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Using Body Oriented Interventions for Impulse Control in Individuals Struggling with
Addiction: A Literature Review

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Abstract

This paper is a literature review that explores the literature on addiction, impulsivity and dance/movement therapy (DMT), culminating in a discussion on combining the research to inform a new direction in treating Substance Use Disorders (SUD). Exploring an understanding of addiction paired with what is understood about the reality of impulsivity, it is suggested that a DMT approach can be used to create a deeper personal understanding of the self. By focusing on sensations and recognizing established patterns, those in treatment can begin to respond instead of react to the urges and cravings that inform impulsive behaviors. This paper examines how this approach could be beneficial in treatment and why it is necessary to do more research in all areas of addiction, impulsivity, and the use of DMT as an effective intervention.

Keywords: Addiction, Substance Use Disorders, Impulsivity, Dance/movement Therapy

Using a Body Oriented Approach to Treating Impulse Control in Individuals Struggling with

Addiction: A Literature Review

INTRODUCTION

There is no understating the fact that the addiction problem we are faced with as a culture right now has expanded to a national epidemic (Kolodny, et al., 2015). In 2015, an estimated two million people struggled with substance addiction (National Institute on Drug Abuse, 2017). While the NIDA reports an extensive number of treatment options for substance addictions including different styles and centers in the thousands of options, the relapse rate continues to hover between 40-60 percent indicating a prominent need for a unique approach that is safe, client-centered, and focused on a different aspect of common symptoms of addiction. According to Van der Kolk (2014), “the body keeps the score”, and it also listens and responds faster than we can cognitively process most things most of the time. Using the body and the sensations encompassed by it as a starting point, progress can potentially be created in a different way.

LITERATURE REVIEW

The Substance Abuse and Mental Health Services Administration found that in 2014, nearly eight million individuals suffered from co-occurring mental disorders (SAMHSA, 2018). Frontiers in Psychiatry reported in 2011 that 20 to 50 percent of individuals that experience an impulse control disorder also struggle with substance abuse (Schreiber, Odlaug, & Grant, 2011). By combining research that focuses on both impulse control, somatic creative arts treatment approaches, and treatment for substance abuse, it may be possible to incorporate a body-oriented approach to understanding how the body responds to having impulses and how to create the

space to respond instead of react to those urges. Studies that have focused on these topics have correlated impulsive behaviors as mediating factors in substance abuse (Evren, Cinar, Evren, Ulku, Karabulut, & Umut, 2013) suggesting that the focus on impulse control in addiction treatment could be beneficial. Another study conducted by this research team found through cross-referencing multiple questionnaires among individuals, there is a significant correlation between childhood trauma, impulsivity, and substance use (Evren, Cinar, Evren, & Celik, 2012). One study found that the effect of trauma, as well as drug use, has significantly hindered the ability to cognitively organize behavioral patterns in social situations, leading to impaired tolerance. This potentially leads to detrimental explosive impulsive tendencies. Similar research found a cyclical pattern between cocaine use and impulsivity that is potentially stemmed from childhood trauma (Narvaez, Magalhaes, Trindade, Vieira, Kauer-Sant'Anna, & Kapczinski, 2012).

Therapists working in a treatment center for trauma and sexual abuse that also specialized in substance use found that integrative movement was a particularly helpful tool in helping create an authentic sense of self (Scott & Ross, 2006). One study that focused specifically on creative arts and reduction of substance abuse found that they could not conclude any significant long-term data due to lack of follow-up ability, however this in and of itself demands a search for a long-term type of intervention (Megranahan & Lynskey, 2018). In order to understand the effects of using a creative movement based intervention, more research must be done in a clinical capacity. The minimal amount of information offers little progress towards a growing epidemic.

Understanding Addiction

The Oxford Dictionary defines addiction as “the fact or condition of being addicted to a substance or activity” (Oxford University Press, 2019). Merriam-Webster dictionary writes their broad definition as “persistent compulsive use of a substance known by the user to be harmful” (Merriam-Webster, 2019). The American Society of Addiction Medicine (2019) states “addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.” Influenced by authors discussing alcoholism in the early nineties, Angres & Bettinardi-Angres (2008) include an important addition to the definition of all addictive behaviors - distorted thoughts, including denial. Sussman and Sussman (2011) conducted an extensive literature review to investigate the definition of addiction and found that not only must tolerance and withdrawal be including when defining addiction, but also cravings and urges to use a chosen substance. They also include findings of impulsive and spontaneous behaviors in order to become engaged in addictive behavior as a necessary factor when defining addiction.

