Understanding the Verbalization of Child Trauma Through Dance/Movement Therapy: A Literature Review

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Understanding the Verbalization of Child Trauma Through Dance/Movement Therapy:

A Literature Review

Capstone Thesis

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Abstract

Born without verbal language, humans rely on movement to understand basic needs (Beltran, Brown-Elhillali, Held, Ryce, Ofondu, Hoover, Ensor, & Belcher, 2016). In the 1950s, Dance/Movement Therapists started to connect the mind and body as one entity (Chaiklin & Wengrower, 2009). This integration supported the idea that by working together, the mind and body can help the individuals understand their sense of self as a whole, including the physiological, emotional, sociocultural, and cognitive parts (Chaiklin & Wengrower, 2009). This literature review explores literature about traumatized children and the use of Dance/Movement Therapy. By allowing access to DMT and combining both verbal and nonverbal processing, children and individuals with trauma can have a unique treatment that caters to their needs. A child might need to move without speaking; in this situation, the therapist can then be a witness. The child might want to process how they are feeling after moving but do not have the words. Verbal therapy and movement-based therapies do not work alone but rather complement one another. The literature available focused on the empowerment of the client, the inclusion of community, and the benefit of knowledge. This review demonstrates the need for more DMT specific research that details the effects of DMT and child trauma.
Understanding the Verbalization of Child Trauma Through Dance/Movement Therapy: 

A Literature Review

Introduction

In 2013, 679,000 children experienced abuse in the United States (Beltran, Brown-Elhillali, Held, Ryce, Ofonedu, Hoover, Ensor, & Belcher, 2016). The amount of children affected by trauma in the United States is alarming and needs to be addressed on a larger scale. Trauma can affect any gender, ethnicity, or age however, children come into the world vulnerable and lacking the ability of verbal communication or self-efficacy. We start life with movement as our first language. Unable to speak, our bodies let us know how we are feeling, and in turn, we respond by crying, smiling, or screaming (Beltran et al., 2016). Babies rely on the body’s language or expressions of our caretakers and the ability of their bodies to show up for us. When this pattern of communication is interrupted, we can quickly alter our sense of safety and trust. The goal of this literature review is to gain a better understanding of childhood trauma and the benefits of working with DMT. The themes that were most prevalent in the articles include the individual’s relationship to self, relationship to others, trauma-informed care, and intergenerational trauma.

The most important person involved in trauma is the traumatized individual. Bernstein (2019) believed that connecting with the self and rebuilding a positive relationship was important to recovery. The idea of working to empower and support the self was made clear throughout many of the articles reviewed (Bernstein, 2019). Effective facilitation of this work was distinguished through DMT and movement as it a unique way to work with the self (Bernstein, 2019). This idea of the self was also prevalent while working with children. Children are noted to
use their environment and caretakers to help build self-confidence. When this support system was lacking, for one reason or another, children develop their sense of self-love in other ways.

Another common theme amongst the articles and research reviewed was the traumatized individual’s relationships with others. The client-clinician relationship needs to develop in order for work to be done (Chakraborty & Sen, 2019). Once the client feels supported and can trust, they can work on creating deeper connections and relationships with others. Clinicians working with clients with trauma will have a better understanding if they practice trauma-informed care. Moss, Healy, Ziviani, & Newcombe (2019) defines this treatment practice as, “... the culturally sensitive provision of psychological, social, and spiritual care during every encounter with a patient” (p. 18). Trauma-informed care showed up in the research both positively and negatively. Training for trauma-informed care focuses on the responder’s awareness of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and cultural, historical, and gender issues (CDC, 2018). There is an absence of this type of care from fields, including schools and hospitals. The sites that are informed benefit from this training by understanding the client through a more specific lens.

Intergenerational or transgenerational trauma also appeared several times throughout the research. Transgenerational trauma tends to connect all family members. There is a secondary theme within this form of trauma that seems to be culturally influenced. Intergenerational trauma is defined as, “a process in which the trauma history of parents is currently negatively affecting their children by interfering with their optimal social-emotional development and mental health” (Thorup Dalgaard, Diab, Montgomery, Qouta, & Punama’ki, 2019, p. 399). Many of these traumas are results of war crimes and experiences with immigration, slavery, relocation, colonization, as well as the criminal justice system. Children are not always exposed to these
events first hand but still are prone to symptoms of trauma that they may be experiencing through a caretaker. The research focuses on who is affected and the treatment that is available today.

I chose to work with this broad topic after clinically experiencing some of its effects on children first hand. I believe that children have the desire to communicate and ask for help but do not always have the abilities or understanding to do so. Trauma comes in all sizes and affects all kinds of individuals. Children are one of the most vulnerable and innocent populations that need an advocate for support. This capstone project demonstrates my growing knowledge of childhood trauma and dance/movement therapy treatment, what is being implemented to help those children with trauma and where we as a society can be doing more. This literature review focuses on the question: Can DMT act as a catalyst for verbal processing of trauma for children?

