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Discovering how Dance/Movement Therapy and Movement-Based Therapies Aid Children Experiencing Embodied Grief

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Discovering how Dance/Movement Therapy and Movement-Based Therapies

Aid Children Experiencing Embodied Grief

Capstone Thesis

Lesley University

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Abstract

Current studies in children's grief and bereavement suggest that creative arts therapies support children through their healing process after experiencing the loss of a loved one. However, there is not much research to support the use of dance/movement therapy (DMT) or movement-based therapies with this specific population. This literature review explored children's grief and bereavement and focused specifically on embodied grief--how and where grief is held in the physical body. Furthermore, this literature review expanded more on the use of DMT and movement-based therapies with children experiencing embodied grief, as well as expanded upon body-based approaches to help these individuals in understanding their grief. This was an important topic to explore because unfortunately, conceptualizing the grief process has typically been viewed through an adult lens. There has often been a misconception about children's grief process, how long they should grieve for, and how it can manifest. After an extensive review of the current literature, the author discovered how DMT and movement-based therapies can assist children experiencing embodied grief as well as aid in their overall healing process.

Discovering how Dance/Movement Therapy and Movement-Based Therapies
Aid Children Experiencing Embodied Grief

Introduction

The death of a parent or sibling is one of the most traumatic events a child could experience; children experiencing this loss can be affected in many different ways, however there has been limited research on children experiencing grief after the loss of a loved one. Childhood grief is a complex experience that is often difficult to research because of the language skills needed to verbalize and express the emotions one experiences (Stutey et al., 2016). Unfortunately, conceptualizing the grief process has typically been viewed through an adult lens and researchers have relied heavily on adult descriptions of behavioral and emotional manifestations of grief in children. Adult descriptions of a child's expression of grief have been the primary source of data, because most children lack the complex expressive language skills to verbalize their feelings about death (Stutey et al., 2016). Given their emerging verbal capacity, some young children's grief is often expressed through behavior, bodily expressions, or play rather than complex language (Bugge et al., 2014). Therefore, there has been a lack of research on childhood grief, and more specifically, children experiencing grief after the loss of a loved on.

Callahan (2011) introduces the idea that the body holds painful memories and that movement can assist in releasing some of the body's tensions. This indicates that a body-based approach to understanding the healing process of bereaved individuals is well-suited to gaining a fuller understanding of what they might experience (Callahan, 2011). The body is often described as important to the experience of grief, yet few studies have investigated the bodily experience of grief in children, outside of the context of pathology (Simpkins & Myers-Coffman,

2017). Bringing the awareness of the body and the awareness of how grief can manifest in the body is critical when working with these children who have experienced this trauma.

Dance/movement therapy (DMT) is a holistic approach to healing, based on the empirically supported assertion that mind, body, and spirit are inseparable and interconnected; changes in the body affect the mind and vice versa (American Dance Therapy Association, 2009). It is also defined by the American Dance Therapy Association (2009) as “the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual”. The use of DMT therefore can be critical for individuals who have experienced a trauma, especially the loss of a loved one, as a way to explore and work through an individual’s grief. Through the arts and movement, trauma and grief have become slightly more comprehensible to explore, however more research is needed to demonstrate this understanding.

The goal of this capstone project was to explore the literature that pertains to bereaved children who have lost a loved one, and more specifically, children and embodied grief. The goal was to create an extensive literature review that analyzes and describes trauma, embodied grief, DMT, movement-based therapies, and children and grief. The concept of embodied grief has been explored with grieving adults, however there is a gap in the literature that pertains to children and adolescence and their embodied grief. These young individuals’ worlds have been shaken with the loss of their loved ones. My hope was to explore how DMT and movement based interventions can be used as a way to help these individuals work through their grief in an embodied way. The first area of exploration begins with a brief description of what trauma is and how that pertains to children’s grief.

Literature Review

What is Trauma

The American Psychological Association defines a traumatic event as one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs. Traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, acts of terrorism, war experiences, natural and human-made disasters, suicides, and other traumatic losses. (APA, 2008)

Research has also illuminated that trauma is not just an event that took place in the past; it is also the imprint left by that experience on the brain, mind, and body (van der Kolk, 2015). The impact of these events, either singular or multiple, affect the body drastically and its effects can linger for an extensive amount of time after the event.