Co-occurring disorders with substance use has been widely discussed, and is beyond the scope of this paper, but it is important to note this reality when attempting to understand how addictive behaviors are manifesting themselves in a person’s every day life. What we do know is that in order to be diagnosed with a substance use disorder, the behaviors that have manifested themselves have become overwhelmingly time consuming, nearly to the point of obsessive thoughts about the substances, disruptive to social structures including family and friends. Risky behaviors without thought to consequences outside of obtaining the desired substance become criteria for diagnosis as well (DSM-V, 2013).

While all of this firmly established, it has been noted in clinical work as well as in a survey by the National Institute of Mental Health that dual-diagnoses are readily apparent and should be considered as two primary diagnoses, as opposed to one or the other being included as

a secondary (Thomson, 1997). The two should be treated simultaneously, however that is a lofty expectation, as it is known that treatment for even one diagnosis is complex. What is clear through the research and even as foundational as the growing definitions of addiction is that impulsivity is a factor in many people who struggle with a substance use disorder. Whether the impulsivity was a determinant to addictive behaviors or a consequence of that use can be investigated but ultimately needs to be addressed no matter what the answer (deWit, 2009). In one study of co-occurring mental and substance use disorders, it is stated that “dysfunction in the pre-frontal cortex and front cortex associated with deficits in self-monitoring and behavioral control are evident in ADHD, other externalizing disorders, and substance disorders” (Brady & Sinha, 2005, pg. 1490). What this means is that resolutions to “just stop” aren’t nearly as plausible when the pre-frontal cortex is hindered. Self-regulation has not yet been learned or practiced. The ability to even consider consequences is irrelevant to the reality of someone struggling with addiction for whatever reason. While this paper does not focus on the makeup of the brain, it is clear that there is some sort of cognitive disconnect that happens. Even so, motivational interviewing, an inherently talk based treatment technique, has been effective (Madson, Schumacher, Baer, & Martino, 2016) as a means to rectify some cognitive distortions. Caldwell (1996) though, discusses an in depth look at treatment with women who have struggled with substance use, the necessity of actually doing things to influence and incorporate change into an individuals life. Processing through talk therapy is indeed a necessary piece of treatment, but without action it is difficult to incorporate change. If addiction is informed by and with impulsive *action*, than the *actions* are a large piece of what must be understood in treatment; not only that, but the *alternative* to the detrimental actions they have continuously engaged in.

According to Rose, (1995) “This realization is critical for patients because treatment efforts are easily sabotaged and recovery is considered a lifelong endeavor” (pg. 108).

The management of living with an addiction diagnosis is unlike any other diagnosis. There is no cure for addiction, only management, and the phrase most commonly used is “to be in recovery”. The definition of recovery itself has gone through some discussion, the general theme as treatment goes is that it is a *process of sustained change* (italics mine) that influence and maintain an individual’s health and wellness (American Society of Addiction Medicine, 1982 & Substance Abuse and Mental Health Services Administration, 2012). Initial care is typically offered in “acute care-oriented and time-limited settings” (Dupont, 2015, pg 1), though recovery is a lifelong experience. These treatment spaces are also largely separated from other health care systems and are harder to find or gain access to. As reported in a study of a five-year recovery plan (Dupont, 2015), addiction management has fewer consistent strategies than any other chronic illness strategies. Addiction treatment has fewer medications but more social and behavioral components that are necessary but much harder to gain access to continuously. Recovery in and of itself is a more self-managed process than any other medical treatment plan. Thomson (1997), a dance/movement therapist who worked in a hospital with those diagnosed with both substance use and at least one other diagnosis found that she was able to help “reinforce the idea that recovery is a process of tolerating the unpleasant before achieving well-being” through consistent movement therapy groups. Studies have shown that simply the lack of time and resources to facilitate quality care, particularly in acute-care facilities, are a huge barrier to implementing fundamental changes that are necessary in addiction treatment (Amodeo, et al., 2011). At this point in time, we cannot change the systems that these facilities function within, which can be incredibly problematic (John Oliver Tonight, 2018), but perhaps we can begin to

facilitate a different approach to the care provided in those centers; treatment that can be beneficial to clients who are confronted with a limited amount of time to understand an extensive and complex personal history that has been masked by substances in a problematic way for at least one year (DSM-5) and most likely much longer.

