home group at a Community League Centre here in the city of Edmonton for 16 years. Despite the frequency of repertoire, I never tired of the dances there (as I would elsewhere) because of the participants’ own reaction. Their own joy was extraordinary to behold as they realized that they were experiencing themselves in a group! Not only, was that unusual in the lives of this population noted for their tendency to isolation, but they noticed that they were moving together as one to music and in a beautiful form. It never ceased to amaze them —and especially me.

Although the dances we did were necessarily from a limited repertoire because I’d discovered early on those which were popular, which were do-able, which provided a variety of source and mood, and which always “packed a wallop” in terms of meaning.

Occasionally, a First Nations person who was experienced in round dance and pow wows would attend. Even more occasionally, I would invite them to lead us in the correct form, so I had with me some “downloaded” drum music that they’d be used to. I remember another time, a very tall, middle aged man with a European accent came who loved the dance and confirmed his ethnic background to be Yugoslavian. So the following week I brought in the old melody that John Bear had provided (actually, called “Yugoslavia”). I showed the group the basic ‘cocek’ (a popular short step pattern) and this particular man became ecstatic. He explained that the music was not contemporary; rather, it was from the time of his grandfather which made him cry because those days had gone. A woman from Russia (with very little English at her command) had been a concert pianist who loved Moonlight Sonata. While we walked outside together to and from her unit, she’d remind me of the word in her language for the moon (“halia”, I think) which was always bright above us in this rural setting. She was permitted by her psychiatrist, to come out to this activity because she loved and understood music so well; otherwise she’d not attend any programs.

In the early years, the staff claimed many patients would not be appropriate because of their disabilities or ‘uncooperative’ behaviour, but eventually relented when I

reported on the opposite. Then staff quickly learned and were frequently the ones urging patients to come. They saw that even those who wouldn't talk or move on the units were able to enjoy circle dancing. Some patients were developmentally delayed or physically handicapped. Once, a determined young woman in a wheel chair insisted she could join...and she did.

I remember one senior fellow from Ireland (who kept mistakenly naming our event: Sacred Heart Dancing) would turn whatever dance he could into a grand chain and would end up going all around the circle with a broad grin on his face-- landing in a new place each time. What I noted, learned and loved was that no matter how 'difficult' staff might have identified some patients, the dance circle members were very accepting of and kind to one another. They knew each one's favourites (I often asked, toward the end, if there was a request or two).

If I hadn't had an individual conversation with a potential participants to explain that the evening was multi-cultural, some came because they thought it was like an Aboriginal round dance (my poster was of a stylized circle of dancers with a candle in the middle). Of course, that gave me opportunity to explain that every culture had their ancient dances.

Mine was the only permission to use a burning candles because they were considered "ceremonial." New dancers were always and immediately struck by the atmosphere as they stepped into the room and saw the three or four candles in the centre, their attraction and meaning. At the end, of the evening many especially loved blowing them out together to send the light and the spirit out to those in need. In fact they were quite taken with the spirit of silence which I specifically stressed—consequently, there was no question or discussion about the few "givens" proper to this activity such as that they would hold hands. A humorous aspect was that our time slot was after supper, so there were frequent 'farts.' No one had to be shy or apologetic because 'we all do it.'

The only words of explanation or introduction I used when we were all standing together—joined in a circle was to state the obvious: "Here we are in a circle—a symbol that every religion and culture honours. It stands for wholeness—the source of the word health and healing, holy, eternity and... other such. People have always danced in circle to be together, to celebrate and to honour their gods/God or whatever inspires them"

The number of patients who experienced this 'sacred' activity must be in the hundreds. I no longer work in the hospital. One of the reasons was that the system has changed so radically that people aren't kept there long enough to establish a relationship with a care provider, or even to be well enough to participate in this activity. They are either too ill or moving on immanently. Word of mouth was a big reason some would try as it inevitably had good reports by others. Now, I work at a downtown clinic and there as well as 'on the streets' or in stores, I'll frequently hear my name called out. Although I can't remember the thousands of those I've ministered over the years, they remember me and more often than not, will refer to the 'spiritual dance', and to me as the 'dancing lady'. Such an honour and such memories!