



Dance Movement Therapy in the Wider Concept of Trauma Rehabilitation

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Abstract

We have recently witnessed a growing number of events that can be characterized as traumatic. Due to serious consequences that can be caused by traumatic experience, additional efforts have been made to prevent or reduce trauma-related symptoms. Various therapy models oriented to persons who suffer from traumatic experience are based on the idea of supporting resilience as an individual's ability to positively adapt to stress or adversity. As the body is the dominant media in Dance Movement Therapy (DMT) this kind of therapy can be particularly useful in the area of physical trauma, physical abuse, and body-image disturbances or in conditions where certain physical or sensory limitations inhibit the realization of emotional or social needs. Namely, in various traumas body is often the victim of injuries, ailments and disasters and because of that it can be associated with pain, trauma, hurt, helplessness and fear. In those cases it is logical that body should be involved in the therapeutic process. In this regard, DMT may be appropriate therapeutic approach since it is directed towards body-awareness and body-sense. A considerable number of researches confirmed that DMT may induce different benefits in physiological and psychosocial functioning in persons who suffer from traumatic experience, but also additional researches need to be done aimed to promote DMT as an evidence-based practice and more widely used in wider concept of trauma rehabilitation.

Keywords

Trauma; Dancing therapy; Rehabilitation; Psycho physical imbalances

Introduction

Traumatic experience is an unavoidable part of human existence, beginning with the act of birth and ending by the moment of dying. Moreover, during the whole lifetime we encounter different traumatic events which, more or less, lead to psycho-physical imbalances. Traumatic experience has been caused by different unwanted, threatening and/or dangerous stimuli and finally is characterized by the presence of negative notions in the mind and traumatic memory. For example, according to SAMHSA's Trauma and Justice Strategic Initiative, *"trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional,*

or spiritual well-being" [1]. Unfortunately, we have recently witnessed a growing number of events that can be characterized as traumatic, such as physical/emotional/sexual abuse, neglect, family conflict, poverty, bullying, mobbing, having a life-threatening illness, undergoing repeated and/or painful medical interventions, accidents, witnessing acts of violence, natural disasters, refugee and war zone trauma, terrorism, intergenerational events, grief and loss, etc. [2,3].

Results of scientific researches and clinical practice has confirmed that persons who have experienced some type of trauma are more prone to addiction, behavioural disorders (abuse or dependence), psycho-emotional disorders (depression, anxiety, obsessive-compulsive disorder, panic disorder), impairment in relational/social and other major life areas, physical disorders and conditions (sleep disorders, eating disorders) or different kind of psychosomatic disorders [4,5]. Due to these serious consequences, additional efforts recently have been made to prevent or reduce trauma-related symptoms. In this sense the Treatment Improvement Protocol (TIP) can be mentioned as a complex model focused to persons who were exposed to different kind of traumas and/or are at risk of developing traumatic stress reactions [5]. It is a good example of a holistic approach that involves trauma-informed and trauma-specific strategies, and perceives treatment as a means of prevention building on resilience, developing safety and skills to negotiate the impact of trauma. This and other models oriented to dealing with persons suffering from traumatic experience are based on the idea of supporting resilience as *"an individual's ability to positively adapt to stress or adversity"* [6]. According to Kumar's CR8 Model of Resilience there are eight resilience strategies and that are: connectedness, curiosity, communication, control, change, acceptance, clarity of focus, confidence, connectedness, and also creativity [7].

Many different authors considered the importance of creativity in the field of psychotherapy and counselling [8-11]. In this context, emphasis has been placed on the process of creativity not only in the area of artistic creation but also in the area of discovering new insights and new coping strategies. Respectively, the aim of different therapies and psychotherapies is to encourage some specific features and behaviours that, according to Carson, are characterized by creative thinking (e.g. the ability of thinking that goes against logic, sensitivity/sensibility, perseverance, finding order in chaos, the relative absence of repression or suppression, tolerance to ambiguity, readiness to grow and change) [8]. Art-therapies are one of the approaches that are mainly focused on encouraging and supporting the creative process in different health care and therapy settings. Art-therapies refer to the use of different field of art (visual arts, music, movement and dance, drama/psychodrama, writing, reading, etc.), in order to stimulate sensory, emotional, cognitive and spiritual experience and self-expression in person [12]. According to the National Coalition of Creative Arts Therapies Association (NCCATA) [13], there are several main areas such as: art-therapy, music therapy, dance movement therapy, drama therapy/psychodrama, poetry therapy. The choice of these approaches, or their combination, depends on the defined problem area, client preferences, motivation and the therapy session structure.