Understanding Impulsivity

One broad definition of impulsivity is engaging in “inappropriate or maladaptive behaviors” (de Wit, 2009). Even more specifically, impulsivity is defined as the “tendency toward rapid, poorly considered, and disinhibited decisions and actions, despite negative consequences” (Thomsen, Callesen, Hesse, Kvamme, Pedersen, Pedersen, & Voon, 2018, pg 317). In general, impulsivity could be considered in a way that is seen as simply the body doing things without thought process. Doctors writing for American Addiction Centers note that there is little to no consideration for consequences when impulsive behaviors arise, likely due to the restoration of comfort from relief. The relief from discomfort of any sort is the active intention for someone using externalized objects such as substances. This relief may in turn make it even more challenging to discontinue the impulsive use of substances (Horvath, Misra, Epner, & Cooper 2019). Eloquently said by Heshmat (2018) who specializes in addiction and obesity, “The immediate thrill of drugs only moments away outweighs the distant value of having enough money to pay rent at the end of the month.”

In researching the act of impulsivity in every day life, research found four impulsivity facets in a non-clinical population with consideration to every day normative behaviors. The four facets of this approach include negative urgency, lack of premeditation, lack of perseverance, and sensation seeking. By looking at the behaviors in an individual’s every day life, researchers were hoping to gain a more authentic look from their natural environment that did not have to

consider limitations of reflection bias or context of behaviors based on research laboratory settings. This research found that overall, impulsivity was only related to two aspects regarding normative daily functioning; lack of perseverance and negative urgency (Sperry, Lynam, Walsh, Horton, & Kwapil, 2016). In this context, negative urgency is defined as the “tendency to act rashly when distressed” and is typically associated with externalizing dysfunctional behaviors including substances use (Settles, Cynders, Fishier, et al., 2011). Another important facet to confront is the opposite; that positive urgency offers in expectation of positive effects through substance use (i.e. feeling less uncomfortable), which in turn often leads to increased use of substances to cease coping with negative emotions (Thomsen, et al., 2018. Pg 318). For those people who have a tendency to use substances, especially those that have co-occurring disorders that become too difficult to confront, the lack of perseverance is the easiest facet to fall into. To have a tendency to stop experiencing difficult things when the trouble is too much to bear is second nature by the time any substance use disorder is diagnosed. As Horvath et al., (2019) noted, “people's addictions limit their ability to use rational thought. This is due in part to the damage to the prefrontal cortex.” While there is research designated to the damage to the prefrontal cortex that is caused by substance use, that topic is beyond the scope of this particular paper, though important to mention.

In reference to substance use, it is interesting to note that all facets except sensation seeking were correlated to impulsivity and regular troublesome behaviors, suggesting that it is rarely the feeling of being intoxicated in any way that is the desired outcome of these impulsive behaviors that include substance use (Sperry, et al., 2016), but the feeling of not experiencing or thinking about negative emotions. With this knowledge, we can begin to confront the initial indicators of impulsive behaviors as well as SUD.

Impulsivity and Addiction

De Wit (2009) conducted research focusing on measures including behavioral inhibition, impulsive decision-making and attentional lapses to correlate a closely linked relationship between drug use and impulsivity. The author found that impulsive behavior could be seen as both a determinant and a consequence of drug use. Researchers found a “cluster of impulsive traits that increase the risk of the onset of drug use” including behavioral and neurobehavioral disinhibition traits in children gathered from self-reported questionnaires directly predicted future use of substances.

When looking into how impulsive behaviors are stemmed from life circumstances and continue into a cyclical pattern, researchers used a cross-sectional study of 84 patients being treated at a voluntary health clinic in Brazil with a sole or primary diagnosis of crack-cocaine abuse or dependency that correlate poor executive functioning and high impulsivity with already established research of correlation between childhood trauma and cocaine use. Previous research has found this to be the case specifically among women, however, this particular study found the same to be true among men (Narvaez, et al., 2012). It has also been found that individuals with childhood physical abuse were significantly correlated with both substance dependence and self-harm. Those that had also experienced childhood sexual abuse significantly correlated specifically with opiate use (Evren, et al., 2012).

According to these studies, it is suggested that the negative impact of both trauma and drug use affect the cognitive aspects of understanding fluctuation, including the organization of behaviors in social situations and relationships, which leads to impaired tolerance. Condensed down, this research seems to have found a cyclical correlation between cocaine use and impulsivity, trauma and impulsivity, as well childhood trauma and substance use (Narvaez, et al.,

2012). More research suggests that impulsive behaviors work as a mediator for the associations between childhood trauma and the nature of substance. The impulsive behaviors that tend towards substance allow a person to dissociate from other problems including chronic anxiety, aggression, and confronting their trauma (Evren, et al., 2013). This in particular indicates that focusing on impulsive tendencies in treatment could be beneficial. If we can work backwards from patterns of impulsivity to how those behaviors became ingrained in a person, that understanding could be a helpful to form personal understanding and clinical treatment.

When considering the correlation of trauma, impulsivity and addiction, what is left out of most of the literature in general was the research regarding those that have been affected by emotional trauma on any level (Evren, et al., 2012). As of now, it is unclear as to the effect and extent of behavioral characteristics stemming from emotional dysregulation. With this understanding in mind, the relevance of trauma has to be acknowledged but will not be investigated here.

