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The Cycle Continues: The Effects of Intergenerational Trauma on the Sense of Self and the

Healing Opportunities of Dance/Movement Therapy: A Literature Review

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

This capstone thesis illuminates the far-reaching impact of intergenerational trauma on the sense of self, and the implications for dance/movement therapy in healing from intergenerational trauma. Intergenerational trauma (otherwise known as transgenerational trauma, historical trauma, and cultural trauma) is trauma that is passed down from generation to generation. Future generations experience their ancestors' traumatic experiences as if it were their own, hijacking their sense of self and identity. Sense of self will be defined as feeling secure in who you are—sense of identity, personality, family background, aspirations, and semblance of having control in your life. Intergenerational trauma presents unique challenges namely because of its multilayered consequences: silencing of narrative, destruction of community and cultural values, and the alteration of genetic make-up (epigenetics). Intergenerational trauma is embodied trauma. The body holds these transgressions the mind has unconsciously blocked out, leaving future generations with the loss of understanding why this trauma lives inside them. Dance/movement therapy focuses on integrating the mind and body into cohesion through a range of dance and movement opportunities, allowing the participant to weave back together their narrative and safely acknowledge the trauma that has been passed down to them while promoting a sense of healing.

Keywords: intergenerational trauma, sense of self, narrative, culture, traumatic experiences, dance/movement therapy, healing.

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Introduction

Simply put, trauma is “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” (merriamwebster.com, 2020). Horrific events such as natural disasters or physical assaults can leave us feeling deeply unsettled, and in many instances, traumatized. Emotional and physical disruption of trauma scars our perception of the world. “There is the event and the reaction to the event, the moment and the moment after. It is the shock of something happening and the relived shattering of something, the same thing, happening again and again” (Baum, 2013, p. 35). Trauma is a subjective experience (Boals, 2018), uniquely terrifying to the individual. The impact that trauma can have on an individual’s well-being extends into multiple levels: emotional processing, psychological and physical coping mechanisms, as well as the potential for cellular and genetic alterations. Intergenerational trauma is trauma that was initially experienced by past generations and elicits a traumatic response in future generations without their ever having experienced the initial trauma (Harris, 2016; Stanek, 2015; Baum, 2013; Kellermann, 2011; Cohn & Morrison, 2018; Connolly, 2011; Myrha, 2011). With this definition in mind, intergenerational trauma is likely to affect most everyone. “The luxury of a long and comfortable life was rarely available to our ancestors...diseases...populations were uprooted and communities broken...given these realities, there are few families whose history is free of traumatic experiences” (Welford, 2019; p. 324). This suggests that we all have a story to tell, despite our conscious knowing of these stories or not. Intergenerational trauma can also be referred to as transgenerational trauma (Welford, 2019; Cohn & Morrison, 2018; Xu, 2017; Kellermann, 2011; Harris, 2016), historical trauma (Xu,

2017; Magowan, 2013; Myrha, 2011), and cultural trauma (Nagata, Kim, & Nguyen, 2015; Gailiené, 2019). For the purpose of this paper, I will mainly be using the term intergenerational trauma to describe this phenomenon.

Trauma interrupts our sense of self, potentially influencing our perception of the world. Participants in Cohn and Morrison's (2018) study interviewing grandchildren of Holocaust survivors described how their personal identities have been shaped by their lineage. "Of all the participants, Ella demonstrated the most evident personal identification with her grandparents' suffering... 'I see myself as a third generation of course...I very much identify with that term survivor'" (Cohn & Morrison, 2018, pp. 203-204). It is interesting to note that not every participant felt that the term "survivor" was an appropriate self-identification because they themselves did not survive the Holocaust. Rather, they are the product of their grandparents' survival. Just as trauma is subjective, so too is our perception of sense of self and how we choose to identify with our past. Intergenerational trauma can shape how we view our past and our development of sense of self.

Intergenerational trauma is embodied trauma. "The emotional memory and physical sensations of the trauma inhabit the body as ghosts from the past... The body becomes a bridge between past and present and therefore plays an important role in the transmission of trauma" (Stanek, 2015, p. 98). Trauma is so potent that it takes up residence in our bodies without our control or cognitive awareness. One reason trauma becomes so attached to the body is because the mind wants to distance itself from the pain of the trauma as much as possible.

