



CENTRO GAJA SCUOLA DI BIODANZA VICENZA

IMPRESA DI PROMOZIONE SOCIALE

Direttore Giovanna Benatti

Coordinatore/Tutor

Responsabile Biodanza Clinica e sociale: Stefano La Mela

DIREZIONE GENERALE CENTRO GAJA: Luisa Benatti

SPECIALIZATION COURSE

BIODANZA AND MENTAL HEALTH

Giovanna Benatti

Stefano La Mela

Mental diseases*Disability*Mood disorders

Anxiety-Stress

**Elderly people with reduced/absent motricity
in social and clinical projects**

FOREWORD

The structure of this specializing course starts as an homage to the early vocation of Biodanza, created in a psychiatric environment.

That is to say, from the desire to contribute as much as possible to its divulgation as a highly qualified and effective pedagogy of care, promoting its social applicability and its use in the main institutions of care on the field (social, clinical, educational).

Finally, the project is a response to the requests of many Biodanza operators and of different Schools around the world, desiring to know and make use of an effective protocol methodology, both theoretical, and practical, and from the desire of Centro Gaja's staff to share with other trainers of Biodanza Sistema Rolando Toro a methodology and a didactic, know-how, that has been developed, experimented and systematised during the last fifteen years.

Such methodological corpus – developed in a rigorous feedback with mental health workers (psychiatrists, psychotherapists, psychologists, social workers and educators in the field of disability) – represents a trustworthy and competent instrument, highly professionalizing for the application of the Biodanza system in the main areas of mental health (mental disease, disability, mood disorders).

The desire to pass on a professionalising education in such field, finally, takes start from the growing demand on a national and european level for Biodanza projects in the clinical domain and from the need of well educated, methodologically, experiencially and not only theoretically competent Biodanza trainers, to adequately support the encounter with this kind of human groups on one hand, and on the other with health and social professionals who request the intervention of the Biodanza trainer.

BIODANZA SYSTEM IN ITS CLINICAL APPLICATION

Biodanza as a tool in social and clinical action

Since the beginning, the partners of Centro Gaja have shared the goal of using Biodanza with a social and civic approach, utilising the huge relational resource of the discipline, that makes it **a social pedagogy of self-expression and mutual relationship**.

Biodanza as a method has appeared from the start as a good tool to be applied both in socially disadvantaged environments (disabilities, mental disease), and in projects aimed at preventing disadvantage and empowering people (Biodanza projects in neighbourhoods and schools, in partnership with the local administrations).

Since 1997 Centro Gaja has promoted a large number of clinical and social Biodanza, many of whom were cost-free (by means of a "symbolic taxation of cost-free hours" that the professional teachers of the network offer to the project), or with only logistic and travel expenses refund.

A list of the main Biodanza projects carried out by Centro Gaja follows:

- Group with immigrants in partnership with "La casa per la pace di Vicenza" (1997)
- Group with people with mental disease (1999-on) with the self-help group "Davide&Golia" - Associazione Diakonia Onlus, Caritas Diocesana Vicentina. Referents: Dr. Livio Dalla Verde, psychiatrist; Dr. Andrea Spolaor, psychologist
- Group with people with mental disease with "Il vento dell'aiuto", Noventa Vicentina (2005-on)
- Group with people with mental disease "Davide&Golia" Schio (2003). referent: M. Angela Zanuso, M. Luciana Botoli
- Group with people with mental disease in the Ctrp "Girasole", Montecchio Maggiore (2000). referent: Dr. Giulio Gios, psychiatrist, M. Daniela Zambelli, social worker
- Group with people with physical and mental disabilities with the center "Jumbo Jet" Vicenza (1999) and GET (local educational group) in Vicenza
- Group with people with physical and mental disabilities in the residential center Anffas Vicenza (2003)
- Biodanza with children in a private kindergarten, Thiene-Vicenza
- Group with social workers in partnership with Istituto "Montagna" Vicenza (2000)
- Group for youth with audile impairment with Istituto "Magarotto" Padova (1998)
- Group for people with drug addiction in partnership with Comunità Terapeutica "Vita Nuova" vicenza (2000)
- Corporate Biodanza (training group for hair-dressers within the projet "La rete" of Saloni Casarotto Vicenza) (2004)

- Projects for people with communicational impairments and their families in partnership with Associazione "Insieme per comunicare" Thiene (2005-on)
- Several Biodanza Friendly projects: short-term Biodanza classes in districts and neighbourhood councils (1997, 1998, 1999, 2005, 2006)
- Several Public training classes