**Trauma and Children**

The following literature review is organized in three sections. In the first section I unearth literature regarding trauma and children. Trauma and trauma informed care is defined and discussed in the context of school settings, agencies as well as transgenerational trauma effects on children. The second section is an exploration of dance/movement therapy and trauma for all ages. I looked at articles addressing the empowerment of the client and using the body to transform their understanding of trauma. This section included a look into intergenerational trauma and research affecting adults. In the last section, I provide an overview of current literature in DMT and child trauma work. The literature available covers the integration of DMT with trauma and magnifies it to a global scale. Included is information on the benefits of DMT as a treatment for trauma.
Trauma

Trauma affects a wide spread of individuals and has varying reasons for occurring. Wright (2014) explained in *Too Scared to Learn* that trauma happens when an individual is affected by an outside event and then that event overwhelms their coping abilities. The events that can occur have been organized into two categories. Short term or Type I traumatic events are “Events that occur once—suddenly and unexpectedly... Included in this category are natural disasters (tornados), accidents (motor vehicle accidents), and tragic human-caused events (bombings) (Wright, 2014, p. 88). Type II traumatic events happen over a longer period of time, and the individuals are often exposed repeatedly or in a chronic situation. These events include “chronic illness, child abuse, child maltreatment, domestic abuse, and imprisonment” (Wright, 2014, p. 88). Children can be exposed to either of these categories and subcategories. Symptoms and reactions to this trauma for children can include an array of responses including, memories, trauma-specific fears, difficulty sleeping, loss of developmental skills and more (Wright, 2014). The reactions are both physical and mental but all stem from the traumatic or chronic events.

Van Der Kolk (2014), in *The Body Takes Score*, looks at the brain and compartmentalizes it into the working sections our bodies need to function. These sections include the rational/cognitive brain, the reptilian brain, the limbic system/ mammalian brain, and the neocortex (2014). Van Der Kolk describes the rational or cognitive part of the brain as the youngest and most externally focused section, involving how others work and think (2014). In a built from the bottom-up theory, the next section is considered the animal brain or the reptilian brain. This portion is responsible for the behaviors of a baby, crying, eating, sleeping and defecating (2014). These primary features are vital to the survival of an infant. The next section is the mammalian brain or the limbic system, which focuses on the emotions and judgment of the
individual, including their sense of survival (2014). This portion of the brain highly influences the individual’s experience of feelings and relationships. The author highlights this portion of the brain as being “formed in a use-dependent manner” or having “neuroplasticity” (Van Der Kolk, 2014, p. 56). The developing brain is impressionable and vulnerable to an individual’s experiences, whether positive or negative. Van Der Kolk describes the reptilian brain and limbic system as the “emotional brain,” and its primary goal is to take care of your well-being (2014). The final and top section of the brain is the neocortex. The frontal cortex makes up the majority of this section which responsibilities involve language and abstract thought (2014). When considering trauma, these components of the brain are prone to be affected and can have lasting effects on the individual. If the limbic system is not nurtured to its full potential, the child could later have trouble creating relationships and building trust. If the frontal cortex is affected during development, the child’s ability to communicate may be hindered making it difficult later on to verbally process any trauma experienced.

**Trauma in School**

Children spend an ample amount of their lives in school. Wright (2014), the author of *Too Scared to Learn*, looked at how children experience their trauma in school. The author talked about how the children’s level of stress is being seen physically in their bodies (2014). Connecting the brain to the body, the child has natural responses to trauma, even in the classroom. Wright explained this as fighting, freezing, or fleeing (2014). Van Der Kolk also used these terms and understood that when parts of the brain shut down others are heightened focusing on things like running, fighting, and sometimes freezing (Van Der Kolk, 2014). In the classroom, these responses might look like physical violence, bolting out of the classroom, not taking in teacher help, defying rules, or even falling asleep in the act of freezing (Van Der Kolk,
When the fight/flight/freeze portion of the brain is on, it is harder for the child to focus on anything academic as they are in survival mode Van Der Kolk, (2014).

The stress response system can respond to any number of triggers, including a book being dropped to a teacher raising their voice (2014). The child can easily be labeled as a disruption, when in fact, they are unable to turn off their instinctual alarms. Van Der Kolk discussed the viewpoint of the teachers and the frustration they endure after having to hold the space for an entire classroom when there is unresolved trauma (2014). When teachers are given a more informed understanding of the situation and understand where these behaviors stem from, it becomes clear the changes that need to be made (2014). Children have been met with inconsistent ways of adults handling their trauma in the classroom. Van Der Kolk explained that many children are unable to communicate verbally after they have experienced frustrated adults who yell and command (2014). The children lack the ability and confidence to verbalize to their teachers what they need.

Researchers in Iran looked at the effects of Cognitive Behavioral Therapy on 40 physically abused boys. The focus was on the self-efficacy of the children. Self-efficacy was explained as the individual’s ability to control their behavior and emotion. Researchers believed that this aspect of a person was gained through familial support. (Farina, Salemi, Tatari, Abdoli, & et al., 2018). Researchers found that 60% of girls and 53% of boys throughout 21 countries experienced child abuse starting in the early years of primary school (2018). The study sampled 231 students with multistage cluster sampling. Through this, 40 children with a history of abuse were selected. They were then randomly placed into two groups, controlled or intervention based. The intervention group then completed 10 CBT therapy sessions twice a week. These sessions were done with the support of teachers and the principle (2018). Themes included
positive sense of self, awareness of trauma, management of trauma response, and emotional expressions (2018). The results of the study showed an increase in self-efficacy. Limitations noted were the small sample size and the English translation of the study. Portions of the writing are unclear or repetitive, making it difficult for the reader to understand the material fully (2018).

