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# Treating the Trauma Within: Dance/Movement Therapy and Survivors of Child Sexual Abuse, A Literature Review

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Treating the Trauma Within:

Dance/Movement Therapy and Survivors of Child Sexual Abuse, A Literature Review

Capstone Thesis

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### Abstract

Childhood sexual abuse (CSA) is a form of sexual assault that affects a large percentage of the world population. Whether the abuse occurs once or chronically across a period of time, sexual trauma caused by CSA can contribute to severe post-traumatic symptoms throughout the lifespan. These symptoms can affect an individual's mental health and relationship to their body. Because sexual abuse directly violates an individual's body, it is important for practitioners to find creative ways to treat its lingering effects. Many researchers have turned to body-based interventions, such as dance/movement therapy (DMT), to explore the treatment of trauma symptoms in survivors of sexual abuse. DMT is a form of psychotherapy that involves the use of dance and movement to establish a sense of safety and trust in order to facilitate awareness of self, build interpersonal connection, reintegrate mind and body, and expand range of motion and self-expression. In recent years, research on DMT has shown that it can be used successfully to treat survivors of CSA because DMT can address nonverbal manifestations of trauma that take place on a body level. This literature review examines the use of DMT with CSA survivors and its positive outcomes while also acknowledging the many gaps that exist in current research, such as a lack of gender inclusion, clear demographics, and limited empirical evidence to support DMT.

*Keywords:* childhood sexual abuse, CSA, sexual trauma, body, relationship, dance/movement therapy, mind-body, body-based psychotherapy, mindfulness, self-expression, post-traumatic

## Treating the Trauma Within:

### Dance/Movement Therapy and Survivors of Child Sexual Abuse

#### **Introduction**

This literature review will analyze the use of dance/movement therapy (DMT) as a modality of treatment for adult survivors of child sexual abuse (CSA). This review will examine the physical, mental, and emotional effects that sexual trauma has on an individual's functioning based on current trauma research. This review will also discuss the relationship between DMT and the body and how dance/movement therapists can utilize DMT interventions with survivors of CSA to alleviate the physical symptoms of trauma, based on current research and literature. Many of the sources cited in this review include a variety of treatments for CSA victims, which focus on the body, therapeutic touch, mindfulness, building relationship, and movement. The first section of this review will discuss the neurological processes of trauma, trauma psychopathology, and the various symptoms experienced by CSA survivors. The second section will discuss concepts of DMT and its use and outcomes with CSA survivors in current research.

#### **Sexual Trauma**

Trauma, especially sexual trauma, can have severe and lasting effects on an individual's functioning. Sexual trauma can be defined as non-consensual or coercive interaction of a sexual nature, which ranges from verbal sexual contact to penetrative sexual contact, and the contact may occur once or on multiple occasions (McElroy, Shevlin, Elklit, Hyland, Murphy, & Murphy, 2016). Sexual trauma of any form that is experienced as a coercive sexual interaction between an adult and a minor, is defined as child sexual abuse (CSA) (Cristobal, 2018). According to McElroy et al. (2016), CSA is experienced globally by about 12% of the population, but the prevalence varies from country to country. While the majority of research focuses on CSA

victims who identify as female, male-identifying CSA victims have also been studied, though less frequently. Research has shown that gender can mediate the lasting effects of sexual trauma (McElroy et al., 2016), though little to no research discusses non-binary (not identifying as male or female) survivors of CSA. Because the current literature mainly discusses female-identifying participants, female CSA victims will be the focus of this literature review with the knowledge of a research gap in gender inclusion.

### **The Traumatized Nervous System**

Traumatic experiences, especially of a sexual nature, activate the body's automatic "fight or flight" response in order to cope with intensely emotional stimuli (Fisher, 2003). When flight or fight responses are not adequate or possible, immobilizing responses called freeze, passivity, and submission may arise as an individual enters survival mode (Ogden, Pain, & Fisher, 2006). Fisher (2003) writes that immobilization responses are especially seen in children and other vulnerable groups who tend to have less agency in traumatic situations like sexual abuse. A feeling of helplessness over an attacker or abusive situation can manifest in the nervous system and recur through flashbacks or traumatic memories long after the abuse has ended. Asselstine (1997) aptly described this response as a sense of powerlessness that occurs for victims of CSA when the body is repeatedly violated without consent.

These nervous system responses of fight, flight, or freeze begin in the brain. Within the human brain, structures called amygdala are responsible for the evaluation of sensory stimuli and assist in processing the emotional content of an experience (Lopez, 2011). The amygdalae then transfer the sensory information to the structure called the hippocampus, which is responsible for memory organization and storage. During a heightened neural response, the amygdalae become over-activated as cortisol levels drop, prompting the disrupted functioning of the hippocampus

and consequently causing the traumatic events to be stored as intensely emotional visual or auditory memories, which may become recurrent flashbacks that hold the same intense emotional content as the original trauma (Lopez, 2011).