- Public workshop for citizens "Body-health-emotions" 2005-Vicenza
- Public workshop "The village School" Creazzo Vicenza
- Public training for citizenship for reducing life disease
- Biodanza Course for "Less Alcohol more Joy" Sert Ulls 6 Vicenza (2005-2006)
- Giornata di formazione per Oss (Operatori socio-sanitari-corso promosso dalla Regione Veneto)
 - Biodanza Project per ospiti Comunità terapeutica "Mosaico" Vicenza
- Clinical Biodanza project per persone con disagio psichico e disabilità a Thiene (Associazione "Ritrovarsi") in corso
- Clinical Biodanza project clinica per persone con disagio psichico e disabilità a Malo (Associazione "Davide e Golia" Malo)
- Clinical Biodanza project per persone con disagio psichico e disabilità a Sandrigo (Coop. "Margherita")
- Clinical Biodanza project per persone con disagio psichico e disabilità ad Anconetta Vicenza (Coop.Nuovo Ponte).
- Clinical Biodanza Project Ceod Paese (Tv) referente prof. Clara Bianchin
- Workshop for caregivers and parents people with Alzheimer promosso dal Csv di Potenza e Centro Neapolis
- Civical Biodanza Project patrocinato dal Comune di Chiampo -referente cons.comunale Cristina Senni (2010)
- Workshop parents and people with autism con autismo Centro Neapolis di Potenza (2011)
- Workshop Biodanza for feminine self-esteem Comune di Malo (2011)
- Biodanza Friendly per i cittadini del quartiere Ferrovieri a Vicenza (2013)
- Corso per operatori e familiari di persone con Alzheimer patrocinato dal Comune di Vicenza nell'ambito del Settembre Alzheimer-una strada da fare insieme (2013)

IN 2007 CENTRO GAJA WON "HIGH HEALTH AWARD" ULSS 4 VI
SINCE 2010 IL CENTRO GAJA IS SOCIAL PROMOTION ASSOCIATION
SINCE 2013 CENTRO GAJA IS PART OF GRUNDTWIG EUROPEAN PROJECT FOR
ACTIVE CITIZENSHIP
SINCE 2013 CLINICAL BIODANZA IS OBJECT OF ACADEMIC RESEARCH
(PADOVA UNIVERSITY)

We think that the activities promoted by Centro Gaja in the last decade are fully definable as education, prevention and health promoting with a strong social and civic value in furthering the culture of human value. In this decade hundreds of people, both with and without disadvantage, have made use and profited of the Biodanza method. This is not just a private benefit, but a "social" one, because people have taken it home, to their families, to work places and neighbourhoods where they live.