Due to the complexity of trauma, there are a number of diagnoses that exist under the umbrella term trauma, however for this capstone, the main focus is going to be on children's grief, and more specifically, embodied grief. What is important to recognize is that there are different cultural beliefs to consider in regards to how death is viewed as well as the relationship the child had with the deceased. These different cultural beliefs are important to consider when discussing grief as well as gender and societal standards or expectations.

Children's Grief

When a child experiences the death of a parent or sibling, there is no "correct" way to grieve or to respond. Children's grief can look different depending on the child, their relationship to the deceased, as well as their developmental level and understanding of the death. Another consideration is adults' discomfort with dying and their grief process can also affect young

children's understanding of death (Norris-Shortle, Young & Williams, 1993). Often, the perception of parents or caregivers is that children are capable of managing their grief in the same way as adults, however, the bereavement of children is different than adults; "cognitively and intellectually they are still growing and developing and do not have the same amount of life experience as adults to adapt their grief in the same ways" (McNiel & Gabbay, 2018, p.13).

Another misconception involving children's grief is the assumption that they would not be affected at all because they are too young to comprehend what is happening. Norris-Shortle et al. (1993) discuss the skills toddlers have in regards to understanding death and loss.

Although the average toddler's cognitive skills may be limited, children three and younger have emotional responses to the death of someone they have known. Theories and research indicates that children's individual characteristics, tics, their developmental stage including cognitive level, and their environmental and familial experiences must be considered to understand their grief. (Norris-Shortle et al., 1993)

McNiel and Gabbay (2018) discuss that even though the child may not fully comprehend what is happening around them, they are being impacted on many different levels.

It is also important to note that it is possible for children to express their emotions or grief in a variety of ways, not just by using words. Norris-Shortle et al. (1993) mention that although some children's cognitive understanding may be limited, these individuals feel and react to the death of an important person in their lives with strong emotion and confusion. How children hold their grief, their emotions, and their experiences can all manifest in the body, displaying as physical reactions, mental reactions, and even spiritual reactions. Clinicians should be aware that not only do children grieve, but that their range of differences in understanding the death can vary as much as their developmental pace, their individual personalities, environments, and

family experiences (Norris-Shortle et al., 1993). Furthermore, it is important to note that children's grief should be viewed through the lens of their environment, cultural, and social context as well as understanding that there are internal factors, like personality and the way they prefer to be in the world, that impact how a child may grieve (McNiel & Gabbay, 2018). Finally, although it may be difficult to think of grief for young children as lasting a long time, it is important that individuals working with grieving children to not push or pressure them to show responses (Norris-Shortle et al., 1993). As stated before, there is no "normal" grief response, so allowing the children the time and space to grieve and process what has happened is essential.

Embodied Grief

Grief is frequently experienced and expressed through our emotions (McNiel & Gabbay, 2018). Grief for children can manifest and be held physically in the body and can be expressed in many different ways. Early experiences form memories that are registered and organized through somatic, sensory, kinesthetic and nonverbal modalities. These nonverbal, kinesthetic and felt-sense memories occur throughout life and can greatly impact and alter how an individual develops both a personal body image as well as a sense of self (Chaiklin & Wengrower, 2009). Specifically, the human body embodies, or holds a memory of the trauma, and expresses it in body language, posture, and physical symptoms. Further, these trauma memories often disconnect from the brain's speech center and limit the individual's ability to express the trauma verbally (van der Kolk, 2014). Therefore, theorists proposed that trauma is best treated by somatic or embodied approaches that seek to work with the relationship between the mind and the body.

For example, participation in therapeutic dance activities for expressing the grief and pain of loss offers individuals a way for confronting and expressing real emotions, as reflected

through rhythm, voice, facial expression, and body posture...embodied memories of grief may emerge, either to be dealt with or displaced for a future encounter (Akunna, 2015). Embodied grief can also present as somatic complaints, such as headaches or stomach aches, feelings of forgetfulness or foggy memory, sleeping too much or too little, as well as behavioral issues such as impulsivity or hyperactivity or even intense feelings of emotions. Some of these “symptoms” may also cluster together; for example, if a child is feeling angry about the death of their loved one, they may experience tenseness in their shoulders. For another child, whenever they are feeling sad, they may experience extreme chest pains or a decrease in energy. Embodied grief can present differently for each child, and its presentation can also change for individuals as well. Using somatic and body-based interventions can be extremely beneficial to not only normalize these individuals’ experiences, but also working in this holistic way allows the children to explore and express their grief in a comprehensible and more realistic way.