The research advocates self-efficacy in school-age children. Wright reported that “resilient” traumatized children in a supportive environment enjoy school more (2014). Working on the teacher-student relationship as well as the student-parent relationship could create a difference in the traumatized child’s education (2014). Being informed and understanding the trauma can facilitate feelings of safety for the child at school.

**Trauma-Informed Care**

Trauma-informed care is described as, “the culturally sensitive provision of psychological, social, and spiritual care during every encounter with a patient (Moss, Healy, Ziviani, Newcombe, 2019). Cavanaugh’s literature review (2016) explained that many children experience their trauma through “adverse childhood experiences, or ACEs” (p. 41). ACEs have been broken down into ten situations with three larger categories; abuse, neglect, and household dysfunction. It was found that 64% of people have at least one ACE encounter, and 22% have three or more (2016). The author made a connection with the number of ACEs experienced and the increase in negative outcomes in school-aged children. As mentioned in other articles, Cavanaugh agreed that the child can respond with aggression as well as depression, anxiety and delayed development (2016). It was noted that the use of trauma-informed care in schools is not as common as it could be. An important component of this practice is a safe environment. This can be done by having school-wide expectations that can benefit but also keep consistency for traumatized students. This includes previewing with the children and giving reminders of any
transitions or new experiences that may occur (2016). Working with peers was also deemed beneficial to the child’s sense of self and success, which in turn can help with recovery (2016). Students building relationships with other students creates trust and community. By coming together and working in an informed way, the children will be able to have a safe learning environment at school.

Traumatized children may need more intense care that leads them to the hospital. Researchers looked at the individuals working with traumatized children in the hospital setting (Moss, Healy, Ziviani, Newcombe, & et al., 2019). The authors researched the quality of trauma-informed care that healthcare professionals were offering. They found that 90.1% of employees felt psychological care was important but have little knowledge on the subject (2019). The study conducted was mostly observational and interview-based and aimed to focus on what the psychosocial care looked like and how it was being administered (2019). Around five staff from each unit were interviewed to create a total of 18 participants. The researchers noted that based on past studies, 18 participants were sufficient to obtain themes (2019). Results showed that half of the staff rely on visible triggers including anxiety and stress. The staff reported that the benefits of informed care included, the comfort of the patients, trust building, treatment compliance, and positive treatment outcomes (2019). This study made the staff aware of the need and benefits of trauma-informed care.

**Trauma and DMT**

**Dance/Movement Therapy**

Movement has been a means of human communication and expression since childhood. The desire to move is present even before birth and is important to the development of verbal skills (Chaiklin & Wengrower, 2009). Dance/movement therapy has developed into a treatment
for individuals of all backgrounds. It can be defined as “the psychotherapeutic use of movement to promote emotional, cognitive, physical, and social integration of individuals” (Welling, 2019). DMT developed on its own through the use of art, dance, and psychology, making it an interdisciplinary career ((Chaiklin & Wengrower, 2009). This profession developed through the lens of dance in an educational and performance setting. The first theory revolved around the idea of the body and mind being one entity and was developed in the 1950s (2009). Isadora Duncan (1877-1927) led the movement of modern dance in the 20th century by dancing barefoot as herself rather than portraying the role of someone else. Her ideas of individuality continued the work of movement as a freedom and use of the body in a therapeutic manner (2009).

One of the founding leaders was Marian Chace (1896-1970) who originally worked with patients with schizophrenia and psychosis. She was able to use “sensitive awareness” to help clients better understand themselves (Chaiklin & Wengrower, 2009). Mary Whitehouse (1910-2001) worked with high functioning individuals with high ego strength. Her work consisted of spontaneous movement of the body that started from kinesthetic and more internal work. This movement led individuals to a better understanding of themselves and promoted an inner change (2009). Blanche Evans’ work started with the most basic movements of the body and observed it in its natural environment. Her work guided the participants to know their bodies through movement which led them to be able to better express their emotions that may have been suppressed (Bernstein, 2019). Other pioneers involved in the development of DMT include Liljan Espenak, Alma Hawkins, Irmgard Bartenieff, Norma Canner, and Elizabeth Polk. These individuals worked with DMT in a variety of environments including, hospitals, agencies, private practices, educational settings, prisons, outpatient clinics, with the elderly as well as those suffering different conditions. The founders of DMT started to observe dancers who had
experienced psychoanalysis and with their understanding of post Freud work, they started to gain more knowledge. The founders’ background in psychological work helped them to understand human development and behavior which they would then use as a base for their movement observations (Chaiklin & Wengrower, 2009). These pioneers understood the benefits of dance and movement in their lives and the importance of merging psychoeducation.