People can never get better without knowing what they know and feeling what they feel...healing...depends on experiential knowledge: You can be fully in charge of your

life only if you can acknowledge the reality of your body, in all its visceral dimensions.

(van der Kolk, 2014, p. 27)

Both mind and body must be considered when understanding trauma. Focusing only on the mind or only on the body disregards the integral connection between mind and body, furthering the emotional, cognitive, and corporal distress enacted by trauma. When trauma is never brought to light, it continues to be pushed deeper into the body and psyche, prolonging healing and recovery.

One of the greatest challenges to understanding embodied trauma is that not everyone's story is passed down. Silencing of narratives can be found in family members concealing their trauma from their loved ones in an attempt to protect them from pain and emotional burden (Connolly, 2011; Stanek, 2015; Cohn & Morrison, 2018; Welford, 2019; Nagata, Kim, & Nguyen, 2015). Whether silencing of narrative is a conscious decision or a byproduct of the trauma, it leaves future generations with a gaping hole in their own narrative. "Trauma robs you of the feeling that you are in charge of yourself...trauma is much more than a story about something that happened long ago" (van der Kolk, 2014, pp. 205-206).

Narratives are essential to forming a strong sense of self and without a complete picture of one's narrative, it can hinder the feeling of being a whole person. Perhaps of most concern in the silencing of narratives is that when the second and third generations come to terms with their internalized trauma, they cannot accurately say who in their family was traumatized—because it was never spoken about. This can lead to a mental health crisis for second and third generations, therefore becoming an issue that needs to be addressed in the mental health field. This raises the question of how far does our ancestors' trauma shape who we are and how we see ourselves?

This question frames the intention of this literature review while also acknowledging its limitations.

Intergenerational trauma is an evolving field of research, and this literature review gives an overview of some of the pertinent topics in this field. While there appears to be a plethora of literature regarding dance/movement therapy (DMT), body-oriented therapies and trauma recovery (Levine & Land, 2016; Bernstein, 2019; Campbell, 2019; van der Kolk, 2014; Gray, 2001; Menakem, 2017), there is little on intergenerational trauma and DMT, with the exception of Stanek (2015) who outlines the implications for dance/movement therapy and intergenerational trauma; and Campbell (2019) who delves into post-traumatic slave syndrome and its effects on Black bodies. A large portion of trauma interventions outlined in the DMT literature are focused on primary trauma rather than secondary or tertiary. I propose that the DMT interventions used for primary trauma survivors can be applied to individuals experiencing intergenerational trauma, and the movement interventions of DMT paired with trauma recovery will result in similar healing goals.

As a dance/movement therapy graduate student, I believe the emotional expression elicited in dance and movement presents significant healing opportunities. In this literature review I will discuss further the research on intergenerational trauma, epigenetics, silencing of narrative, disruption in culture, and dance/movement therapy as a healing modality.

Literature review

Epigenetics

If a grandparent or great-grandparent was exposed to a traumatic environment such as the Holocaust or civil war, this intense exposure has the power to alter an individual's genetic components (Cohn & Morrison, 2018; Stanek, 2015; Kellermann, 2011; Welford, 2019).

Epigenetics is a biological theory of how certain genetic traits are inherited and passed down through the genome. Epigenetics is described as, “DNA modifications that do not change the DNA sequence can affect gene activity...Epigenetic modifications...can be inherited through the generations. Environmental influences, such as a person’s diet and exposure to pollutants, can also impact the epigenome” (National Institute of Health, 2019). There is emerging evidence demonstrating the potency of trauma on genetic configurations. Kellermann (2011) in his article on the epigenetic transmission of trauma in Holocaust survivors, explains epigenetics “includes both hereditary and environmental factors, it adds a significant psychobiological dimension which may confirm clinical observations with empirical research” (p. 2). Additionally, he describes the progression of transgenerational transmission of trauma, or TTT. “TTT refers to the process in which a trauma that happened to the first generation was passed on to the second generation” (p. 1). There are four proposed theories outlining TTT: the first being psychodynamic relational models; second, sociocultural and socialization models; third, family systems and communication models; and fourth, biological or genetic models (Kellermann, 2001a; Kellermann, 2011), and that “various manifestations of trauma transmission could thus be explained as being determined by any or all of these factors or by an *ecological* combination of them” (Kellermann, 2011; p. 2, italics included).