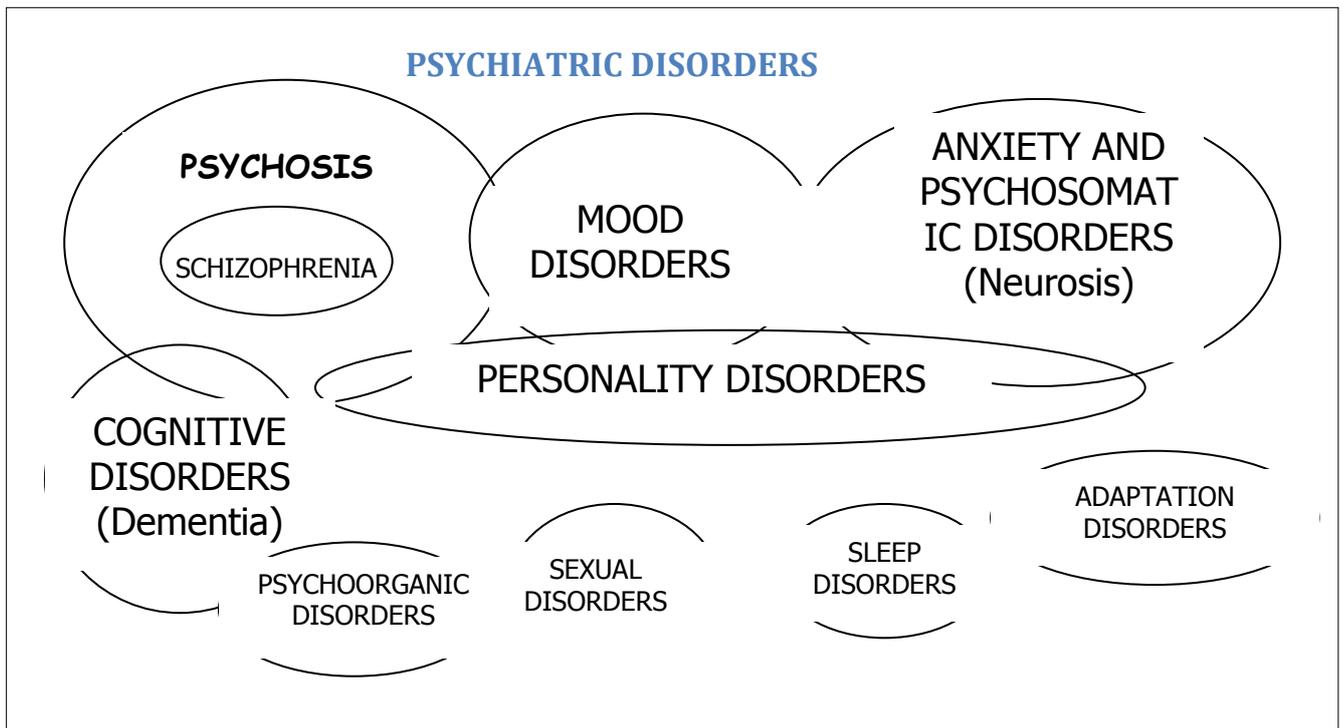
BIODANZA AND MENTAL HEALTH: THE FIELD OF APPLICATION

(Dr. Andrea Spolaor – psychotherapist – Head of Davide Golia, self-help group - Caritas Vicenza, Clinical Biodanza supervisor)

According to old but extremely clear psychopathological definitions, there are two main distinctions: NEUROTIC DISEASE and PSYCHOTIC DISEASE. Nowadays this kind of distinction is no longer used diagnostically, but it still represents a good reference point to guide Biodanza projects in a clinical domain.

| <p style="text-align: center;">NEUROTIC DISEASE</p> <p style="text-align: center;"><i>Anxiety diseases; Non psychotic depression; Psychosomatic diseases; Moderate Personality disorders</i></p> | <p style="text-align: center;">PSYCHOTIC DISEASE</p> <p style="text-align: center;"><i>Schizophrenia; Other psychotic diseases; Psychotic depression; Severe Personality disorders</i></p> |
|---|--|
| <p>It is a mental disorder where a correct reality check is maintained.</p> <p>The psychopathological dominants:</p> <ul style="list-style-type: none"> - <u>anxiety</u>: it has a conflictual origin and is coped with through defense mechanisms. - <u>neurotic depression</u>: it is generally a reaction to viatl stressful events and it appears periodically and in transition phases in predisposed people. <p>The patient has a painful conscience of his/her illness ha una dolorosa percezione della propria malattia (<i>egodistonia</i>) and of the unreal motivation of the states of alteration that the disease implies.</p> <p>The disorder does not alter the ability to interact with the environment, but only with great discomfort and distress.</p> <p>These diseases respond well to psychotherapy.</p> <p>The practitioner facing a neurotic patient feels: comprehension, empathy, compassion, antipathy, annoyance, heaviness, that is usual emotional states experienced in the relationship with others.</p> | <p>It is a mental disorder causing the loss of an adequate reality check.</p> <p>The patient presents perception and thought symptoms transforming his/her interpretation of reality in a way that isolates him/her and induce severe states of anguish.</p> <p>The psychopathological dominants:</p> <ul style="list-style-type: none"> - <u>autism</u>: it is the isolation in a self-referring, unmodifiable world and causes the inability to interact in relation to others. - <u>dissociation</u>: it is the alteration of evidence and of the logical links among the different mental functions and within them. - <u>alterations</u>: of thought, perception, mood. - <u>psychotic depression</u>: this depression is not a reaction to stressful events, but it can by cyclic and bipolar. Its traits make it unintellegible to those who are close to the patient and often presents with nonsensical symptoms (of guilt and catastrophe). <p>The psychotic patient considers his/her pain as a consequence of real events. He/she experiences delirium as if it was real.</p> |

| | |
|--|---|
| | <p>The treatment to these diseases is generally pharmaceutical and the response to psychotherapy is limited.</p> <p>The practitioner facing a psychotic patient feels: oddity, fear, lack of understanding, pain.</p> |
|--|---|



PERSONALITY DISORDERS

Personality disorders correspond to peculiar behavioral traits with clinical relevance, expressing the personal attitude to oneself and others.

Peculiarly, some personality traits are excessively developed. It usually causes:

- a feeling of inadequacy facing several situations;
- low self-esteem and need of approval (often searched for in a distorted, ineffective way for the inability to express emotions);
- damage to intimate relationships, suffering from the lack or excess of sensitivity.