The founders also emphasized the benefit for not just themselves but for the whole of society. Their fundamental belief was that individuals can connect with their different communities and groups while simultaneously being able to work on and express their own needs (Chaiklin & Wengrower, 2009). Once with their group or by themselves, they are able to use the movement to create a more clear understanding of their message. This message is created through movement and can be based on something real or abstract that they want to be expressed to others. This idea developed the use of dance/movement therapy in individual sessions to help the client work with “self-integration” (2009). The idea of dance as a therapy can be used with a variety of movements from a small gesture to a full body experience. What it comes down to is some kind of “motor action” that comes from an individual's internal response or outside stimuli (2009). To understand these responses, one could look through different lenses including, “age, cultural anthropology, psychodynamic theories, neuromotor sciences, the psychology of the arts, and the creative process (2009). DMT is a growing field that is being developed in many countries worldwide and continues to expand (Chaiklin & Wengrower, xv, 2009).

The Self in Trauma Work

Trauma work can be exhausting and emotional for the traumatized individual. The work done by Bonnie Bernstein (2019) included a study that focused on the traumatized individual with the intention to rid them of any emotional or physical impacts that the trauma has left on
their mind, body, and spirit. Her primary medium was movement as she believed that focus on building the individual's sense of self and their emotional knowledge through dance helped balance the physical and mental aspects of themselves during the trauma therapy process (2019). Her approach focused on the empowerment of the individual by highlighting strengths, while safely working on the negative impacts of the trauma they have been through (2019). Bernstein labeled this work Empowerment-Focused Dance/Movement Therapy. She felt as though it allowed the clients to explore new parts of themselves and work on self-affirmation. Her work was developed while training and completing therapy with sex trafficking survivors from Kolkata, India (2019). In 2008, Bernstein traveled to India as an educational initiative to provide Western method training. She quickly found that many of the participants experienced sexual trafficking trauma and could benefit on a deeper level from DMT. Bernstein was aware of the cultural considerations, including religion and the importance of meditation in her participants' lives as she worked with Indian women. She made sure to use symbols and imagery that would connect to her dancer’s cultures (Bernstein, 2019). She also took into strong consideration the brothels, slums, and orphanages that the individuals may have come from as other subcultures (2019).

Blanche Evan’s work fueled the method of Bernstein’s study. As a movement therapist she used her voice to guide individuals through different prompts that helped them focus internally. The work they did could bring them through childhood, family history, and past traumatic experiences (2019). Evan believed that the dances they did allowed unexpressed and suppressed feelings to be relieved and brought awareness to some of the influences and motives of these feelings. These new realizations were able to help the dancers create a more solidified plan of action (2019). A significant part of the Empowerment-Focused DMT involved the
survivors voice, “Reclaiming one’s voice can be a significant aspect of trauma recovery. Building confidence in vocal expression is important for acquiring a sense of agency and dignity...” (Bernstein, 2019, p. 205). Using the voice and language in different, more creative ways can add “new healing experiences” during recovery (Bernstein, 2019, p. 206).

Bernstein noted that many individuals who have experienced specifically sexual trauma tend to have negative connotations towards their bodies. Bernstein worked on helping empower them by finding strength in the movement they created with their bodies (2019). It was found that when they moved images of “power, gentleness, freedom, playfulness, aggression, kindness or daring”, the dancers opened up new aspects of themselves. These movements changed the way their bodies held on to trauma and made it a more positive, self-loving experience (2019). The dancers learned that they could trust their bodies and had the ability to be different versions of themselves including, “soft and strong, wild and controlled, direct and restrained” (2019). Trauma survivors have a fear that they will lose self-control based on their past experiences which negatively affected their relationships and life. Through dance, these individuals worked with flexibility and spontaneity in tension and release exercises as well as improvisation. Bernstein found that directly addressing the emotions through improvisation and partner boundary work, could help individuals find new ways to navigate their sense of control with flexibility (2019). Her work was able to give back the individuals’ sense of control and empower them by highlighting their strengths through movement.

Fatina Hindi (2012) also looked at the power of self within the frame of interoception. She framed this as “the processing of internal sensory stimuli” (p. 129). Neuroscience studies have found this to be an important piece to how an individual process emotionally and their development of the self (2012). With this idea in mind, movement is performed on different
levels, from gross motor to internal and difficult to notice. DMT helps the individuals observe and take note of these internal responses by becoming more in tune with the body (2012). This author notes that there is still little scientific information on how body awareness can affect the individual's sense of self in regards to “emotions, beliefs, and actions, and how one makes meaning of those experiences” (Hindi, 2012, p. 130). The available research looked at the body’s receptors and how they respond to certain stimuli. The researcher had found evidence supporting the hypothesis that the individual's ability to focus on the internal sensations connected to their ability to feel different emotions, including self-efficacy. There was also a connection made between navigating emotions and focus (2012). With this knowledge, DMTs are better able to support clients in their journey of understanding themselves.