TTT theory proposes how trauma is passed down through the generations, but there is debate surrounding the efficacy of epigenetics in understanding the transmission of trauma. Regarding family systems as Kellermann offers, Welford (2019) shares how two of her clients perceived their parents’ and grandparents’ experience with being forced to move during the India-Pakistan partition in 1957. One client described how “his grandparents were traumatized by the experience of becoming refugees in their own country and that their trauma impacted their

attachment to his parents,” while the other client described the closeness they felt with their family after being forced to move (Welford, 2019, p. 325). Why did one family suffer from being uprooted while the other family flourished? It appears that the transmission of trauma is not a linear path, making it a challenge to study with empirical evidence. “We still do not understand how the repressed traumatic past experiences of a parent can enter into the mind and soul of the child” (Kellermann, 2011, p. 2). Kellermann proposes the theory of transgenerational transmission of trauma to explain how trauma is passed down but emphasizes that little is known on how exactly trauma is inherited. Therefore, the phenomenon of intergenerational trauma is more a theory rather than a reliable science. Research into the neurobiology of trauma survivors and their offspring is ongoing.

Silencing of narratives and its effects on parent-child/family relationships

It is a fragile privilege to be able to tell our life stories. Self-narratives anchor us to our physical environment and the people around us, evoking safety and security in our perception of the world. Trauma has the capacity to render our self-narratives mute. The silencing of narrative is the stifling of our life story, both the literal inability to speak and impeding emotional processing in the wake of a traumatic event. It appears that silencing narrative can be a conscious or unconscious decision on the trauma survivor’s part. Nagata, Kim, and Nguyen (2015) focused on the cultural trauma and the intergenerational effects of the Japanese American internment camps (now being referred to as incarceration camps) during World War II. The families sent to these camps adopted silence as one of their coping mechanisms in the wake of “massive ethnic targeting” and to protect future generations from this violation of civil rights (Nagata, Kim, & Nguyen, 2015, p. 357). This suggests a more purposeful withholding of narrative from subsequent generations to protect them from distress or anger.

Stanek (2015) discusses the severity of wartime sexual violence (WSV) in World War II and the consequent silencing of rape victims. “Women discussed suppressing the memory of the rapes as one coping skill and protecting immediate family members from psychological pain and burden as another reason for staying silent” (Skjelsbaek, 2006; Stanek, 2015, p. 96). This statement also suggests intentional nondisclosure of the traumatic event. There is also an element of unconscious silencing of narrative indicative of the women’s attempt to suppress the memory of the rapes. While these women may have consciously decided not to say anything, their bodies held onto the trauma of being raped. Stanek (2015) states that “narrative can also be described as body experience. Telling one’s story gives meaning to one’s life and helps create a cohesive narrative for oneself and others.

Stories orient and connect us to self, others, past and future” (Stanek, 2015, p. 96). Without stories, our sense of self is untethered. What the traumatized individual does not realize that by withholding their narrative from their loved ones, they are storing the experience deeper and deeper in their bodies. “Even though the memories might be well hidden from consciousness, the body remembers the horror...the body actively shapes the perception of subjectivity and intersubjectivity, and is the primary container for traumatic memory” (Stanek, 2015, p. 95). In some ways, the body retains the traumatic memory as a protective measure so that the mind does not have to actively think about the traumatic experience. Trauma is omnipresent in the body’s knowing even if the conscious mind is unaware of the repetitive internal damages. “A body of or in trauma is first a living body...and trauma is foremost a wound in the body” (Baum, 2013, p. 34). It takes time for wounds to heal; indeed, sometimes generations for wounds inflicted by trauma to heal. Silenced self-narrative is a wound in the body.