Among personality disorders are **Borderline personality disorders, Antisocial p. d. , Obsessive-Compulsive p. d., Schizoid p. d., Paranoid p. d.**

ANXIETY DISORDERS

These are the most common mental diseases. They include:

- **Generalized Anxiety Disorders**, causing chronic suffering, a pervading and almost constant sense of fear and alarm, associated to an high level of activation of the autonomous nervous system, with physical symptoms concerning breath, heartbeat, salivation, dizziness, weakness, bowel disorders, etc.;
- **Panic Attack Disorder**, characterized by episodes of sudden and inexplicable terror, physical pain, suffocation, dizziness, severe fear of fainting or dying ore going insane, with possible experiences of depersonalization.
- **Phobias**, that is unjustified fear of objects, living creatures, situations, specific events.
 - *Specific phobias*, like claustrophobia, zoophobia, fear of blood, injections and lesions, phibia of natural events, etc.;
 - Social phobias like performance anxiety;
 - *Agoraphobia*, fear of being outside alone, of crowded places, queues, public transports, etc.

These disorders are characterized by the presence of both psychological and physical symptoms.

- **Ossessive-compulsive Disorders**, the most severe form of anxiety disorder. It is characterized by the frequent presence of intrusive and recurring thoughts (obsessions) and/or actions and mental actions (compulsions).

These thoughts and behaviours can prevail on one's own will, forcing the individual to commit to actions that, by their useless repetitiveness, paralyse any initiative and cause a high degree of subjective discomfort.

Among the most common obsessions there are: extreme concern for dirt, order, precision, symmetry, superstitions.

- Among the most common compulsions there are: washing hands or other body parts in a prolonged and ritualised manner, controlling frequently machines, lights, locks, etc., mental rituals.

PSYCHOSOMATIC DISORDERS

These disorders imply the presence of physical symptoms without a diagnosed organic origin.

They can be divided in two categories:

- **Somatization disorder**, causing a physical pain without a known organic origin;
- **Hypochondria**, producing discomfort by means of concerns for an illness.

MOOD DISORDERS

- **Depression**. The life of depressed people is characterized by a constant condition of deflected mood tone, loss of interest, psychomotor slowdown, social isolation, recurring thoughts of death and profound subjective suffering.

Such psychological and cognitive states are associated to vegetative and somatic disorders, like loss or gaining of weight, sleep disorders, sexual disorders, migraine, palpitation and other pain.

The Depressive Syndrome further causes the episodic burst of strong emotions linked to feelings of guilt, rage, uselessness, shame, experienced with an intense sense of sadness and desperation. Such negative emotions interfere with the vision of the world , with the cognitive and social abilities. On an imaginary continuum, we

would find on one end a simple persistent mood decrease, and on the opposite one Major Depression, separated by a range of intermediated depressive forms, not all to be considered pathological.

- **Bipolar disorder.** This disorder, much less common than depression, is characterized by the alternation of extreme states, combined in one illness. It is also called Manic-depressive disorder, precisely because episodes of mania and depression ensue one another.

These people's mood fluctuates with varying frequency, between two extremes: euphoria/irritability (mania) and sadness/desperation (depression). In some cases the change between the two phases is characterized by inbetween periods with stable/moderated mood.

It is also possible that manic and depressive symptoms coexist in one episode (Mixed Bipolar Disorder).

SCHIZOPHRENIA

People with schizophrenia show the most typical symptoms of psychosis: firstly the inability to recognise what is real and what is not. In general, Schizophrenia causes a profound distortion of the person's internal and external reality.

Typical symptoms are:

- delirium (apparently absurd judgement errors, perceived by the subject as true and unmodifiable),
- considerable hallucinations (perception errors).
- thought disorders,
- absence of logic,
- disorganization of language and behaviour or catatonic behaviour.

All this destroys in a person with schizophrenia the internal unity of mind and weakens his/her will. Some people experience it in a mild form, for other it generates a severe functional impairment.

Based on prevailing symptoms, four main tipologies can be defined: **Paranoid Schizophrenia** (or positive s.), **Disorganized Schizophrenia** (or hebephrenic s.), **Catatonic Schizophrenia**, **Undifferentiated Schizophrenia**.

Symptoms can be divided into

- *active/positive*: excessive behaviours, delirium, hallucinations, thought distortions;
- *passive/negative*: lowered emotional and affective experience, apathy, inability to feel pleasure, introversion, attention disorders.