In regards to trauma, Hindi noted that Van Der Kolk believed, “in order to deal with the past, it is helpful for traumatized people to learn to activate their capacity for introspection and develop a deep curiosity about their internal experience” (2012, p. 133). It is important for trauma victims to become aware of and used to their fear and constant fight or flight feelings. Another significant feature of Hindi’s work involved the victim verbalizing their trauma (2012). The author noted the use of the nonverbal movement in dance/movement therapy but also honored the process of translating the movement into speech. They thought it might help the clients figure out how to transition between physical and mental awareness (2012). This process could be witnessed in authentic movement. In authentic movement the individual moves based on their internal sensations and observations. They are witnessed in space by peers and then become a witness for a new mover. Once the moving and witnessing process is done, the mover speaks first on what they felt and experienced. The witness will listen and speak on what they saw and how their body responded. Participants are given the opportunity to self-reflect and
create self-identity through verbalization and self-realization (2012). The internal focus of the individual can help them solidify their understanding of self, “supporting internalization of conscious engagement with interoception could help clients to build self-efficacy in observing, tracking, and relating to internal sensory stimuli” (Hindi, 2012, p. 138).

**DMT Trauma Work Worldwide**

In 2018, the American Dance Therapy Association (ADTA) international panel covered the topic of trauma. Several countries spoke including, Holland, Australia, Canada, the United States, and Israel. It can be noted that these represented Euro-dominant countries. One country representative, Katia Verreault from Holland, based her discussion on the idea that we all share a common theme of “connectedness” as human beings (2019). This theme was connected to the world-wide refugee crisis and the need for therapeutic trauma treatment. Verreault believed that DMT can benefit this population as it can work cross-culturally, it is non-verbal, and can handle the somatic symptoms that may come from the stress of trauma (2019). Verreault’s work consisted of, “movement-based approach through various group games, sports-based activities, play, dance, songs, body awareness exercises, and creative movement” (Capello, 2019, p. 9). She wanted to form an environment where individuals could connect, feel safe, and work on their self-efficacy all while practicing their self-soothing and regulating abilities (2019). Her method focused on the safety of the individual, their body, and sense of self.

Tannis Hugill, from Canada, looked through a cultural lens as the Aboriginal people of this country felt the most impact (2019). The highest cause of death by Aboriginal youth was found to be suicide (2019). There was also an increase in homeless youth and female murder for this population. This leaves the question, why specifically are Aboriginal youth being left in a vulnerable state? What actions, if any, are being taken for this population? The access trauma-
based to treatment in Canada was limited as well as the use of DMT, unless they can afford a private practice (2019). Hugill believed that traumatic memories were held in the body and appeared through sensations and imagery. Where words cannot be used, “Located in the primitive areas of the brain, these painful memories are cut off from conscious awareness. Using body-based interventions of DMT, the physiological consequences of a traumatic experience, while intricately enmeshed with emotional responses, can successfully be addressed” (Capello, 2019, p. 14-15). Her focus was on the body as the treatment’s medium rather than spoken word. Others found that there needed to be elements of both spoken word and movement.

Dita Federman, from Israel, believed in the powerful tools that DMT has to offer. She mentioned the verbal aspect of psychotherapy, where the individual retells the traumatic event in order to create a therapeutic story. Building off of this idea, Federman saw that DMT allows a nonverbal aspect to trauma storytelling. She found that the experiences of the traumatized individuals are embedded in their body, making it a natural transition to then let the body be a part of the therapeutic work (2019). Through this theory, she created the Movement Assessment and intervention Manual for Trauma. This method categorizes the body’s movements and connects them to recall traumatic events. By combining “attentive movement, verbalization, and embodiment” Federman was able to complete her method (Capello, 2019, p. 20). Federman found the healing to be in the individual's body while still having an emphasis on mindful attention and spoken processing.

Also addressing trauma through a more global lens are Sohini Chakraborty and Maya Sen (2019). They dived deeper into the work Bernstein completed with Indian women and human trafficking. They noted that an organization in Kolkata Sanved, Indian created the DMT and psychosocial model called Sampoornata. They explained that dance was able to integrate the
mind and the body, including the physiological, emotional, sociocultural, and cognitive parts of the individual. In the method, both the individual and the therapist created movement in the nonverbal space. They then verbally processed the movement. This sequencing led to their therapeutic relationship (2019). The main themes of this work are healing, empowerment, and transformation. The method looked at global DMT work but also fit the local needs (2019). The five main pieces to this process were “body training, process of personal transformation, self-care practice, facilitation skills, and reaching out to the community” (Chakraborty & Sen, 2019, p. 57). This process had a unique community outreach portion that required the participants to spread their knowledge. Participants would become instructors and bring the practice to others through their bodies and words. The practice valued the community and the group. Participants always started and finished in a circle sharing their happiness, sorrow, experiences of other feelings as well as personal reflections and messages of support. This circle helped them create community and a holding environment. The author highlighted two significant parts of the Sampoornata group process, being able to both witness and experience the use of both the mind and body (2019). The DMT method exemplified the mind/body integration as it worked with individuals who experienced physical and psychological trauma.