Dance Movement Therapy and Mindfulness

The American Dance Therapy Association (2019) defines dance/movement therapy as “the psychotherapeutic use of movement to promote emotion, social, cognitive, and physical integration of the individual” By using movement as the mode of intervention, the DMT practice is inherently attuned to focusing on the present moment. This can both inform our understanding of past patterns when they are recognized as habitual and create new understanding of the self and the somatic actions used by individuals.

To begin thinking of treatment that must happen in a time-sensitive manner, dance/movement therapists have techniques that can help foster trusting relationships that are necessary to do this work in a timely and safe manner, including mirroring, empathic movement,

kinesthetic awareness, attunement, and perhaps most importantly authentic movement (Levy, 2005). Using a Marian Chase model even at the very first meeting by inviting each individual specifically into a space allows him or her to be seen authentically as who they are in the moment without judgment. This fosters a sense of safety that allows a client to engage in treatment even apathetically if not willingly (Young, 2018, June 08).

These techniques, in addition to the grounding techniques investigated by de Tord and Brauniger (2015), offer the opportunity for both therapists and clients to be present in the moment. The use of authentic movement, even without direct “dance” involved, allows a person to be witnessed and understood without judgment, which allows a solid foundation for a trusting client therapist relationship and productive therapeutic development to evolve (Musicant, 1994). This helps ground all parties involved to the notion of what can often be seen as non-traditional therapeutic techniques.

When thinking of treatment opportunities for those struggling with addiction, the complexity of treatment regarding severity or diagnosis, resistance, and sheer reality of nature and humans having individual tendencies and established behavioral patterns cannot be understated. Individuals who have spent a portion of time using substances as an externalized coping skills may not be able to specifically confront the underlying struggles yet, indicating that any form of arts therapy may be a particularly helpful intervention. Researchers in an inpatient treatment center treating sexual and trauma discuss particular therapies that they have found useful including drama therapy and integrative movements, as well as arts therapies that incorporate body mapping and life-timelines, which are interventions used often in dance/movement therapy groups. Integral to the understanding of arts therapies is that while there is a structure, it is not necessary that they are experienced in a sequential manner, which is

helpful in the therapeutic success of getting what a client needs when they need it. Through exploring and processing metaphor and symbolism offered by clients and what those particular things mean individually, art therapist of various forms including movement can gain insight into how the individual sees the world. A heart is not always a symbol of love for someone who has experienced trauma, though it can still be a significant symbol of something to that person (Scott & Ross, 2006).

When we speak of this understanding in terms of movement therapy, we look at what is coming from the client from a body and movement perspective, and how that relates to the mental health of that person. “Relevance to the mind–body connection, insofar as mind was defined as a wide variety of intangible thoughts, feelings, or processes; body as a wide variety of observable physical processes associated with human functioning; and connection as the wide variety of ways that two things may be in relationship, including causation, correlation, dynamic interaction, parallel process, and equivocation” (Acolin, 2016, pg. 316). Whitehouse (1963) discusses this in terms of movement being informed by the inner-sensations in the same way that externalized art could be instigated from, that it is the active imagination in movement that allows for psycho-physical connections to become cognitively understood through processing. According to Whitehouse, This happens through movement by allowing the inner sensations to be felt and moved

Musicant (1994) describes the idea of providing a structure to experience authentic movement in a way that teaches clients the skills for “inner listening” (pg. 94). While noting that not every one could even participate in the activity, and some could only do so for a limited amount of time, potentially due to the lack of “inner safety,” she was able to explore each individual scenario through the lens of personal control. Acolin (2016) discusses the evidence of the

correlation of body awareness and healthy functioning and cognitive control; by bringing awareness to the sensations in the body, there is an attempt to bring some sort of conscious control to them, noting that body awareness may be “central to effective daily functioning” (pg. 326). Zylowska, a board-certified psychiatrist who specializes in adult ADHD notes that the importance of focusing on how the body feels *in connection* with the thoughts and emotions when impulsive behaviors arise. She notes that using mindfulness to create distance between urges and actions allows decisions for actions to happen with less criticism and more observation (Tartakovsky, 2019).