Treatment that Targets Embodied Grief: Dance/Movement Therapy (DMT)

As previously mentioned, dance/movement therapy (DMT) is a holistic approach to healing, based on the empirically supported assertion that mind, body, and spirit are inseparable and interconnected; changes in the body affect the mind and vice versa (American Dance Therapy Association, 2009). It is also defined by the American Dance Therapy Association (2009) as “the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual”. One of the first pioneers of DMT was Marian Chace (1896-1970), who began her career as a dancer, choreographer and performer before beginning her pioneering work with psychiatric patients (Levy, 2005). Many of today’s leading dance/movement therapists originally were trained by Chace and continue to adopt her methods. Chace’s basic assumption was that “dance is communication and this fulfills a basic human

need” (Levy, 2005, p.21). Another prominent pioneer in the field of DMT was Trudi Schoop (1903-1999). Schoop believed that “who we are is reflected and manifested in our bodies...what happens in the mind has a concomitant reaction in the body and what happens in the body has a concomitant reaction in the mind” (Levy, 2005, pg. 61). Schoop’s main contribution to the field of DMT included her emphasis on structured avenues of self-expression, which provided “a sense of self-control, trust of the body and therefore a deeper identification with one’s physical self, and flexibility and strength in coping with life experiences” (Levy, 2005, pg. 67). While there were many other pioneers as well as more current dance therapists who have provided countless attributions and meaningful work to the field, this brief description of two pioneers in DMT are important to note before exploring different movement-based interventions and techniques when working with children experiencing embodied grief after the death of a loved one, and more specifically, the benefit of DMT in treatment.

Panagiotopoulou (2011) argues that DMT has an advantage over verbal treatment, since it includes assessment of movement and nonverbal body manifestations, producing a more comprehensive and integrated picture of the whole individual and their needs. Levy (1995) argues that movement and dance may be a better source of information than verbalization, since “words alone are not enough to express the totality of the experience” (Levy, 1995). DMT is at the frontier of the current trend in psychotherapy, which is just beginning to understand the significance and importance of the body’s role in the healing process. “The fact that the body keeps the score adds depth to the concept of emotive movement” (van der Kolk, 2015, p. 88). Understanding and honoring the fact that the body holds memories, events, emotions, and individual’s stories can be extremely beneficial in treatment as well as in validating the individual’s experiences.

Homann (2010) explores the specific concepts in neuroscience to understand the interrelationship of the functioning of the mind and body as well as discuss how these concepts can help dance therapists understand and articulate their work in a more nuanced way. The article explored emotional regulation and how movement can engage physiological processes related to emotion and make them potentially more available to the conscious mind (Homann, 2010).

Feeling states can be identified through the individual's conscious tracking of the body's experience- How does my body feel when I am upset? Angry? Sad? Joyous? How do I want to move and experience my body when I feel this way? Exploring movement is a powerful resource for becoming conscious of one's emotional experience and expressing feeling states to others. (Homann, 2010, p. 85)

Exploring movement with children experiencing embodied grief can help them not only identify their emotions, but help them connect, relate, and share their emotions in a healthy way. Homann concluded that each individual has more access to thoughts and more flexibility to emotions when they are grounded in their bodies and that helping these individuals understand and explore these connections between the mind and the body can allow them to be more present.

DMT helps individuals use their bodies to understand the emotional and psychological wounds suffered. It uses the self as a basis for exploration and discovery (Levy, 2005).

Movement provides mental wellbeing and positive therapeutic results to individuals who have experienced trauma. Callahan (2011) introduces the idea that the body holds painful memories and that movement can assist in releasing some of the body's tensions. This indicates that a body-based approach to understanding the healing process of bereaved parents is well-suited to gaining a fuller understanding of what they might experience (Callahan, 2011). The use of DMT

therefore can be critical for individuals who have experienced a trauma, especially the loss of a loved one. Openly dealing with and accepting such loss through creative interactions of shared emotions such as grief and pain, can help establish a small measure of relief for not only the deceased's relatives, but for the deceased themselves (Akunna, 2015).