Repeated exposure to extremely stressful events, such as prolonged CSA, will cause the fight or flight response to “become chronically activated, resulting in long-term effects on the developing brain and body,” (Fisher, 2003, p. 2), such as heightened cortisol levels, psychopathology, or somatic symptoms/disorders (van der Kolk, 2014). For individuals who have suffered repeated trauma like CSA, their nervous systems exist in survival mode: a constant state of high alert that impedes the processing of traumatic memory (Pierce, 2014). Often, survivors of sexual trauma also experience symptoms of PTSD in association with specific body parts, which can be triggered by various sensory stimuli related to the original trauma (Dyer, Feldmann, & Borgmann, 2014).

### **Symptoms of Sexual Trauma**

Axis I disorders are frequently diagnosed in survivors of CSA. These disorders include major depressive disorder, somatoform disorder, substance dependence, anxiety disorder, post-traumatic stress disorder (PTSD), and dysthymic disorder (McElroy et al., 2016). In addition to these diagnoses, victims of CSA may also experience difficulties with attachment, romantic relationships, and body image (Lassri, Luyten, Fonagy, & Shahar, 2017).

Several authors describe how trauma is stored within the body and can manifest as somatic symptoms or a diagnosable somatic disorder (Tantia, 2014; van der Kolk, 2014). Dissociation is an example of a somatic, or body-based, symptom of CSA, which involves the separation of emotional content from conscious awareness as a way of coping with severe, traumatic events or memories (Cristobal, 2018). Tantia (2014) stated that complex trauma,

which can include CSA, causes a split between the mind and body in an attempt to avoid or block out the unwanted stimuli, especially when the trauma has occurred on a body-level. The author fittingly quoted Payne (2009) when describing dissociation as “the mind’s attempt to flee when flight is not possible” (p. 99).

Symptoms of dissociation include “depersonalization, derealization, amnesia, identity confusion, and identity alteration,” (Pierce, 2014, p. 7). As a response to trauma, dissociation is highly adaptive in preserving the individual because it creates a buffer between the individual and the intense emotional stimuli (Pierce, 2014). However, dissociation can become an automatic, protective response in individuals who face chronic, repeated traumas such as CSA (Pierce, 2014) and can interrupt the mind-body connection and emotional functioning. Shevlin, et al. (2017) discussed that CSA survivors who endured multiple abusers often experience increased symptoms of dissociation later in life than individuals who endured only one abuser.

As the research reveals, victims of CSA experience symptoms of trauma on a mental, emotional, and, especially, physical level. An individual’s perception of their body includes factors like body image, concept of physical safety, and “mental relationship to one’s physical reality,” as cited by Gray (2001, p. 34). Sexual trauma is a violation of body boundaries that can lead to dissociation or negative body image. This occurs because trauma experienced on a physical level can alter an individual’s sense of safety in their body. Based on these concerns regarding the vulnerabilities and impacts caused by CSA, it is imperative that practitioners treat victims of CSA in a way that considers body-based symptoms, embodiment of trauma, and the body relationship.

### **Movement as Therapy**

A quote from Pierce (2014) reflects a core concept of movement as a therapeutic intervention: “Movement has the power to evoke memory, feelings, images, and resources that can be linked through creative process to create coherent narratives that support meaning making and the integration of self,” (p. 13). Dance/movement therapists work with the knowledge that movement and dance can help individuals access deep emotions and process them in a physical way. While many traditional therapy approaches rely on the verbal communication between the client and the therapist to elicit change (Ogden, et al., 2006), the use of dance and movement interventions with CSA survivors offers a means of accessing nonverbal communication through the body. Ogden, et al. (2006) describe how therapeutic approaches that rely solely on verbal processing may “ignore or suppress body processes, [and] traumatic responses may not be resolved,” (p. 17). Instead, dance/movement therapists facilitate an individual’s awareness of their physical sensations, emotions, and memories through creative processes like mindfulness, movement, and the use of breath (Tantia, 2014).

Because DMT occurs on a body level, it is thought to be a sound approach to address the physical symptoms that occur for an individual after sexual trauma, such as a feeling of numbness (Gene-Cos, Fisher, Ogden, & Cantrel, 2016), emptiness or passivity (Ogden, 2010), or even dissociation from the body (Tantia, 2014). As this section will outline, research suggests that treatment with CSA survivors can occur on a nonverbal, bodily level to help them process their trauma and move towards the reintegration of the body-mind connection that was altered due to sexual trauma, among other goals that will be discussed later in this review. While many of the studies discussed in this section focus on DMT, there are several studies mentioned that focus on the related modality of body-based therapy, which holds similar treatment goals as



DMT with CSA survivors. The inclusion of body-based therapy in this literature review is due to a limited amount of research on DMT with this population. Most of the DMT-specific studies discussed only include a qualitative or case study research component and lack quantitative data, as there is currently a dearth of quantitative research in the field of DMT.