There is evidence to support that silenced self-narratives morph into nightmares that are dreamt by the current generation, depicting the traumatic scenes parents, grandparents and great-grandparents witnessed. “Survivors of intense trauma frequently report disturbances of dreaming...It is as though the children are forced to dream the nightmares of their parents” (Connolly, 2011, p. 613). It appears that even with stable and loving parents, the transmission of trauma can still be passed on to the child (Thompson-Booth et al., 2019), “as if they have actually *inherited the unconscious minds of their parents*” (Kellermann, 2011, p. 1, italics included). Kellermann (2011) elaborates on the intensity of nightmares experienced by children of Holocaust survivors. “Many children of Holocaust survivors have had such terrible nightmares in which they are chased, persecuted, tortured, or annihilated...at times they suffer from debilitating anxiety and depression” (Kellermann, 2011, p. 1). Cohn and Morrison (2018) conducted a qualitative methods study interviewing the descendants of Holocaust survivors. A section of the interview concerned the dreams and nightmares these descendants were experiencing.

Coupled with a sense of fear, anxiety, and hypervigilance, a number of participants spoke about Holocaust-related nightmares, and, although they were unable to provide precise accounts of the content of these nightmares, they all described them in an emotionally evocative manner. (Cohn & Morrison, p. 203)

One of the participants described a dream he had: “I can’t tell you if it’s Auschwitz, I just don’t know, but it’s something that it feels like I’m there...it feels like the real thing, whatever that is. And it feels very vivid” (Cohn & Morrison, 2018, p. 203). This interviewee cannot assign meaning to the nightmare he is having because the story behind his grandparents’ experience in Auschwitz is lost. It appears that his grandparents chose not to share their experience in the

death camps in an attempt to shield their grandson from the terrible images. But the trauma of being in Auschwitz was so great, he has inherited these images nonetheless. These nightmares become a confusing dichotomy for the interviewee's own life experience and narrative while simultaneously inhabiting the world of his grandparents' trauma, even when in dream-state.

The Stalin regime and its impact on Lithuania and the Baltics rendered a similar kind of silence in those who lived through this crisis. Gailienė (2019) writes that, "a special characteristic of the Soviet totalitarian regime was the fact that it aimed not only to take over and rule the occupied countries, but also to change the human beings who lived therein" (p. 533). Families living under the communist regime experienced repression of political and social views, an elimination of expression that continued through the family. "Often families lived in a peculiar atmosphere where, for political reasons, parents would hide their past from their children in order to protect them from possible repression" (Gailienė, 2019, p. 533). It was not until the 1990s when children and grandchildren of those who were verbally (and physically) repressed during the totalitarian regime reclaimed their stories. "After 1990, as independence was restored, the repressed collective memory of political repressions burst into public life" (Gailienė, 2019, p. 535). The wounds of intergenerational trauma run deep but bridging the gaps in narrative can clarify past traumas and provide healing from embodied trauma.

Destruction of community and cultural values

Throughout history, there are multiple occurrences of transgressions against marginalized, persecuted, and oppressed communities. The Holocaust and the devastation it wrought on second and third generation survivors has an extensive literature (Stanek, 2015; Cohn & Morrison, 2018; Connolly, 2011; Scharf & Mayseless, 2011; Baum, 2013; Kellermann, 2011). Civil wars such as the Bosnia-Herzegovina conflict (Harris, 2016), post-communist

Lithuania and the societal consequences of the Stalin regime (Gailienė, 2019; Connolly, 2011) describe the cultural implications of totalitarianism and deliberate suppression of political views. Additionally, there is evidence for intergenerational trauma on marginalized communities stemming from colonialism, slavery, racism, and erasure of culture (McKeon, 2019; Magowan, 2014; Swain, 2019; Myrha, 2011; Campbell, 2019; Menakem, 2017; Nagata, Kim, & Nguyen, 2015). It appears that historically persecuted, enslaved, and marginalized communities carry the impacts of intergenerational trauma into the present because society continues to perpetuate forms of racism, antisemitism, and cultural genocide. “No matter what we look like, if we were born and raised in America, white-body supremacy and our adaptations to it are in our blood. Our very bodies house the disembodied dissonance and trauma of our ancestors” (Menakem, 2017, p. 10). The trauma of being continuously marginalized and repressed is generationally and culturally devastating.