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Dance Movement Therapy

Dance Movement Therapy (DMT) is the psychotherapeutic use of movement to support the emotional, cognitive, physical and social integration of the individual. It is an embodied approach predicted on the empirically-supported concept of bi-directional mind/body integration. It is biopsychosocial, informed by system theory, and various theories of therapy. DMT include the use and analysis of various aspects of body-experience and body-expression like movement, mimics, gesture, posture, kinesthetic sensation, touch and so on. Similarly to other body-oriented psychotherapy, DMT is based on assumption that physical movements reflect the emotional state and changes in patterns of movement lead to changes in psychosocial experience. Furthermore, using of this type of therapy approach can influence the awareness of physiological sensations, physical expression of emotional states and unconscious impulses, the creation of new behavioral strategies through the exploring different movement qualities [14]. It could be said that DMT is a relatively new therapy approach in Western civilization, although the therapeutic aspect of the movement is known and used from ancient times in different civilizations. In many cultural and historical periods, dance was an important part of rituals, ceremony, healing and communication. It is well known that various cultures used movement and dance in their rituals to achieve the harmony of physical, mental and emotional health. Recent scientific and applied researches have shown that DMT is increasingly used in various fields of rehabilitation, therapy and psychotherapy. For example, Pylvänäinen suggested the following benefits that DMT may have:

- Release i.e. facilitate relaxation and parasympathetic nervous system,
- Induce images, memories, associations, etc.,
- Facilitate symbolic expressions of the Self,
- Play with different ways of experiencing and encountering the world,
- Discover the new ways of being and acting in interaction,
- Activate relationship to oneself: what one discovers in oneself, movement expressions of this, connectedness to the body-self/core-self,
- Learn how to be in the body in the present [15].

Additionally, DMT can contribute in improving motor status in different dimensions such as kinesthetic and proprioceptive awareness, muscle tonus, neuro-motor integration, speed, endurance, strength, flexibility, coordination and posture [16]. Besides, DMT can be carried out individually or in group with accent on kinesthetic empathy. In that sense Behrends et al. emphasized that: *“Characteristic elements of movement and dance (e.g. imitation, synchronous movement and motor cooperation) are suitable for fostering empathic abilities and interpersonal communication”* [17].

The basic concepts in DMT are referred to reflexion; mirroring; body symbolization; exploration of various elements of body-experience, authentic movement, movement qualities, rhythm, space and shapes. For the purpose of self-observation and therapy program evaluation focus of the therapist and the client can be directed on movement qualities, breathing, body shape, gesture, posture, mimic, physical (neurovegetative) sensations, eye contact, muscle tonus, relationship with group members, personal movement profile, use of space, etc.

Finally, it can be concluded that DMT may affect the physical and psychological well-being and according to results of various scientific researches this approach is proved in the field of physical disabilities, hearing or visual impairments, neurodevelopmental disorders, geriatrics, stress management and different mental disorders. As the body is the dominant media in DMT it can be particularly useful in the area of body image disturbances, physical trauma, physical abuse, or in conditions where certain physical or sensory limitations inhibit the realization of emotional or social needs [18].

Dance Movement Therapy and Trauma Rehabilitation

There are some theoretical and practical backgrounds which support the use of DMT in the field of trauma rehabilitation. One of them is concept of somatology which has roots since ancient medicine and which is deeply approved in the context of trauma because in many cases the body is the mediator through which the traumatic content is experienced. So, in the therapy process the body should be one of the key parts of personal elaboration, acceptance and release from negative traumatic influence. In that sense, Roller claimed that: *“Trauma resolution includes physiological discharge of the neurochemistry of overwhelms (catecholamine, cortisol, adrenaline), in order for the storied survival energy to be released from the body. Only then can a neurochemical cascade of well-being (dopamine, serotonin, and oxytocin) and ease become the new baseline for psychological development to occur”* [19]. Also, the attachment theory supports the using DMT in persons who suffered from trauma experience because different kind of developmental or relational trauma can cause rupture in attachments bonds. In that case DMT may be helpful because, in safe environment, allows clients to discover body as source of pleasure, to trust their bodies and to trust to others intending to be engage in healthy relationships [20]. Furthermore, Dieterich-Hartwell in her DMT recovery model suggests three steps of intervention: safety, regulation of hyperarousal and attending to interoception that represents sense of internal (physiological) state of the body. The last step is considered as very important because physical disconnection and lack of interoception can be significant issues in trauma survivors [21]. Accordingly, some authors believe that the deficiency of a complete physical experience can be associated with different mental disorders [22].