### **Treating Trauma Through the Body**

Current literature stresses that trauma, especially in the form of CSA, has a profound effect on the body (van der Kolk, 2014; Cristobal, 2018; Dyer, et al., 2015; Fisher, 2003). Early traumatic experiences can affect posture, gestures, and body movements (Ogden, 2010), which are assessed by dance/movement therapists. According to Ogden, Pain, & Fisher (2006), individuals who have survived trauma also experience many somatic symptoms related to PTSD, such as flashbacks or dissociation. CSA survivors may experience a disruption in their body relationship in the form of negative body image and may subsequently associate the areas of the body that were violated with the intense emotions experienced during their abuse. These emotions include shame, guilt, disgust, or anger (Dyer, et al., 2015). Essentially, the individual who survived trauma will experience their body as a place that is triggered by emotionally-charged traumatic memories.

For individuals who have survived CSA and present with somatic symptoms, DMT can provide “body-based interventions to assist survivors in acknowledging their symptoms,” (Cristobal, 2018, p. 71). DMT is defined as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual,” (American Dance Therapy Association, n.d.). The focus of DMT lies within the relationship between the therapist and the client or group of clients, as experienced through movement. According to Pierce

(2014), "...the dance/movement therapist brings a spirit of curiosity, unconditional positive regard, and a willingness to meet clients where they are on a direct body-to-body level," (p. 11).

### **Essential Aspects of DMT for CSA Survivors**

A great deal of DMT work, especially with CSA survivors, is focused on the act of witnessing, which is best described as maintaining a presence of openness, acceptance, and truly seeing the individual. Witnessing can also be thought of as a form of relational mindfulness (Asselstine, 1997). Asselstine (1997) described her role as a dance/movement therapist as that of a witness to the participants during their movement process. Asselstine (1997) stated that her priority as a dance/movement therapist is to follow each individual's body experience and help them organize and understand their experience. Body movement is assessed by the dance/movement therapist to understand clients' patterns of movement or interaction, and every dance/movement therapist is trained to observe the individual's movement to support their therapeutic process. This occurs through the therapist's ability to "assess, describe, and nonverbally reflect a client's movement," (Pierce, 2014, p. 13).

Cristobal (2018) suggested that touch is another important aspect of DMT, especially with survivors of sexual abuse. When used appropriately, touch can have a healing, nurturing role in the therapeutic relationship and bring an increased awareness to an individual's body experience. Cristobal (2018) cited the American Dance Therapy Association's description of touch in the DMT code of ethics: "Dance/movement therapists understand touch as fundamentally supportive to human growth and development, and inherently involved in dance and social interactions," (p. 73).

Because the use of touch in psychotherapy has the potential to introduce "issues such as boundaries, sexuality, contact, and nurturing," between the therapist and client (Cristobal, 2018,

p. 69), touch can be a controversial aspect of DMT. However, touch can also provide an avenue for nonverbal communication between the therapist and client when there is a strong therapeutic relationship in which the client feels safe and empowered (Cristobal, 2018, p.71). Cristobal (2018) illustrated how therapeutic physical touch can help survivors of CSA better understand their relationships, both with others and their own body. Cristobal (2018) went on to cite research which stated that touch can aid in self-regulation and repair self-esteem, trust, and sense of personal power. Within a DMT session, a dance/movement therapist may use a small touch on the shoulder, hand, or arm to reassure, calm, or ground a client in the present moment. Touch may arise during moments of movement, and touch can also occur in the form of self-touch, during which a client uses gentle touch on his or her own body to elicit similar grounding effects (Cristobal, 2018).

Dance/movement therapists also often utilize aspects of mindfulness, a form of meditative practice, as a movement intervention. Mindfulness can be defined as “a gentle awareness to one’s own physical, emotional, and/or cognitive experience,” (Tantia, 2014, p. 96) and the embodiment of awareness as part of the healing process. The practice of mindfulness can include a consciousness or attention to the environment, sensations within the body, and the body/environment boundary (Tantia, 2014). Mindfulness is said to “increase psychological well-being by increasing awareness of one’s current experience” and allow individuals to acknowledge their experience without becoming overwhelmed or re-traumatized (Tantia, 2014, p. 97). Tantia (2014) described how mindfulness can start with attention from outside a CSA survivor’s body in order to carefully address the mind/body split that can occur from multiple or prolonged exposures to trauma. Achieving an awareness of inner and outer sensations can

facilitate embodiment and reintegration of the mind and body, separated by trauma or dissociation.

Pierce (2014) highlighted that DMT groups for traumatized individuals can foster exploration in mirroring, self-regulation, and the development of kinesthetic empathy, which are common aspects of DMT groups with any population. Such groups often begin in a circle with a structured introduction and warm-up, followed by a series of interventions. Movement tools, such as scarves, ribbons, or pieces of fabric, are frequently used to promote movement and exploration and facilitate connection between group members (Levine & Land, 2016). Sometimes, tools are purposefully chosen for an intervention to evoke a specific response. Music may be used in DMT groups, whether recorded or live, and participants are often invited to join in music making. However, dance/movement therapists must use their judgment on when and how to bring music into a vulnerable group (such as CSA survivors), especially if the music contains lyrics.