Tantia (2013) describes in detail the effects of using dance/movement therapy as a form of mindfulness that helps clients “kinesthetically engage with sensations, images, emotions and memories, leading to improved physical, mental and emotional well-being (pg 96). By bringing awareness to the individual reality of physical sensations, emotional experiences, and cognitive understanding *in the moment*, clients can begin to create a safe space to begin the challenging work of therapy. She discusses that this attention may fixate for some time on the external awareness of location, but that can still be a start for those struggling with any sort of personal awareness at all. The hope is to call attention to not only the environment, but the sensations in the body with direct focus on “body boundaries” that are necessary for individuals to identify, particularly if they have experienced trauma and tend to “block out” any sort of sensations as a safety mechanism. She states that the “body boundary that is created by the skin is the barrier or protection that separates the client’s internal world from the external environment” (pg. 97). Being able to create a sense of locating the self in an external space before calling awareness to the internal space helps to create a necessary safety. With this in mind, therapists can begin to guide clients towards an understanding of the entire embodied life, and towards being able to

actually experience what is happening both internally and externally in the present moment by experiencing “attention with the body” (Tantia, 2013, pg. 98).

Kirane (2018) who worked with patients struggling with addiction and other disorders in a psychiatric unit describes the necessity of establishing physical movement that allows for self-awareness at the very beginning of dance/movement therapy sessions. In doing this a dance/movement therapy group can begin to facilitate and understanding of uncomfortable sensations that must be learned how to tolerate. By understanding what is representative of denial or displacement of unwanted experiences (Caldwell, 1996), the movement group can be transformed not only into a “creative discussion” but into symbolic movement that can be explored and understood in a meaningful way (Kirane, 2018, pg 15). The group dynamic offers support and understanding through cohesion, as well as the sense of not being alone in the investigation (Young, 2018, June 08).

This idea is the embodiment of themes that Tantia describes as “the cornerstone of dance/movement therapy” – “the enlivened expressive response to awareness of one’s present-moment experience” (pg. 98). Though this awareness, there is opportunity to build self-actualization through experiencing relationships with the self and with others, and this can posit positive change (Dosamentes-Alperson, 1980). By being offered the opportunity to embody their own self in a safe way, they can begin to work through and understand why they have been essentially hiding the self with substances in order to work towards a positive outcome.

DISCUSSION

Dance/movement therapy, as a somatic based approach that calls awareness to all aspects of the somatic body in treatment, offers a unique look at how to begin to understand and therefore respond to the body when urges or cravings that are intrinsic in addiction occur. This

allows people to opt for other coping tools to internally self-regulate as opposed to giving in to the automatic impulse to use whichever external regulation has been decided on previously, including substance of choice. Understanding the how and why of the body can offer significant knowledge to any individual and this information can help to build personalized coping skills that can help them maintain sobriety and a healthy sense of self.

Initial thoughts are that it would be beneficial to conduct more long-term, in-depth research of both addiction and impulsivity. Most research of this type is self-reported and there is no way to fully comprehend the honesty of the reports. However, as indicated by the research found for this paper as well as many others, most research is conducted within voluntary programs that are not incentivized by anything other than beneficial treatment and there would be little reason to fabricate a traumatic history or dramatized behaviors (Narvaez, et al., 2012). While research suggests that early intervention of childhood trauma can help reduce the drug epidemic that is pervasive to many populations, it is important to understand the almost impossible reality of that (Narvaez, et al., 2012). While keeping this research in mind is necessary, what would be beneficial is an understanding of how to bring relief by breaking the particular cycle that addiction is understood to be. This is not always accessible to those who have difficulty with their thoughts or impulsive behaviors that have stemmed from their history and possibly lifelong habits. Using movement as a gateway into mindfulness could be helpful in finding a calming restorative quality to their mental health as well as actively changing their somatic behaviors.

It has been seen that those that test high on impulsivity levels tend to also lack significantly with perseverance as well as lack of premeditation which generally means that they don't even understand having the capacity to think cognitively about what they are doing in the

moment (Sperry et al., 2016). The body is simply just doing things. If impulsive actions are behaviors that happen immediately and without regard to consequence, what we hope to facilitate is a way to create space between those urges and actions to create an actual thought process before a behavior occurs. DMT is uniquely suited to treat impulsive actions by focusing on sensations at a somatic level with the intention of awareness. What we are doing with DMT is attempting to create a connection between the mind and the body. If the body is engaging in impulsive behaviors without the opportunity to engage the mind, how can we use the self-awareness of the somatic self to allow the space for that connection to happen?

The body is involved in a reciprocal process, so having a sense of needing to engage in an activity informs the thought process behind that impulsive characteristic that can be coped with by the understanding of those sensations. With the practice of self-awareness inherently informed by the nature of dance/movement therapy, calling attention to the awareness of the present moment could be helpful to investigate qualitative measures of impulsivity.