Anyway, DMT connect movement potential, dance, imagination and creativity in the therapeutic attempt of exceeding levels experienced in past and/or daily life. Because this kind of therapy approach is non-invasive, permissive, flexible and person-oriented it can be used in various kind of traumatic experience and in various contexts. So, Ho cites research results obtained on a sample of 24 childhood sexual abuse survivors by using DMT program focused to sense of security, boundaries, and concepts of place and space [23]. Qualitative feedback of participants shows that therapy program helped them in finding inner rhythm, in developing greater awareness of personal boundaries and in articulating physical experiences with a sense of security, freedom and hopes for better future. Likewise, Ambra interviewed five DMT therapists who specialize in population of incest survivors. They pointed out that assertiveness, body image, sexuality and boundaries as well as safety, trust and shame are the most dominant themes which are processed in their therapy communication [24]. In the frame of domestic violence Devereaux claimed *“how dance/movement therapy provided a direct approach to addressing specific symptoms of abuse that appeared in particular individuals in this family, as well as how “re-choreographing” the family dynamics and relationships dysregulated by the domestic violence was pivotal in helping this family to learn new ways to self-regulate.”* [25].

Or, Pierce (2014) proposes an application DMT model as facilitative tools of right brain integration in adults with trauma-related dissociative symptoms [26]. The model for treatment planning is elaborated according to a trauma treatment framework consisting of three phases: safety and stabilization, integration of traumatic memory, and development of the relational self. Within therapy program proposal some DMT techniques such as body-to-body attunement, kinesthetic mirroring, interactive regulation, self-awareness, symbolism and expression, as well as interactional movement are considered as interventions that may support bottom-up integration and resolution of psychological trauma. In the area of work with traumatized dissociative patients Koch and Harvey described the possibilities of using *Baum-circle*, a kind of free improvisation where members of the group follow one mover. Induced free associations facilitate expression of positive as well negative body memory contents during therapy group process [27].

Colace highlighted that body language and non-verbal communication are key elements in treatment of patients who have experienced developmental traumas [28]. Based on the comparison between infant-caregiver and patient-therapist relationship and by using common rhythms, attunement, breathing and regulation of affects, this author investigated how a prolonged lack of attunement from the primary caregiver can have traumatic effects for the child. As is described in clinical case study dance movement therapist can support primary, not experienced before, body communication and help to clients to reintegrate the dissociated aspects of his/herself. Likewise, applying of DMT is considered in elderly, especially in individual suffered from neurotrauma because as Berrol et al. cited: *"Regardless of the strengths or weaknesses of research design or notable variations in methodology, the research tends to support the benefits of dance/movement/exercise programs on selected behavioral variables—motoric, psychological, and cognitive in the frail elderly"* [29].

DMT may be also an adequate approach in rehabilitation of adult survivors of torture. For example, Gray in her papers described some possibilities of using individual DMT sessions and concluded that it was worth in *"rebuilding an individual's sense of wholeness and self, and in improving interaction skills and relationship capacity"* [30]. Similar, Harris carried out two types of DMT program with African adolescents torture survivors in order to support resilience and recovery after exposure to extreme traumatic incidents during the war and organised violence [31]. Goals of two different types of DMT program were: 1) desomatizing memory, 2) nurturing experiences of mindfulness, 3) enabling meaningful experiences for the contained discharge of anxiety and aggression, and 4) inducing the pleasure of creativity, and thereby freeing participants to symbolize their traumatic losses and future hopes. Evaluation of the programs has shown that such psychosocial intervention improved group cohesion as a vehicle with both preventive and reparative capacities. Also, members of second group reported continual reduction in symptoms of anxiety, depression, intrusive recollection, elevated arousal and aggression.

Dance movement therapy is particularly suitable for people who are nonverbal, or who have difficulty in verbalizing their feelings, or for children who still lack vocabulary to express their experiences and emotional states. For example, in defining therapy program for children (aged 7–11) who were at high risk for post-traumatic stress disorder (PTSD) following the earthquake in Taiwan, Lee et al. decided that DMT was a suitable approach to allow these children to express themselves through the body in order to transform the ordeal

and anguish [32]. In this program children are invited to explore themselves through games, playing and creative body/movements activities. It has been noticed that creative dance/movement help in inducing of authentic feelings and also reduce the occurrence and strength of traumatic reactions.