### **Research on DMT and CSA Survivors**

The following section will discuss several research studies conducted on the use of DMT with CSA survivors. The research outlined in this section incorporates several case studies and qualitative studies, with only one author (Ho, 2015) including a quantitative research component, which was not statistically significant. This lack of quantitative data reflects a larger gap in the field of DMT research and will be considered later in the discussion.

Across literature on DMT as a therapeutic intervention for trauma survivors, authors and dance/movement therapists reported positive results (Asselstine, 1997; Cristobal, 2018; Gray, 2001; Ho, 2015; Levine & Land, 2016; Mills & Daniluk, 2002; Pierce, 2014). The research studies highlighted in this section are as follows: A mixed-methods pilot study conducted by Ho

(2015), in which a group of 25 female sexual abuse survivors underwent a five-week DMT intervention program; a quantitative study by Mills & Daniluk (2002), which explored 5 participants' previous experiences with DMT through audiotaped interviews. The interviews were analyzed and several themes emerged: "Reconnection to their Bodies," "Permission to Play," "Sense of Spontaneity," "Sense of Intimate Connection," and "Sense of Freedom;" five case studies with CSA survivors by Asselstine (1997), who outlined outcomes such as a new awareness of the body, a more optimistic outlook on life, and a sense of distinguishing the past from present; a meta-synthesis of qualitative research on the use of DMT with trauma by Levine & Land (2016) which also outlined several emergent themes; and a case study by Gray (2001) on the author's use of DMT with a trauma survivor and the positive outcomes of treatment. Several other pieces of literature are included as part of the larger discourse on DMT with CSA survivors.

### **Goals and Themes of DMT With CSA Survivors**

The goals of the weekly DMT intervention described in Ho (2015) included exploring place through grounding and building a sense of security, exploring space (internal and external), and developing "personal understanding, positive thinking, and hope," (Ho, 2015, p. 12). Other studies on DMT for CSA survivors cited goals such as cultivating relationships between group members, spontaneity and play (Pierce, 2014), self-expression (Cristobal, 2018), and exploring and repairing the mind-body connection (Levine & Land, 2016). Many of the goals outlined in the research concentrated on bringing an individual's focus to the present through directing attention to sensations within the body and the surrounding environment in order to establish a sense of safety in the current moment (Pierce, 2014), also known as containment.

Based on the goals and outcomes reported in the literature, the main theme that emerged within the use of DMT with CSA survivors is Building a Sense of Safety. This overarching theme includes several subthemes, such as Establishing an Awareness of Self and Body Boundaries, Reintegration and Reconnection of the Body and Mind, Interpersonal Connection, Increased Self-Expression, and Increased Range of Motion. For CSA survivors, it appears that establishing a sense of physical and emotional safety within a therapeutic setting and building a relationship of trust with the dance/movement therapist are the most important aspects of this work. Once safety and trust have been established, the individual is better able to approach the secondary themes described above.

### **Building a Sense of Safety**

Although the experience of DMT can provide CSA survivors with an opportunity to explore their trauma, researchers emphasized that exposure to traumatic memories should occur in careful amounts that challenge but do not emotionally overwhelm the individual. Ogden (2010) explained the “window of tolerance” (p. 1) within which a client is optimally aroused to process intense emotional and physiological stimuli. In this middle ground of autonomic and emotional arousal, the client is better able to integrate internal and external stimuli because they are not reaching the point of dysregulation (Ogden, 2010).

Body-based trauma interventions, like DMT, work with CSA survivors to reach and expand the window of tolerance, where the client feels “safe but not safe,” by bringing an awareness to physical and emotional sensations through mindfulness and movement (Ogden, 2010). These therapeutic processes challenge the responses that cause CSA survivors to remain in a cycle of dysregulation and allow for the evolution of more adaptive responses by opening a dialogue between the body and the mind. Through the process of mindful awareness, individuals

can shift the perspective of their trauma from a prison to a means of change or purpose (Pierce, 2014).

For many survivors of sexual trauma, the act of verbally recounting their experiences is re-traumatizing because it may trigger intense, emotionally charged memories and present-moment sensory experiences of the event that originally caused them harm. Verbally depicting the physical, embodied manifestation of trauma may also be difficult for many individuals, especially if they have experienced dissociation from the traumatic stimuli or feel unsafe in their body due to sexual trauma. By working with trauma on a body level within a window of tolerance, the use of DMT with CSA survivors reduces the reliance on verbal discussion of the traumatic events and directly addresses the physiological symptoms of trauma at the source.

Other ways in which dance/movement therapists can establish a sense of safety include setting appropriate boundaries within the session. When working with a vulnerable population such as CSA survivors, one of the most important ways to establish safety is through confidentiality. The theme of confidentiality is mentioned frequently throughout the research, though not all authors explicitly stated the means to which the confidentiality of the participants is upheld. Dance/movement therapists are ethically required to uphold confidentiality and inform each group member of their responsibility to protect each other's process. This information is often given at the formation of the group and periodically throughout its lifespan.