Using artistic inquiry, Callahan (2011) explored working with parents bereaved by child loss. This purpose of research was to discover the answer to the following question: How can an inquiry in an artistic form, inspired by parents bereaved by child loss, enable a dance/movement therapist to understand and communicate the depth of their grief to those who have not personally experienced child loss? (Callahan, 2011). The researcher worked with bereaved parents for seven weeks using various DMT and counseling techniques and kept a journal about the parents' reactions and the impact the stories had on the researcher. The process led to a greater understanding on a body-based level of what happens to bereaved parents and gave the researcher a fuller understanding of the experience of loss (Callahan, 2011). The hope was that DMT could offer an outlet for feelings difficult to express in words.

The bereavement group allowed the researcher to delve into the topic of child loss on a more personal level. The stories of each of the parents' losses were analyzed, and parts of their dialogues were incorporated into a performance. Five theatre students were invited to assist in creating *Buried Treasures*, the performance that embodied the themes and elements involved in the parents' bereavement group. The performers did not participate in the bereavement group, and the decision to choose actors to participate in the choreographed piece rather than dancers was based on the need to use the voice as well as the body to embody the emotions of the bereaved parents, thus enhancing the performance while more accurately portraying the parents' losses (Callahan, 2011). The performers embodied these feelings, synthesized them, and

“artistically arranged them into creative movements, thereby palpably communicating to the audience the suffering that child loss creates” (Callahan, 2011, p. 190). The use of nonverbal experientials with bereaved parents strengthened their body-mind connections, and allowed them the space to not only grieve, but process in a way that was authentic and holistic. Because this author used wholeness and body-mind harmony through the combined use of text and movement, the audience was offered a body-mind experience conveying the emotional aspects of child loss.

Current studies in children’s grief and bereavement illuminate that creative arts therapies may support children in the sharing and healing of their experiences with a death loss. However, theories or models suggesting the specific role of DMT as a possible creative intervention for this population have not been published. This qualitative study conducted by Philpott (2013) was designed to explore the experiences of dance therapists who have worked with children grieving a death loss. Within this research, semi-structured interviews of three dance therapists were conducted and a variety of questions were posed to allow each therapist to share her experiences and to reflect on if, and how, these experiences inform the clinical interventions chosen with this population (Philpott, 2013). Major themes from the transcribed interviews were extracted through a multistep coding process; the themes included the therapists’ own emotional and somatic response as well as how the participants navigated the countertransference that would arise, the grieving child’s feelings and expressions as well as their ability to relate to the person who died, the therapeutic relationship and the containment of space, safety, and support, and finally, interventions used and the importance of DMT with this specific population (Philpott, 2013).

Philpott (2013) elaborated on one participant and how she explained that dance/movement therapists have the capacity to understand attachment theory from a movement perspective.

This includes: creating safe spaces in a movement circle; supporting children to build their relational skills and work together with movements in the horizontal plane; offering a space for self-reflection in dances that honor a loved one; in teaching body regulation skills; and offering ways to create new meanings from the significance of death, through communal ritual with other peers who have their own lived experiences of grief.

(Philpott, 2013, p. 153)

Participants also described that the way dance/movement therapists work with the body through nonverbal communication can help normalize the full expression of grief, supporting children to find connection with other peers without reactivating feelings of separateness. When each participant specifically spoke about the potential importance of this work with populations of grieving children, two mentioned that grief is held in the body. Because of this, they explained that DMT has the capability to access those holding patterns through support and self-regulation of the bodily experiences of grief (Philpott, 2013).

In regards to limitations, the researcher recognized that the three participants in the study identified as female and that it is important to note that the interventions may be related to the gendered social constructs of each therapist and the clients they worked with (Philpott, 2013). It is important to mention again, that within the field of grief studies, grief counseling, and psychotherapeutic literature, several models for working with clients are offered, however, when children grieve they may not be able to verbalize their processes in ways that traditional talk therapies support (Philpott, 2013). While research on grief in the field of DMT is limited, more

strides are being taken to explore this population through a DMT lens as well as body-based practices or holistic approaches.

Body-based Practices and Holistic Approaches

When using holistic approaches or body-based practices, it is important to understand what is happening in the body during moments of intense emotions. “The body is physically restricted when emotions are bound up inside. People’s shoulders tighten; their facial muscles tense. They spend enormous energy holding back tears...when the physical tension is released, the feelings can be released” (van der Kolk, 2015, p. 218). Movement, and specifically breathing, can help facilitate this intense release and bring individuals either back to baseline, or back to a more regulated state. “Movement helps breathing become deeper, and as the tensions are released, expressive sounds can be discharged. The body becomes freer, breathing freer, being in flow” (van der Kolk, 2015, p. 219). For individuals who are perhaps initially hesitant about movement, breath work can be a great place to start; breathing involves movement from the chest, stomach, ribcage, and can expand into the torso, shoulders and even the release of the head. However, in order to even begin this movement and body-based practices, establishing trust and safety is critical. “We start by establishing inner ‘island of safety’ within the body. These means helping [individuals] identify parts of the body, postures, or movements where they can ground themselves whenever they feel stuck, terrified, or enraged” (van der Kolk, 2015, p. 247). Establishing this point of safety is critical before moving into much deeper work.