Schizophrenia can have a chronic or acute (episodic) form.

DELIRIOUS DISORDERS (Paranoia)

The main symptom of this illness is delirium: a stable delirium, not caused by other diseases, nor by organic causes. It is a fixation, though absurd, which assumes a vital importance for the individual, believing it firmly. Generally, even in chronic conditions, this person's behaviour appears normal, intellectual and professional abilities are maintained, as long as subjects linked to the content of the delirium are approached. Social and intimate relationship can be damaged. The most common forms are Persecutory Deliriums, Erotic Deliriums, Grandeur Deliriums, Jealousy Deliriums, Somatic Deliriums.

DISSOCIATIVE DISORDERS

They are characterized by sudden and temporary alterations of conscience, behaviour, identity, with severe memory damage on personal informations.

There are four types of disorders:

- **Identity Dissociative Disorders**, sometimes, still called Multiple Personality Disorders;
- **Dissociative Escape**;
- **Depersonalization Disorder**.

APPLICATION PROTOCOL

Biodanza application protocol in the field of mental health has been patiently build and revisited in feedback with mental health professionals, until it has reached a stable and recognizable shape as a care project, whose perimeter has precise traits:

- 1- minimum project duration of twelve weekly sessions (maximum length of session: one and a half hour);
- 2- project planning and development in a combined team with health professionals;
- 3- use of feedback as a tool (beginning, after the 5th session, at the end of the project);
- 4- writing of a synthetic document with project goals;
- 5- writing of a synthetic document on evaluation of results;
- 6- participation of health professionals to the Biodanza session;
- 7- combined participation of at least two biodanza professionals to the session (process facilitator and assistant).

MASTER BIODANZA AND MENTAL HEALTH

RECIPIENTS

Registered Biodanza Sistema Rolando Toro trainers
Training students upon authorization of hosting School

COURSE STRUCTURE

MODULE 1: Biodanza and mental health

- Theory: field of application. Neurotic and psychotic disorders
- Identity and role of the Biodanza facilitator
- Curing the healthy part
- Medical context and affective context
- Resilience
- Biodanza focusing on the human being and Biodanza focusing on the diagnostic
- The verbal side for growing personal context

- Collaboration and synergy with health professionals
- biodanza application methodology in groups with:
 - *psychotic people
 - *schizophrenic people
 - *autistic people
 - *violent autistic people
- Specific exercise book and music
- Vivencia with clinical Biodanza groups

MODULE 2: Biodanza and disability/Elderly people with reduced/absent motricity in social and clinical projects

- Theory: the concept of vitality in Biodanza and its application with spastic people, people with physical impairment, Elderly people with reduced/absent motricity in social and clinical projects

Down syndrome, wheelchair

Feed-back self-regulation and coordination

Vivencia in Biodanza as a tool for mobility equalization

The role of Biodanza and massage in the conditions with limited and/or absent mobility

- Specific exercise book and music
- Vivencia with participants of clinical biodanza groups in disability care institutions

MODULE 3: Biodanza and mood disorders * Depression * Anxiety*Stress

- Theory: the concept of Affectivity in Biodanza
- Biodanza with people in a depressive state
- Vital intelligence and endogenous mood
- Identity and affectivity: love as an instinct
- Specific exercise book and music

Vivencia

- Clinical Biodanza protocol: knowing and using it
 - Evaluation: how to do it
 - Evaluation focused in existencial rehabilitation
 - How to write a clinical Biodanza project
 - Feedback planning with health professionals
- Feedbacks from institutional partners in clinical Biodanza projects

Vivencia

DELIVERY OF CERTIFICATES

TOTAL LESSON HOURS: 40 H
COSTS OF THE COURSE

-450 EURO including lecture notes. Bank payment:
Count Centro Gaja Banca Banca Popolare di Verona
IBAN IT91G050341180000000007315
SWIFT CODE/BIC BAPPIT21127

**TEACHING STAFF : GIOVANNA BENATTI /STEFANO LA MELA
NETWORK EQUIPE:**

Andrea Spolaor*Claudia Corsini
Luisa Benatti



Centro Gaja Scuola di Biodanza Vicenza

Direttore: Dr. Giovanna Benatti

Coordinamento generale: Stefano La Mela

via Noventa Vicentina 6 36100 Vicenza IMPRESA DI PROMOZIONE SOCIALE



+39 0444 569702



+39 338 899236

www.biodanzacentrogaja.com

Skype giovannagaja



Scuola di Biodanza Vicenza Centro Gaja



canali: ForumBiodanza e CentroGajaVicenZaltaly