The thing about being in recovery from addiction is that recovery is not the cure. It is a lifestyle that is an every day effort. Just like taking medicine for a chronic disease, the choices an addict makes each day are the things that keep them alive. And relapse is never out of the question. Constant investigation and understanding is paramount for people who struggle with addiction. This allows DMT interventions to be beneficial because DMT inherently focuses on healing via the entire person at any given moment, not simply the symptoms that have been presented in a diagnosis. DMT does not have the opportunity to “treat” addiction, but allows the person to engage in their recovery with self-awareness for the rest of their life. Through this practice, clients can begin to specifically identify their own sensations and connect them with the thought process that creates the story of how impulsive actions have been happening and

hopefully build an understanding of how to break that cycle.

Research, anecdotes, stories, movies, and a multiplicity of experiences have confirmed that people struggling with addiction are accustomed to numbing the body with alcohol or drugs in order to not connect with their reality and how it has been stored in their body (Van der Kolk, 2014). As an externalizing disorder, the intent is to negate and deny sensation in the body via an external resource that has been proven not to take the sensation away but to mask the experience for the amount of time that the substance stays in the body.

When we begin to combine the authentic awareness of both clinician and client in the room, with interventions such as natural movement progressions and body scans to create connections in the body, one can begin to incorporate those things into every day life. The body scan, as described below by Vallejo and Amaro (2009), is the basis of this call to attention before movement even needs to begin:

The body scan exercise is used to reestablish conscious contact with the body. It consists of a systematic scanning of the different parts of the body to actually feel each region of focus, mentally exploring inner and outer sensations with curiosity and without judgment. This technique is effective for developing both concentration and flexibility of attention, and for training the mind to come back to the here-and-now through moment-to-moment awareness. (pg.194)

Addicts use substances most often to escape. To not feel. To not investigate what is really going on. The majority of substance diagnoses are comorbid with any variation of things that at first treatment may be too hard for the person to begin to confront. Guided visualization can be used but minimally, and that can be turned into a movement meditation of sorts that allows the identification of patterns that cannot change until they have been viscerally investigated and

understood.

Understanding through DMT affords the opportunity to respond instead of react when urges to behave impulsively happen. Response instead of reaction is one way describing the space we are attempting to create. And by using the body, and understanding the somatic practice of how the body exists to simply *do things*, we inherently come to understand those behaviors a little bit better. The hope is that the outcome is positive and productive and helpful, but at the very least we can understand the relapse a little deeper if it should come up. We know that relapse is part of the addiction cycle because addiction has a chronicity to its' nature (NIDA, 2018). It is a thing that we do not hope to have happen but can prepare for should it arise. Struggling with the comorbidity that is likely to be occurring means focus can change and practice of one thing or the other can wane at certain time. That is part of the learning curve. If we can take the understanding out of the cognitive self of *knowing* that there are things we should or should not do, can or cannot incorporate ourselves with, and finding ourselves doing it anyways (impulsivity) then we can begin help others listen to their internal sensations to gain an understanding of those somatic limitations; the body is desiring to do stuff and the brain needs to understand why.

The idea in this paper is to identify the benefits of creating space between proprioceptive impulsivity and the thought process to respond and not react. This inevitably requires more research to establish fundamental notions of progress. What we can glean from combining this type of information is this: to designate the opportunity for movement, body, and self-awareness to create that space is likely to be helpful. These approaches matter. Even to be able to identify when someone is reaching for a substance to use because they are actively attempting to avoid something more serious. Bringing that awareness to a conscious level more immediately can be a

helpful thing in the active recovery of someone struggling with addiction. If movement therapy can create some form of a second thought process so that perhaps the first desire is to use and the second one is to say “but wait, tell me more” the person can become their own model of expectations. This takes practice and trust in another human to be able to do this initially but can become inherent to the individual. Caldwell (1996) describes the externalization of expectation towards either substances or other humans in order to avoid disappointing the self due to any sort of slip-up, but that the act of disappointment in and of itself creates a continuous cycle. Through vigilant practice though, and through activating self-awareness and sensation understanding, “recovering our bodies helps us to drop our dependency on those external reference points and value-neutral ability to sense what is” (Caldwell, 1996, pg. 156). This investigation is not easy, but is beneficial, and must be explored in the safe container established in the routines, authenticity, and empathic nature that DMT offers. This investigation allows those in treatment to “explore both their dance of addiction and dance of recovery and integrate the strengths of each. As awareness of their body increases, so does their ability to listen to, and respond to body signals with intention” (Young, 2018 June 08). Caldwell (1996) states,

“We cannot sit and visualize our way through recovery (though that might be a good way to rehearse). We also cannot recover by sitting in our rooms and writing. We cannot recover by going to meetings and simply listening. We must act, for it is only in action that our bodies can physically change their old patterns of behavior. We shape ourselves as individuals and as a species by interacting with our environment” (pg 152).