Another vital responsibility of the dance/movement therapist when working with CSA survivors is to avoid the experience of re-traumatization, which can occur through flashbacks caused by stimuli that are reminiscent of the trauma (Ogden, et al., 2006). By providing an environment of safety and curiosity for a client who has survived CSA, the dance/movement therapist helps the individual to better withstand a small amount of exposure to past trauma

without feeling re-traumatized or experiencing flashbacks within the window of tolerance. This environment of safety and curiosity can be created, in part, through the therapist's attention to and interpretation of an individual's physical manifestations, from small movements of the fingers, gestures, or facial expressions to larger, full-body movements (Levine & Land, 2016). Through observing the client, the therapist can shape the course of each DMT session to suit the individual's specific needs and limitations and gently guide them through the processing of intense emotions without overwhelming or re-traumatizing an already vulnerable individual.

In five case study examples of individual DMT sessions with CSA survivors, Asselstine (1997) illustrated how she established a sense of safety with the participants through her body-focused approach of mindfulness, movement, and dialogue. The author explained that she chose to use a body-based, experiential intervention in her first session with the participants because each participant was currently involved in another form of psychotherapy at the time of the study. The author listed the pursuit of outside therapy as a protective factor for the participants, which she believes aided in preventing the individuals from becoming overwhelmed by the experience or encountering negative flashbacks related to trauma, thus maintaining the window of tolerance. Asselstine (1997) also described building a sense of trust and acceptance with the individuals prior to the experiential, which she believes led the participants "safely and naturally through their healing process," (p. 218).

Similarly, in Mills & Daniluk (2002), the participants described experiencing a "Sense of Freedom" throughout the process of DMT, from their level of participation to their lack of restriction in space or expression. This freedom was often described as the "freedom of choice" in the therapeutic process (Mills & Daniluk, 2002, p. 82), which is characteristic of DMT. Participants also described feeling a sense of freedom in movement, use of space, and emotional



expression. Again, the presence of these outcomes for CSA survivors is valuable because it suggests that DMT can facilitate the development of a sense of safety in one's body and environment in lieu of the embodied effects of trauma.

**Reintegration & Reconnection of Body and Mind.** Fisher (2003) explained how trauma-centered, body-based work is useful in re-training the somatic and emotional responses caused by intense trauma by separating the traumatic events from the feelings, sensations, and cognitions associated with the trauma. In separating trauma-related emotion/cognition and physical sensation, an individual's physiological responses (such as fight, flight, or immobilize) are often reduced, which can lead to improved emotional and cognitive processing and tolerance of negative stimuli (Ogden, et al., 2006). Pierce (2014) depicted DMT with this population as a form of exposure therapy, in which "interventions bring awareness to sensations, thoughts, and images and give inner experiences a narrative coherence through creative expression," (p. 10).

As Ogden, et al. (2006) described, integrated therapeutic approaches to trauma, such as DMT, can be used to help individuals feel "grounded, resourced, and oriented toward present experience," (p. 14). Similarly, Asselstine (1997) stated, "the body is a direct source of knowledge that enables a survivor to recognize distortions resulting from trauma and to gain a perspective that places the trauma clearly in the past, lessening its influence on the present," (p. 218). In practice, dance/movement therapists utilize the physical body of CSA survivors to facilitate an awareness of self and environment and reintegrate mind and body in a careful, sensitive way through aspects of movement and mindfulness.

In the theme called "Reconnection to their Bodies" that arose in Mills & Daniluk's (2002) study, participants portrayed a sense of disconnection, lack of presence, or rejection of their bodies previous to DMT. Some experienced symptoms of dissociation or a sense of

fragmentation. The participants described DMT as providing a means to “get back into their bodies” (p. 80), which supports the DMT goal of reconnection between body and mind due to the dissociative effects of trauma. Similarly to Mills & Daniluk (2002), Levine and Land (2016) outlined how DMT can be used to establish or reestablish a connection between the mind and body of trauma survivors through visualization, metaphor, and imagery.

In several case studies, authors outlined similar outcomes of integration to the research conducted by Mills & Daniluk (2002) and Levine & Land (2016). In a case study reported by Gray (2001), specific DMT interventions enabled a severely traumatized client to begin integrating her past experiences of intense trauma into her present life. Through the dance/movement therapist’s use of imagery and carefully facilitated exploration of past trauma, the client was able to conceptualize her experience and give it meaning. The therapist used touch as a mode of relation between therapist and client, and the contact served to help the client foster an awareness of her body. Similarly, Asselstine (1997) described several case studies within a pilot study in which CSA survivors were able to process their traumatic memories from a place of safety and integrate their “split” or dissociated parts (p. 205).