Beltran and colleagues (2016) introduced the concept of using yoga-based psychotherapy groups (YBPG) for young boys in urban settings who have been exposed to trauma. Their objective in this intervention cohort study was to examine changes in interpersonal functioning after each YBPG at an urban-based mental health center, focusing on treatment of children

exposed to interpersonal trauma in their communities and families (Beltran et al., 2016).

Participants were 10 boys, ages 8-12 years old, and the intervention was a twelve-week YBPG program. Measures of attendance and interpersonal functioning- the Behavioral and Emotional Rating Scale 2 (BERS-2) and patient satisfaction surveys- were collected and the pre- and post-YMPG, paired *t* test, Wilcoxon's signed rank test, and effect sizes were calculated to assess change in interpersonal functioning (Beltran et al., 2016). The BERS-2 scores produced significant improvements on the parents' ratings of participants' (1) Interpersonal Strength, Intrapersonal Strength, and Family Involvement scores, with mean improvements on those subscales being 1.4 ($p = .007$), 1.9 ($p = .012$), and 1.4 ($p = .045$) points and (2) Strength Index scores, with a mean improvement of 8.7 ($P = .004$) (Beltran et al., 2016). Written satisfaction reports were administered to the group's participants and parents during the final session, where each responded to 10 items using a Likert-type scale to assess their opinions of the group. The study provided preliminary evidence for the feasibility of YBPG as an effective intervention for boys exposed to trauma in urban settings.

The YBPG was designed to strengthen 6 core functions in participants, including safety and personal boundaries, self-awareness, self-soothing, self-regulation, competency, and self-esteem (Beltran et al., 2016). The authors noted the main limitation in this study was the small sample size they were working with. Although the statistically and clinically significant changes in the BERS-2 measures were encouraging and suggested robust changes in the group as a result of the intervention, further research is needed using larger sample size (Beltran et al., 2016). The results also suggest that therapists can recommend a yoga practice outside of the psychotherapy hour to help improve the emotional regulation and mental health functioning of youth exposed to trauma; one could also argue offering DMT as an alternate or primary form of treatment due to

its recognition as also being a form of mind-body medicine. As the article suggested, movement, or more importantly, the mind-body connection is critical when working with individuals who have experienced trauma. Most young adolescents have a hard time being able to make mind-body connections, so using different forms of therapies that address and work through this connection is critical when creating a treatment plan. As the study also inferred, more research is needed with larger population size.

The guiding research question for Stutey and colleagues' study was: How do children, who have been in therapy for a significant loss, express their grief process verbally and symbolically using photos to express emotional content? (Stutey et al., 2016). In this research study, narrative and critical inquiry, expressed through photo-elicitation methods, were applied to reveal differences experienced by children who have experienced grief. Additionally, in an attempt to be consistent with the premises of play therapy, the authors sought to better understand this process by providing a creative, and nonverbal component for children to express their emotions and experiences (Stutey et al., 2016). A review of the literature suggested that photo-elicitation was an ideal tool to study the difficulty to describe the highly emotional, and somewhat taboo, topic of grief in children. The authors of this study believed that children, while not only legally defined as a vulnerable population, are also marginalized in the research process as they are rarely given the opportunity to represent their own experiences and reactions (Stutey et al., 2016). The combination of critical and narrative inquiry gave researchers the opportunity to represent the feelings and reactions to a significant loss as storied by the children themselves.

Participants in this study consisted of four children between the ages of 6 to 9, three female and one male, who had experienced the loss of a loved one recently. All children who participated in the study were, or had been, involved in play or art therapy and the participants

had experienced a variety of losses including the loss of a sibling, parent, and grandparent. Flyers were distributed to multiple mental health and hospice agencies, in a Western state in the United States, to recruit participants who met the criteria (Stutey et al., 2016). The participants were given a camera with directions to, “take pictures of anything that reminds you of your loved one who died or that will help me understand how things have been for you since they died” (Stutey et al., 2016).