We can offer people struggling with addiction a gentle entrance into this approach by simply sitting with them as humans without judgment and asking them to become aware of the simple things that surround them until they can begin to become aware of themselves. We can begin by

acknowledging that their meter in the world operates at a different pace and that whatever patterns they have participated in up until the date of their decision to engage in recovery is okay. Dance/Movement therapists can begin by gently encouraging them to acknowledge that it might be time to view their sensations, feelings, and actions with honesty and consider a change – and offering that change through exploring, understanding, and embodying action.

REFLECTION

In 2014, approximately 20.5 million people were diagnosed with a substance use disorder. In 2017 it was reportedly less, but still hovered around 19 million adults struggling with some form of substance use diagnosis (SAMHSA, 2018). It is clear that the epidemic of substance use affects a huge number of people actively engaged in use and those that care about the people struggling with drug or alcohol use, including this writer. Through my own experience of being unable to help the people I knew through their struggles, I found my way to an internship where I had the opportunity to work with addiction treatment, offering movement as both an intervention and an opening for discussion. By having one group per week that used a body oriented approach that included small movement such as stretching as well as embodied movement exploration of past experiences, the women in this this treatment center were able to have in depth conversations about how their drug use has allowed them to avoid their internal experience. They found a way to speak about why it is easier to stay still, calm, and almost “comatose” because when there is attention called to the reality of their experience they are so deeply reminded of traumatic events. They were able to draw connections between how substances allowed them to stay in that state of mind. With consistent investigation set up within the safe container of moving mindfully with awareness and without judgment, some of them were able to move past the statements of *why* they were avoiding something into *what* they were

avoiding. With a team of clinicians allowing for both historically traditional therapies as well as expressive interventions that included art and movement, some were able to discuss and confront childhood traumas for the very first time in their lives.

Each weekly movement group began by sensing the breath in the body, taking three deep breaths, and then returning to whatever was comfortable for them. The members were then guided through light body stretches and movements starting from the head and moving down through the body, starting with small movements in each area of the body and progressively getting larger. Members were then asked to share with the group a movement that they felt their body might need and allow the group members to do this movement with them. Often it was a different stretch, sometimes a swinging motion with the arms, and occasionally some silly movements such as twirls or a hop. At this point in the group the same questions were always asked, "how does your body feel now that it has moved a little bit?" and "does it feel different than it did before we started?"

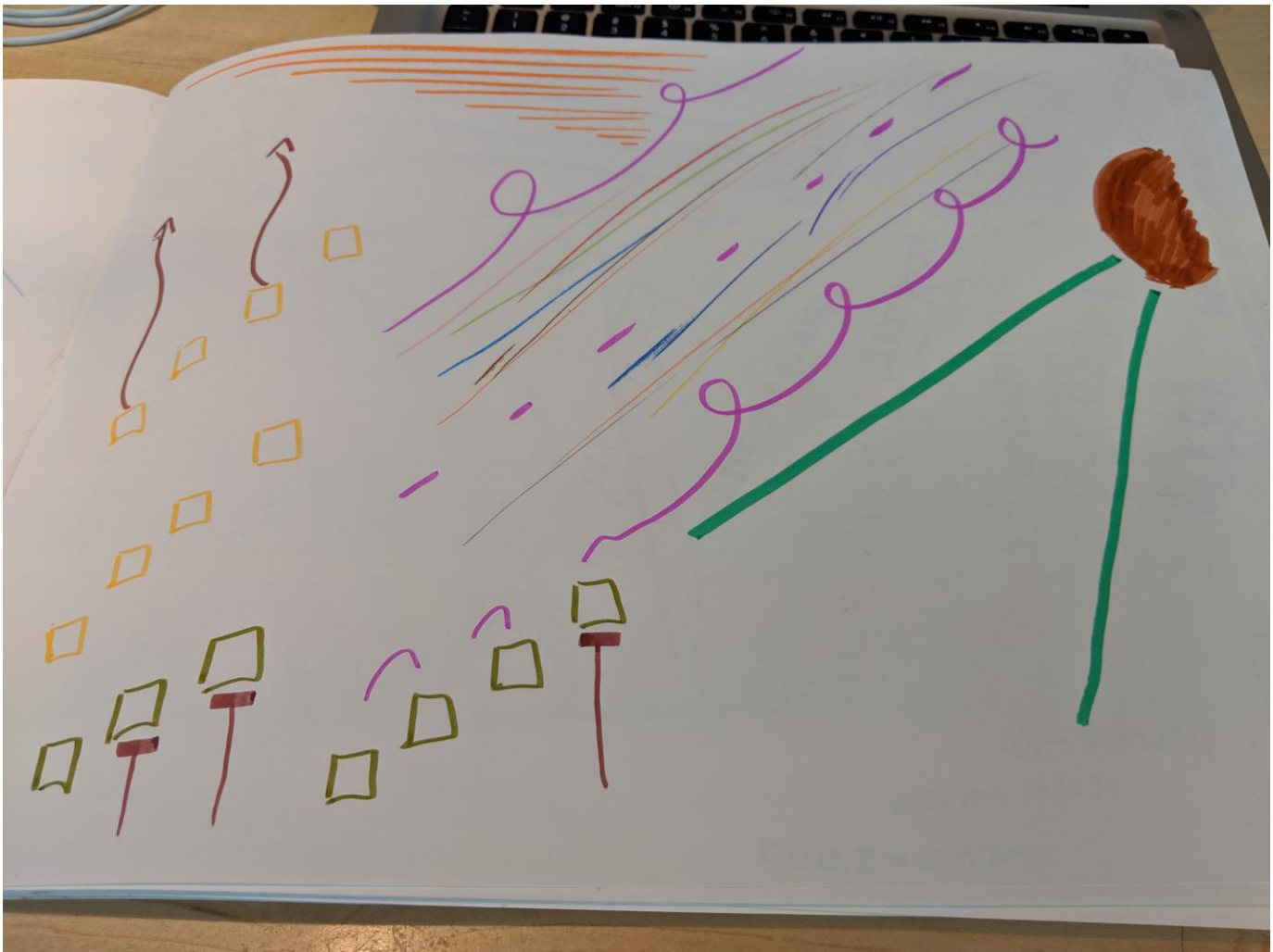
If the majority of the group sat down at this point in time, the group would be prompted to discuss somatic experiences of the world including body-image and self esteem that is related to the social construct of beauty, the active things they engaged in before their addiction took over, as well as what their actions were like when they found themselves at low points of their addiction. It was important for them to understand that the leader recognized the difficulty of these questions, and sufficient time was offered to each member in order for them to verbalize those experiences.