**Interpersonal Connection.** Interpersonal connection can be affected by intense or recurring trauma, as previously described in this literature review, and is an integral aspect of the healing process. Pierce (2014), while citing Marian Chace (1964/1993), stated that “one of the fundamental healing attributes of dance is that it is often practiced and performed as a communal activity, providing avenues for people to relate to a larger community and express themselves within a group,” (p. 11). Group interventions appear to be the preferred DMT setting for dance/movement therapists and researchers alike, although many case studies highlight the benefits of individual DMT sessions with CSA survivors.

A theme that emerged from Levine & Land's (2016) meta-analysis is the creation of healthy physical relationships. The authors described how the dance/movement therapist provides a safe space where trauma survivors can form positive, supportive connections through the DMT interventions that foster interaction between group members. Participants in this study were able to "work together and rely on one another, thus fostering resilience through improvisatory arrangement and group ritual," (Levine & Land, 2016, p. 339). Levine & Land (2016) went on to state that the group was able to establish a sense of support throughout times of vulnerability in their connection and commitment to the process and each other. This outcome supports the necessity of establishing a sense of safety and trust, both between the group and the therapist and among the group members.

Similarly, in the DMT outcome theme described by Mills & Daniluk (2002) called developing a "Sense of Intimate Connection", participants illustrated the relationships they formed with fellow group members through their movement and presence with each other. Terms such as group unity, feeling supported and accepted, witnessing, and vulnerability highlight the facets of group DMT work that emerged and were made possible by the facilitation of a safe environment by the dance/movement therapist.

**Increased Self Expression.** Trauma can cause individuals to remain in a heightened state of arousal, which can hinder their ability to feel safe or explore their physical environment. With a sense of safety and trust in the dance/movement therapist and DMT process, CSA survivors are better able to express themselves physically, emotionally, and artistically. Several research studies highlighted the emergence of self-expression from CSA survivors who participated in DMT. The themes of "Permission to Play" and "Sense of Spontaneity," described by Mills & Daniluk (2002), outline how participants were able to find ways to express themselves

throughout the process of DMT. The participants described discovering a sense of playfulness and a balance between deep emotional work and feeling carefree during the DMT sessions. These experiences of play and exploration in combination with careful attention to internal processes carried over to the participants' movement, which felt "free, self-determined, natural, and uncontrived," (p. 81). The participants were able to express themselves through movement in an authentic way without feeling limited by the judgment of others.

Similarly, Asselstine's (1997) use of multiple modalities, such as mindfulness, movement, and drawing, allowed the participants to express themselves kinesthetically, artistically, and verbally at their own pace with support from the therapist. Additionally, Ho (2015) wrote that participants reported increased self-expression through movement, which was made possible by their trust in the dance/movement therapist.

**Increased Range of Motion.** One outcome and potential goal of DMT with CSA survivors, which arose in the research but is not frequently mentioned in the discourse on embodied treatment of trauma, is the increase in an individual's range of motion. In a case study by Gray (2001), the author described how, through increasing her range of motion during the course of individual DMT sessions, the participant's movement expanded from small gestures and limited movements into larger movement sequences over the course of treatment. Because the dance/movement therapist carefully introduced new interventions and worked to reintegrate the participant's dissociated body parts, she found a renewed sense of safety within her body, which speaks to the containment and stability that a thoughtfully structured DMT session can provide. While increased range of motion can be a goal on its own, it is closely connected to the sense of safety and stability established and cultivated by the dance/movement therapist throughout treatment.

Levine and Land (2016) also outlined the theme of increased mobility and range of motion in CSA survivors who participate in DMT. The authors cited that some clients experienced an increase in both affect and movement range as they began to exhibit more self-expression. For other clients, increased movement range meant more opportunity for exploration of the space. The dance/movement therapist's use of mirroring reflects the client's movements back to them and validates their experience, which serves to cultivate awareness and build the bond between therapist and client. Use of movement tools, such as stretchy fabric or bands, can also prompt feelings of support, containment, flexibility, and resilience for trauma survivors while increasing range of motion (Levine & Land, 2016).

Additionally, an increased range of motion can signify a sense of safety and comfort for trauma survivors, which suggests the client may have formed a trusting relationship with the dance/movement therapist and may be progressing toward the integration of body and mind. However, the authors discussed that an increase of motion is not always a positive experience for CSA survivors. An increase in range of motion that occurs before the participant is ready can lead to feelings of anger, fear, or lack of safety (Levine & Land, 2016). These feelings can escalate to aggression or re-traumatization unless the therapist carefully introduces larger movements, sensitive imagery, or movement tools at a pace appropriate for the individual. Range of motion seems to occur most successfully when the client feels safe, supported, and contained (Levine & Land, 2016).

**Awareness of Self and Body Boundaries.** An awareness of the present, often referred to as mindfulness, can help individuals self-regulate amid heightened nervous system arousal, and several authors described the use of mindfulness and DMT to expand CSA survivor's awareness of their physical, mental, and emotional experience (Asselstine, 1997; Ho, 2015; Levine & Land,

2016). Ho (2015) reported that participants experienced an outer awareness of body boundaries, an inner awareness of body sensations, and a better understanding of self through a 5-week DMT intervention.