Implementing DMT for Trauma

Children World Wide

In 2007, a panel of international dance/movement therapists discussed the treatment of children from low-resourced communities in their home countries. Patricia Capello (2008), the facilitator of the international panel at the 2018 ADTA conference, noted that one grouping of panelists came from countries that have better education and more support for this specific field. Ya’ala Shaked, representing Israel, discussed the immense availability of DMT in the public-
school systems. Children had the opportunity to work in small groups or on an individual basis. DMT was consistently present in kindergarten classrooms and helped children develop their use of language (2008). Work was being done but awareness was lacking. Dr. JoAnn Hammond-Meiers expressed a lack of dance/movement therapists in Canada and the need for their work. She explained the children of the indigenous people showed signs of trauma and attachment-related disorders, which could also be referred to as transgenerational trauma. These affects had a direct correlation to their parents and grandparents who suffered from separation from family and traditions and trauma themselves.

DMT is needed but hard to come by in Canada (2008). Japan had found strength in DMT work with children. Mothers feeling isolated and helpless found solace in the work as they were able to create relationships with other mothers as well as build trust with their child. The sessions required the mothers to work in the non-verbal space and learn to communicate with their child through “rhythm, touch, and imagination” (Capello, 2008, p. 28). An American DMT, David Alan Harris, worked in Sierra Leone with the war-torn section of the country. As part of his work, he supervised twenty-four local counselors as they worked with children affected by the war. It was found that Sierra Leone had one of the highest death rates of children under five (2008). Harris educated professionals on trauma-informed care as well as DMT techniques. He worked with varying groups of children with treatment plans that followed specific objectives including, “minimizing hyperarousal, promote relaxation, release aggression, reduce sleep disturbances, and sustain grounding” (Capello, 2008, p. 32-33). He found that the individuals were eager to participate and the safe environment created a haven where the youth were able to regain trust and redevelop their sense of self (2008).
In 1999, a large magnitude earthquake hit Taiwan leaving destruction, grief, and traumatized individuals. Amongst those individuals were children. Tsung-Chin Lee, Yaw-Sheng Lin, Chung-Hsin Chiang, and Ming-Hung Wu (2013), completed a study that looked at children affected by this trauma and the use of DMT as the primary form of treatment. The first author was a dance/movement therapist and the leader, followed by two clinical psychologists and three elementary school teachers. This study took place over two days for 12 hours total. In the study, 15 children participated with nine boys and six girls. These children ranged in age from seven-eleven years old and all had experienced some type of traumatic event involving the earthquake (2013). The session started in a circle where the participants all shared a movement. They were then encouraged to explore with play and movement activities. They engaged in a warm-up to create familiarity between participants and the space. The leaders attempted to create four groups, but this was quickly disrupted when the children changed places and dissolved into one large group. The children’s storylines started to veer away from the earthquake and others became restless. The other leaders started to feel that the space was chaotic, but the dance/movement therapists decided to hold the space as it was. The main author believed that group dance therapy is sporadic and free; it allows experiences to occur that would not have developed or been expressed with words (2013). The children, in their chaotic play, began to search for props. These props catered to their imaginative play involving battlefields and “suicide attacks” (2013). This high energy play then transitioned to the children sitting on the floor playing with mats. These mats turned into coffins as the children eventually began to discuss their experiences with their trauma and feelings (2013). The authors discussed how individuals who have been traumatized hold on to these memories in their brains as well as their bodies. These memories can be stored in a symbolic or energetic way. Exerting and experiencing this
energy may have helped the individual conceptualize it. With this in mind, the authors reported
that the children had exerted their energy through movement before they sat down to discuss
their feelings with peers (2013). The authors expressed the body's ability to heal from trauma
through the quote, “One cannot make the unconscious present, for it is precisely the impossibility
of such an encounter with the unconscious that marks it in the first place” (Lee, Lin, Chiang, &
Wu, 2013, p. 155). They believed that the arts helped to recreate their experiences of loss and
trauma and that movement allows the individual to just witness and analyze (2013). The leaders
of the group allowed space for natural creation and witnessing.

**Movement with Transgenerational Trauma**

As defined by Thorup Dalgaard, Diab, Montgomery, Qouta, & Punama’ki (2019),
transgenerational trauma is when a parent or grandparent’s trauma is negatively affecting the
child and interrupting their developmental growth and mental health (2019). The authors of this
study looked at the experiences of families in war-torn Palestine. Their main goal was to
understand the effects of war trauma on communication within the family unit and how this
ultimately affected the children. Other studies were referred to including one in Sweden
involving children whose fathers had experienced torture. This study showed higher levels of
PTSD, anxiety, and depression in the children. One main concern found via the observation and
literature involved the silence and suppression of the trauma, which can be seen by the lack of
processing that occurs (2019). Research showed that when this processing is done verbally and
parents are open, children have more positive mental health. Authors, Thorup Dalgaard, Diab,
Montgomery, Qouta, & Punama’ki, went on to say that it is not what is said or not said but how
the parents discuss the trauma (2019). This parenting style that is aware of the child’s needs
based on developmental stage, personality, and family support is called “modulated disclosure”
This understanding of the child and the environment created a stronger bond for families, rather than no discussion at all.