Same Core in Various Contexts

Since a greater number of researches confirm that DMT may induce different benefits in physiological and psychosocial functioning in persons who suffered from traumatic experience there is a need to define the framework of the appropriate therapy program related to adequate session's structure, theme of intervention, techniques, tools and tactics. One example which could contribute to the realization of this idea is research of Levine et al. that conducted semi-structured phone interviews with 15 dance/movement therapists about using DMT with women who suffered from PTSD [33]. Their study examined the core elements of therapy in relation to emergent theme of intervention tools and tactics. The finding from research indicate that each session should start with warm-up, followed by central part that builds on the movement themes expressed in the warm-up, and at the end verbal therapy should be introduced to process and understand what developed in the session. DMT therapist usually use music, props, and metaphor to enable clients' spontaneous transition to the movement process and exercises such as mirroring, breathing, and grounding to induce awareness of where the body has stored trauma. Also, empowerment, trust and self-care were selected as some of the most important themes that should be elaborated in the middle of the session. End of the session is directed to processing of feelings, sensations, insights and changes that were experienced during therapy.

Regarding to ground rules implement in trauma-focused therapy, Eberhard-Kaechele suggested four interrelated approaches in DMT: 1) the psycho-educational retraining of trauma-based action patterns, 2) the modulation of arousal through the deconstruction of affects, 3) the transformation of the subjective meaning of traumatic experience through experimental movement metaphors, and 4) the development of affects regulation and reflective distance to traumatic memory through interpersonal mirroring [34].

An effort has also been made directed towards synthesizing different findings from existing qualitative literature. For this purpose, Levine and Land conducted a meta-synthesis of nine qualitative studies on DMT and trauma regarding common treatment methods [35]. Based on the meta-synthesis, four fundamental themes were identified which indicate the integral element of a body-oriented intervention as well as DMT: *"(a) creating awareness of the mind-body connection; (b) increasing the range of movement (for the purpose of efficacy, empowerment, and reclaiming the body); (c) creating a new and healthy relationship with the self, therapist, or group through the movement process; and (d) creating a new and healthy relationship with movement"*.

Also, an important role of dance/movement therapist has been emphasized because, in some ways, therapist is a mediator in establishing new and healthy relationships with another person. In the frame of client-therapist relationship traumatized individuals (re) learn to build trust in other people, themselves and other situations. In that therapy process therapist should be aware of very important issues related to client-therapist relationship, such as transfer, countertransference, boundaries, touch etc. As Koch and Harvey pointed out the therapist have to check whether the patient accepts

the touch during the therapy [27]. Sometimes it should be avoided because in some clients painful touch is part of past traumatic experience, but sometimes, during a longer and continuous therapy program the touch may subtly be involved as act of developing trust in “good” touch. Also, although DMT is recommended in the field of trauma rehabilitation, maybe at the beginning of the therapy program some clients would deny body work because their body is associated with pain, trauma, hurt, helplessness and fear. In that case some other forms of arts-therapies may be helpful to introduce clients to world of imagination and unconstrained self-expression. On this path, own body can slowly be accepted as an instrument of self-awareness and processing one’s own thoughts and emotions. Determining when and what DMT approach will be used during the therapeutic session is an additional requirement, but also a positive challenge for every DMT therapist. In general, additional researches need to be done aimed to promote DMT as an evidence-based practice and more widely used. Since this kind of therapy is intended to be integrated with other (psycho) therapies it can be considered as a complementary therapy in the frame of holistic and interdisciplinary rehabilitation of persons with traumatic experience.

Conclusion

The body is not only a material presentation of our-self that enables the realization of basic physical and higher spiritual functions. The body also has its own wisdom and memory and it very subtly warns us and defends us. Body is also often the victim of injuries, ailments and disasters, and the negative experiences remain locked in some its parts. But, by using different defence mechanisms, we frequently do not allow these physically blocked negative and painful experiences to be released and processed. It can lead to more complex psycho-emotional problems, as well as mental or psychosomatic disorders. In such cases, when the body is a part of a traumatic experience, it is logical to be involved in the therapeutic process. In this regard, DMT may be appropriate therapeutic approach since it is directed towards body-awareness and body-sense.

Results of different researches confirm positive influence of DMT on decreasing of trauma related symptoms. These results are explained by the assumption that the use of DMT enhances resilience by including body in therapeutic process, supporting state of pleasure and satisfaction, mitigating neuro-chemical arousal of distress, and finding movement and body-based modalities that are pleasant and acceptable. Like other somatic interventions described by Roller, DMT also “*reference the client’s felt sensations, postures, movements, tension, and slow down the verbal processing to make increased room for awareness of energy moving (or holding) in the body*” [19]. In this context and respecting the concept of body-mind unit, there is a need for further researches on using DMT in the wider concept of trauma rehabilitation. This could be a significant contribution to the further development of contemporary and holistic approaches in the field of therapy and rehabilitation of persons who suffer from traumatic experiences.

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