Later, during a follow up interview, the children were able to explain each picture and the significance it held. Once all data was transcribed, it was analyzed and independently coded by each member of the research team. Consistent with the play therapy literature, the children in these studies lacked the verbal expression skills to reveal the complexity of their emotions. However, the visual and creative expressions of emotion, the pictures in this context, were ripe with complex emotional expression (Stutey et al., 2016). One limitation that was present within this study was the small number of participants; although a degree of saturation was reached, the researchers thought that more participants may have illuminated more aspects of the grief process of children (Stutey et al., 2016).

Consistent with the principles of nondirective play therapy, it is important that play therapists working with children experiencing a significant loss know that nonverbal, expressive mediums allow children the opportunity to express emotions around loss in a developmentally appropriate manner (Stutey et al., 2016). Children experiencing a loss or a trauma may not verbally address their thoughts or feelings, however through the expressive arts therapies, children are provided with a platform in which they can explore these thoughts and feelings in a way that is appropriate and practical. In future research, expressive art therapies, specifically

DMT, can be used as a way for the children to express themselves and explore their emotions in a developmentally appropriate way.

Discussion

This area of research is extremely important to me as I am part of these jarring childhood grief statistics; as a child, I experienced several death losses, both in my family and among my social group of friends and peers. I also witnessed firsthand how death can affect the loved ones around you, and how they can carry that grief with them for years to come. I also believe this area of research is important because more and more children are experiencing grief. One in five children will experience the death of someone close to them by age 18 (Kenneth Doka, Editor of OMEGA, Journal of Death and Dying). This staggering statistic makes me realize that these are the people we will be working with in the future as therapists; death will continue to be a part of these individuals lives, but we can help support them in their healing and grieving process.

I also believe this is an important area of research because more often than not, children are told how and when to grieve and their parents model what is appropriate grief; I believe working with these children as they continue to grow and develop creatively and with DMT or movement based interventions is critical to allow them to experience and honor their grief as well as learn new ways to cope with their loss. It is also important to note that these grieving children eventually will become grieving adults; death is inevitable and will affect these children again and again as they continue to grow older, so helping these children establish a healthy way to process grief as well as their emotions early on is critical.

Lastly, I think it is important to differentiate between utilizing DMT as treatment and dance or movement as therapy; while DMT is a form of treatment and there are DMT based interventions, it is important to notice and understand that is different than using dance and

movement as a therapeutic escape. I am not suggesting that these children who have experienced a death loss not have the opportunity to explore their artistic passion, whether it be through art, movement, music, spoken word, photography, or writing. As a dancer, I have personally experienced the joy dance and movement has brought me as well as it was a safe space for me to explore my deeper emotions and feelings. While this was beneficial to me, it was therapeutic in nature but not my form of treatment. DMT utilize different interventions and exercises, therapeutic relationships, safety, structure, containment and relational aspects within therapy that is not prevalent in a traditional dance studio.

After reviewing the literature pertaining to children, embodied grief, and DMT, it has become clearer that much more research is needed. The nature of this literature review serves to present findings on DMT and movement-based therapies with grieving children, thus it is not meant to make any universal assumptions or claims about why only dance/movement therapists should work with this population. Through this review, I believe it is important to conceptualize how this population could benefit from a body-orientated and movement-based interventions and treatments, however that is not meant to dismiss any other forms of treatment or therapy. As the literature has suggested, the mind-body connection is crucial to include within the therapeutic process when working with children experiencing embodied grief; while traditional talk therapy and verbalization can be beneficial and important to grieving children, allowing and encouraging them to explore their thoughts, feelings, emotions, and stories through DMT or movement-based interventions can aid in their healing process as well as give them more awareness and insight on what they are experiencing on a body level.

The biggest take away after reviewing the literature is understanding the importance of the body; the body holds our stories, houses our feelings and emotions, and carries us through

life. Listening to, honoring, and respecting the body is crucial when working with children experiencing embodied grief as it can be a gateway to help these individuals understand what is happening on a physical level. Addressing their grief process through movement-based therapies and interventions can allow them the time and the space to work through these different emotions as well as help them understand what is going on. Through the use of DMT and body-based practices, these individuals can explore self-regulation, benefit from peer support, discover and name different emotions and feelings, track and identify where they feel these emotions in their body, and honor their loved one through expressivity.

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