There were 170 Palestinian families participating in this study. The children involved were between the ages of 10-13 years old (2019). The participants came from a larger randomized selection from a previous study about recovery techniques. The process of selection started with two regions involved in war, then a random selection of schools. Two classes were randomly selected from each school totaling 16 classes (2019). Finally, every other class was randomly placed in a control or intervention group. A series of questions were used to assess the participants. The results of the study focused only on the intervention group. Another fact to notice is that parents had only given verbal consent for their children to participate (2019). One result authors mentioned involved communication about the parent’s suffering and experience with violence. These did not result in a higher likelihood of PTSD or depression in children. This opposed one of their original hypotheses. The results also showed that it is important to not just disclose information about trauma history but to also discuss the positives such as, resilience, strength, and the moral values of the individual who survived. Ultimately, it was found that, “By providing explanations for the trauma, parents are validating the children’s own experiences, which is known to be associated with beneficial outcomes among war-affected children and families” (Thorup Dalgaard, Diab, Montgomery, Qouta, & Punama’ki, 2019, p. 422).

The researcher Théogène Niwenshuti (2013) worked with the traumatized transgenerational population of Rwanda. Many of the people in this country experienced genocide and trauma. The author stated that this study is not of therapeutic intentions, instead he wanted to solely look at the communicative proponents. The purpose was to understand how dance helped children communicate and express themselves, particularly relating to the trauma
they experienced as well as the trauma of their caretakers. They compiled information and looked at how their emotions and behavior were affected in all aspects of their life. Out of 40 children selected, the researchers primarily focused on 17 children aged ten to eighteen years old. “In-depth individual interviews” were used to assess and gain information from the children (Niwenshuti, 2013). Group interviews, as well as dance improvisation and creative work, were also used to collect information. In the individual intakes, the children were asked to improvise movements that they may have liked or learned from in the group setting. They then discussed what it meant to them and how they felt. The researcher found that after this process the children were able to easily discuss their thoughts and appeared happier (Niwenshuti, 2013). There was more discussion and deeper feelings being revealed through the information given by the child. In groups, the children were crying and releasing more emotions outwardly. They expressed gratitude for the exercise as it made them feel like they had a place to share. Niwenshuti revealed that these methods helped the children cope in a positive manner demonstrated through their ability to communicate and interact in groups (2013). Participants felt that they had, “less fear, gained confidence, showed increased self-esteem, and felt that they could be useful for themselves and for their society” (Niwenshuti, 2013, p.34). While the results were positive, Niwenshuti believed that the research was a work in progress and more needs to be done.

**Treatment Through the Body**

Goldstein and Ogden (2017), looked to the body’s response as a way to facilitate treatment. This treatment, Embedded Relational Mindfulness, worked well with the child population who have more trouble verbalizing. The authors saw the possibility of movement and the body as a way for traumatized children to work with individuals without having to bring up memories or details (2017). They felt that the body has its own language that can express
frustration, challenges, joy, and sorrow. This can be seen in the body through patterns of differing movement. The authors also incorporated verbal processing in the therapy, creating the embedded approach. As the children move and observe internally, they then take time to verbalize what they felt and saw in order to better understand themselves. Goldstein and Ogden found that other research supports the idea that mindfulness, focusing on the body in a quiet environment, helped reduce depression, anxiety, pain, and trauma in children (2017). Through this work, they were also able to improve their understanding and tolerance of emotions, which led to higher self-esteem and self-regulation. Movement is incorporated through empowerment and competency exercises as each is adjusted to the individual’s needs. Within the method, guidelines had been created. Children should be led with directed mindfulness. This allows for the child’s mind to wander as little as possible and be focused on the goals of the process. The therapist should track the client's process in order to gauge where the session can go or how the client is doing? The therapist can verbalize contact statements with empathetic intentions in mind. This can help the client hear their process from an outside point of view. The client and therapist will then work together to frame how the client would like the direction of the therapy to go. When appropriate, mindful questions and thoughtful suggestions can be verbalized by the therapist. The authors believed that this embedded mindfulness approach could help give child clients tools as well as change the way their body experiences certain emotions.

Dance/movement therapist and social worker Monica Beltran (2016) worked with several other colleagues on a preliminary study involving traumatized youth from low-resourced communities and the benefits of yoga therapy. The study was conducted in Maryland, where in 2013, 12,000 children were traumatized or had adverse childhood experiences (ACE (2016). The authors noted that yoga could be defined as a “primarily self-oriented, promotive science, which
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Further integrates development of the psychophysical and emotional aspects of an individual” (Beltran, Brown-Elhillali, Held, Ryce, Ofonodu, Hoover, Ensor, & Belcher, 2016, p. 40).

Considering the population, youth from under-resourced communities experienced traumatic events more frequently, and because of this were at risk for developing traumatic stress disorders like PTSD. The author did not discuss why this population experienced higher occurrences of trauma. It can be thought that because of the lack of resources and lower incomes, the youth are unable to receive the services they need. Even if they are to receive the services, what is being implemented to make sure they have the correct trauma-informed care? The authors noted that age, gender, and race can have an effect on how psychological stress is experienced and presented. Being seen as weak when showing emotion was noted by the author as a connection to urban minority youths. The feeling of being considered weak was then said to lead to a more physical and aggressive outlet. While this was noted by the author, there was no explanation or further resources to backup the information. The author left a small paragraph titled Trauma in Urban Youth, where the main discussion was children who experience trauma in a general sense. The emphasis was on the benefits of yoga. The researchers believed that yoga helped to treat the child’s emotional and behavioral effects of trauma.