In a meta-analysis of qualitative research studies on DMT interventions for individuals with trauma, Levine & Land (2016) discussed a similar theme of participants finding awareness through meaning. The authors described how physical movement can help an individual become more aware of their body's stored memories of trauma. Through developing this sense of awareness, individuals can begin to understand what they have experienced and are currently experiencing, and then work to integrate their past trauma into their lives in a healthy, adaptive way. Asselstine (1997) also described how participants used their bodies in combination with art and verbal dialogue to reintegrate the body and mind: "...focusing on their body experience brought them to awareness and provided them with tools for change and self-care that otherwise would not have been possible," because "one's physical reality cannot be separated from one's cognitive, emotional, or spiritual reality," (p. 219).

### **Discussion**

For individuals such as CSA survivors who have experienced trauma on a physical level, accessing and processing the trauma where it occurred—in the body—can be an effective form of treatment, as outlined in the previous section. Current research suggests that DMT is an effective method to treat this population when administered in a sensitive, supportive environment by a trained dance/movement therapist. The outcomes of DMT with CSA survivors include building a sense of safety and stability through containment in order to cultivate an awareness of self and environment, expand self-expression, build and improve interpersonal connections, and reintegrate the mind and body. These outcomes reflect how DMT addresses the

embodied symptoms of trauma, such as dissociation, flashbacks, and traumatic memories, as well as the emotional effects of trauma. These outcomes also support the goals of dance/movement therapists, especially when working with CSA survivors and dissociation. The research suggests that addressing trauma symptoms on a body level can help CSA and trauma survivors process their trauma and integrate their past experiences with their present selves. These findings also suggest that DMT can be effective in alleviating post-traumatic symptoms such as dissociation, flashbacks, and other somatic symptoms that can have long-term effects on an individual's overall functioning.

### **Limitations of Current DMT Research on CSA Survivors**

Overall, the current literature on the use of DMT with survivors of CSA suggests the potential for positive outcomes. The results include interpersonal connection, sense of safety and stability, integration and reconnection of mind and body, increased self-expression, and increased range of motion, which are all potential goals of DMT with this population. Similar themes arose in the results of each study, suggesting that DMT can be a consistent, effective form of treatment for CSA survivors. These research outcomes demonstrate that dance/movement therapists can successfully utilize the body to counteract the effects of trauma on an individual's fight, flight, and immobilize responses. These outcomes also show that DMT can be used to reintegrate the parts of the body, including the mind, that may become dissociated during and after sexual trauma.

Despite the positive outcomes cited by the authors, many gaps exist within the research and the broader discourse on the use of DMT with CSA survivors. Though many authors included in this literature review outline the goals of the DMT intervention or highlight reported effects of DMT on participants, few authors go into explicit detail about what actually occurs

during a session. Every DMT experience can be variable and subjective depending on the style and theoretical orientation of the therapist as well as the needs of the client or clients. There is a need within DMT research for more consistency and transparency because the lack of concrete descriptions of group DMT sessions and interventions makes it nearly impossible for studies to be replicated. While variability will always exist between each dance/movement therapist's style and theoretical approach, it is important for authors to explicitly clarify what takes place during the DMT interventions that are used with this population. Without the knowledge of what occurs in DMT sessions with CSA survivors and why, future researchers may struggle to establish consistency within the research and the field of DMT as a whole.

Furthermore, few DMT-specific research studies discussed in this literature review contained a quantitative component. Though qualitative research is informative and can convey a large amount of information, the lack of empirical data on the use of DMT with CSA survivors reduces the ability of the research to be replicated. While quantitative research on DMT is challenging due to the variability of interventions, it is a necessary form of research for the credibility and growth of the field.

Another major gap in current literature on survivors of CSA is the lack of gender inclusion among research participants. An overwhelming majority of the research included in this literature review discusses only CSA survivors who identify as female. Shevlin, Murphy, Murphy, & Hyland (2017) explicitly cite a lack of males within their study and an overall lack of males in research on sexual abuse. The absence of males within CSA research may indicate that men are not a vulnerable population, but the authors suggest that the discrepancy occurs because men may be less likely to report their abusive experiences and may also be less likely to be asked (Shevlin, et al., 2017). Men may face a stigma that women are predominantly victims of sexual



abuse, which could influence their willingness to share their own experiences. Additionally, the research discussed in this literature review does not include non-binary survivors of CSA, and authors tend to focus solely on “male” and “female” gender identifiers when describing participant demographics.