Alternatively, if the group were showing a higher sense of energy, we would explore other movement interventions. One day the women were asked to explore moving timelines, identifying an experience and exploring the symbolic movements of that time. One 23-year-old

woman shared movements that moved slowly up and down, with her hands propped beside her face as if holding on to something and then skipping in a straight line, stopping while holding her hand out. When explaining the moment, she discussed the shame that she felt each time she looked out the window waiting for her drug dealer to arrive at her house, and the shame she continues to feel about how much time she felt she had wasted doing while waiting. Even so, she recognized how excited she was when she saw the person who was able to provide her with that substance and wondered how to feel that sort of excitement for something other than drugs.

Combining this experience with the information presented here, it seems necessary to continue researching how this relationship between the body, mind, and externalized coping skills can be understood to build a more progressive form of treatment. How can we continue to combine treatment forms that have been proven to help some with new forms that make treatment inclusive for everyone that may be struggling? Dance/movement therapy is uniquely individual, even when used in a group setting. It provides opportunity to those struggling with the inability to find a way to tolerate discomfort without their substance of choice, or whatever substance is in front of them if they have become desperate.

Through these initial groups led by this writer, it is clear that there is an opening for understanding the internal struggle through the controlled use of their external limbic movement and symbolic narrative representation. Through more consistent movement interventions, the opportunity to tolerate that struggle and continue functioning through it could be practiced. Considering the extensive number of people still struggling with substance use in the world, it is as important as it has ever been to implement DMT into treatment centers as a supplemental form of treatment that uses beneficial interventions to understand not just the substance use, but how their bodies will continue to function once discharged.

Artistic Reflection

When thinking about using DMT as a way to improve positive momentum in treatment as well as recovery, I found representation of stepping-stones towards a road to be indicative of how I've witnessed and researched the process to progress and unfold. Offering people something of a lifeline or a platform to hold on to in the beginning of stages of substance treatment is necessary. The process is possible to do alone, but much more successful when done with a support. The spirals surrounding the road are meant to represent the constant struggle and

investigation that is navigating how to exist without substances. There is no “cure” or “fix” for addiction, and there are always ups and downs in both early recovery and longer treatment.

Initial acute treatment is vulnerable, difficult, often trudging through an increasingly difficult time, but the “road of recovery” is the goal, with movement being the constant throughout the entire process.

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THESIS APPROVAL FORM

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Student's Name: Cheryl Cavey

Type of Project: Thesis^{{}{}{}}

Title: Using a Body Oriented Approach to Treating Impulse Control in Individuals Struggling with Addiction: A Literature Review

Date of Graduation: May 18, 2019

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Vivien Marcow Speiser