The study took place over 14-weeks. It worked with ten boys ages 8 through 12 years old. Children experienced an average of 2.1 types of trauma. A major note was that all the participants had been through mental health treatment for at least three months before going through this study. The researchers explained the study to both the child and caregiver who gave written consent. A referral was then sent and the child was cleared by a primary care physician. After the child’s trauma history was obtained, a combination of trauma-informed treatment, psychoeducational therapy, and yoga was administered. The main goals and themes of the yoga
work included safety and boundaries, self-awareness, self-soothing, self-regulation, competency, and self-esteem (2016). Each session lasted 90 minutes with the first and last session focusing on psychoeducation for the caregiver. This was all done in an environment that was built on safety and trust. The authors included the boys’ self-report, the parents’ reports of child attendance, and client satisfaction. The researchers were able to work with the mixed needs of the population and showed improvement of the boys’ abilities to understand and verbalize feelings and thoughts as well as improve their “self-regulation and social functioning” (2016). The researchers noted the limits they had, which included the small sample size as well as some unclear responses from client and parent. The authors recommended that the youth included a yoga practice outside of their regular psychotherapy. While there was an explanation of the study, I wonder if there was education on the topic. Did the guardians and participants fully understand why they are a part of the study? This preliminary study was able to show the benefits of yoga embedded therapy.

**Discussion**

Children are vulnerable to trauma and rely on caretakers and adults to support them. Children need the caregivers to help them find resources and provide them with the means to get to these resources (i.e. therapy). Not all guardians have the financial means or physical ability to provide what the child needs. When these supports are missing at home, children need support from others. This could mean school systems, government-aided workers, or community outreach programs. If these advocates do not help because of lack of funding, inability to meet needs, or an overwhelmed system, the children’s voices are often suppressed and placed on the back burner. This literature review was created to identify how and if movement can help children verbalize their trauma. I found that the work first starts with professionals and families. Cavanaugh (2016) discussed trauma care in schools and the lack of knowledge about how
children respond to trauma. Children were being scolded and silenced for their coping mechanisms instead of being asked what they needed. Researchers Moss, et al. (2019) found in their study that half of the participating employees at a hospital only responded to trauma if there was a verbal or outright physical action declaring the need of help. They understood the benefits of the care but rarely implemented them even while working with children. This misunderstanding could affect the children receiving the proper treatment.

Also found in the readings was that empowerment and the use of community became a theme in multiple articles. These were considered powerful tools in recovery. Bernstein’s (2019) Empowerment-Focused Dance/Movement method focused on emphasizing the strengths of the individual but also wanted to support them while they found their audible voice. By building their confidence, she was able to help them create a stable structure that would allow them to go on and work with their trauma. Bernstein’s development of community created a support system for them to rely on and use even after the study was complete. Sohini Chakraborty and Maya Sen (2019) used a similar sense of community and as well as empowerment as a theme of their work. They focused on the self and how the individual processed the trauma.

Another significant theme found was the importance of integrating both the verbal and nonverbal parts of therapy. Hindi (2012) expressed the importance of transitioning the movement into spoken words. The author found this to be important in helping individuals truly understand their trauma and experiences. Part of this process was done through authentic movement and witnessing. The client was able to be seen but was also able to observe. This internal work led to self-actualization, which could then lead to their empowerment and control over their trauma. In the Taiwan based study, children were encouraged to move and explore. After much push back, Lee and other researchers (2013) allowed more freedom of choice and less structure. The
children naturally used movement and play to transition into the verbalization of their trauma with one another. They believed that by moving and exerting their energy, the children were able to then understand where it was coming from and verbalized it.

The compilation of these studies and literature reviews can bring attention to the importance of trauma work with children. The work done can help others understand how children respond to trauma and know that it may look different than expected. Children need the chance to explain themselves, whether this is through movement, words, or both. The child’s ability to self-express can be accomplished within the education system. Schools and professionals need to become more trauma-informed and implement the work for every child not just those traumatized. Cavanaugh (2016) expressed this by stating there should be school-wide expectations. Instead of singling children out for their behavior, make it a standard to work with all children based on their emotional needs.

One way this can be done is through DMT work. Implementing movement and making it accessible for children would allow nonverbal work to those who need it. Capello (2019) reported the availability of DMT in Israeli schools. The children were offered groups and individual time, with results being improved language. These children were given the chance but many globally are not, including in the United States. In order for this to happen, more DMT and trauma-based research needs to be done. Researcher Niwenshuti worked in Rwanda and saw the need for more research as well as more support from the field (2019). There are many preliminary studies, but seldom that continue with their work. Children, especially those who are traumatized, need an understanding community, need to be empowered, and need that integration of words and movement in order to recover.
References


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