Finally, participant demographics are generally not outlined in great detail in the studies discussed in this review (See Table A1). Socioeconomic status is almost never explicitly stated or gathered from participants, though it is alluded to in one case study by Tantia (2014) and stated in Asselstine’s (1997) discussion. Ethnicity is only described in detail in two studies (Asselstine, 1997; Mills & Daniluk, 2002) and is otherwise not mentioned, other than to identify the country or language in which the research occurred. The age range of participants is 18-52 years across all studies, though the ages of participants are not explicitly stated in two studies (Dyer, et al., 2015; Gray, 2001). The average age of participants across the relevant studies falls in the late-30s. While these studies cover a wide range of ages, I found little DMT-specific research on older adults (60+ years) or adults in their early 20s during my literature search. This could be due to limited access to research through my university, however, there appears to be a trend in sexual trauma research to examine middle-aged adults.

Additionally, the average sample size of the DMT-specific research studies used in this literature review is relatively small, as there are several case studies. Authors acknowledge this limitation and suggest it may be attributed to the sensitive topic of sexual trauma. In summation, participant demographics allow for research results to be generalized to a larger population, but when demographics are not specified or even gathered, it is difficult to replicate previous studies in future research.

### **Implications for Future Research**

Because of the current lack of replicable research studies on DMT with CSA survivors, it will be beneficial for future research to include specific descriptions of the DMT concepts, theoretical approaches, and interventions used with participants. Without an explicit description of a research method, it is difficult for future researchers to accurately replicate a study and establish empirical evidence in support of DMT, which the field is severely lacking. While qualitative data can provide a rich narrative of the physical and emotional outcomes of DMT with CSA survivors, quantitative data is equally important in the credibility of the growing field of DMT.

Future research on DMT with CSA survivors should also strive to include more male and non-binary participants. Few research studies discussed in this literature review included male or non-binary individuals, yet these groups make up a large amount of the global population affected by CSA (Shevlin, et al., 2017). Including more males in CSA research may prove difficult, as males may perceive a greater stigma against speaking about or discussing their experiences with sexual abuse or hold the opinion that only women are sexual abuse survivors. However, as research on CSA progresses, males may begin to feel more comfortable and less stigmatized as the conversation on sexual abuse continues to grow. Future researchers should also work to be more inclusive of non-binary CSA survivors in order to represent a broader population of CSA victims.

Additionally, future research should strive to study larger sample sizes in order to establish more reliability and gather accurate, detailed participant demographics. Most of the current research on DMT with CSA survivors includes relatively small sample sizes, which makes generalizability to the greater population of CSA survivors more difficult. In studying

larger sample sizes, researchers can also expand the demographic ranges of their participants, which are sparsely described in the research used for this literature review.

### **Conclusion**

Whether CSA occurs once or multiple times, sexual trauma has a profound, long-term effect on an individual's physical, mental, and emotional functioning. Because the occurrence of CSA is so prevalent, practitioners should be knowledgeable about effective methods of treatment for CSA survivors. Current research supports that the use of DMT with CSA survivors has the potential to successfully address physical symptoms of CSA, such as dissociation, because of its emphasis on the body and nonverbal manifestations of trauma. Through interventions that aim to establish a sense of safety in order to improve interpersonal connection, build and repair the mind-body connection, and expand self-awareness and self-expression, dance/movement therapists can help CSA survivors process the symptoms of their early trauma and begin the healing process. Future research on DMT with CSA survivors should take care to expand gender inclusivity and pursue avenues of quantitative research in order to establish clear empirical evidence on the effectiveness of DMT as an intervention for sexual trauma survivors.

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## Appendix A

<u>Authors</u>	<u>Sample Size</u>	<u>Gender(s)</u>	<u>Ethnicity/ Race</u>	<u>Socioeconomic Status/ Education</u>	<u>Age of Participants</u>	<u>Research Type</u>
Asselstine (1997)	5	Female	Caucasian	Middle Class	28-44	Qualitative Case Study
*Dyer et al. (2015)	NA	Female	German-speaking	NA	18+	Quantitative
*Gene-Cos et al. (2016)	NA	NA	English-speaking	NA	18+	Mixed-methods
Gray (2001)	1	Female	African	NA	38	Qualitative Case Study
Ho (2015)	25	Female	Living in Hong Kong	NA	25-52 (Mean 36.2)	Mixed-methods
*Lassri (2017)	135	Female	NA	NA	18-39	Mixed-methods
*McElroy et al. (2016)	434	Male (74) & Female (360)	Living in Denmark	13.3 years mean education	mean 36.62	Quantitative
Mills & Daniluk (2002)	5	Female	Caucasian	NA	25-48 (mean 39)	Qualitative
*Shevlin et al. (2017)	454	Male (66) & Female (388)	Living in Denmark	13.3 years mean education	mean 36.62	Quantitative
Tantia (2014)	1	Female	European	Upper class	34	Qualitative Case Study

*An \* indicates a non-Dance/Movement Therapy study*

***THESIS APPROVAL FORM***

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Expressive Therapies Division  
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**Student's Name:** Alexandra Welych-Miller

**Type of Project:** Thesis

**Title:** Treating the Trauma Within: Dance/Movement Therapy and Survivors of Child Sexual Abuse, 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.

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