The body holds it all

Historically, people of color have been harmed, manipulated, and silenced. Notable cases of bodies of color being used for medicinal advances would be Henrietta Lacks’ cancer cells taken from her without her permission; and Sara Baartman, a Black woman in the 1810s whose reproductive organs and brain were put on display following her death (Swain, 2019). Menakem (2017) remembers his grandmother’s hands as different from his own; her finger pads were enlarged after healing from the multiple cuts she received while picking cotton as a four-year-old. Welford (2019) described the significance of family memory and that family dynamics unconsciously linger over the traumatic event, allowing it to become the family culture. Mistrust in systems of authority, both lawful and medical, is passed down from generation to generation among people of color and manifests in “our muscles and nervous systems, where it routinely

creates constriction” (Menakem, 2017, p. 6). Intergenerational trauma is embodied trauma as evidenced by the systematic constriction of freedom, and the body holds it all.

In a qualitative study conducted by Myrha (2011), American Indians/Alaska Natives (AI/AN) were interviewed for the establishment of culturally specific sobriety maintenance programs (abstract). There is disturbing evidence supporting the lack of care for AI/ANs struggling with substance addiction, and their hesitancy to seek out health services. “For a variety of reasons related to lack of access, socioeconomic factors, and distrust, AI/ANs in both rural and urban areas have poorer health status than other Americans” (CDC, 2010; HIS, 2009a, NSDUH, 2010; Myrha, 2011, p. 18). AI/ANs’ distrust stems from the erasure of culture and freedom inflicted by “ethnic genocide and forced assimilation” during the 1800s Western expansion (Myrha, 2011, p. 19). Like intergenerational trauma, “historical trauma is commonly defined as the collective emotional and psychological injury over an individual’s lifetime and across the generations” (Brave Heart, 2003; Myrha, 2011, p. 18). Historical trauma’s impact is “likened to a bomb going off, over and over again” (Menakem, 2017, p. 39). The emotional and psychological injury of ethnic and cultural genocide could be the driving force behind AI/ANs’ substance abuse, a means of enduring and numbing the generational pain. Marjorie, one of the participants interviewed, described her reason to start drinking:

...White people saying that ‘Natives are nothing but alcoholics, drunks; they’ll never amount to nothing, they’ll never do nothing;’ things like that really hits me hard because I really truly believe that’s a lot of the reason why our people stay drunk is because of things that we have to listen to and go through. (Myrha, 2011, p. 24)

The external and internal information Marjorie was receiving about her self-worth and her place in society negatively impacted her well-being, leading her to find ways of escape. “For

many participants, substance abuse was a surrender to what they understood, since their youth, to be their fate, and also signified to them their defeat by the dominant culture” (Myrha, 2011, p. 31). The participants’ resignation to substance abuse shows the intense, systemic racism that is perpetuated by those in power, keeping those not in power in a cycle of abuse and trauma. Most often this trauma is corporal, locking oppressed bodies into self-harm such as alcoholism or from lack of sufficient healthcare. Another interviewee, Henry, stated that, “the new genocide is nutrition and health. Our people are dying off because of these diseases: alcoholism, cancer, diabetes, heart disease” (Myrha, 2011, p. 24). The trauma of seeing loved ones die year after year from these preventable illnesses is immense, as is the fear of the continuation of trauma.

The loss of family due to early death has led to feelings of isolation and lack of support...Participants linked the impact of elders’ stories of historical trauma and loss, and their own traumatic experiences, to intrusive thoughts about these ordeals and to fear that trauma will continue for future generations...Some talked about their fear that the racism faced by elders will recur, and acknowledged that, to a degree, racism continues. (Myrha, 2011, pp. 25-26)

Some parents were faced with the difficult decision of separating themselves from their children in an effort to stop intergenerational trauma in their community. Beverly recalls, “I love my kids, but at the time it was their fault that I couldn’t go to the bar...I had to realize that this is what I put my kids through. I have to make things right with my family” (Myrha, 2011, p. 28). While Beverly was able to reconnect with her children, other participants made the decision to be permanently absent from their children’s lives in their attempt to break the cycle of intergenerational trauma. The toll of intergenerational trauma, and particularly in communities struggling with access to physical and mental health care, is a crisis of the human spirit.

Body and culture

Where does racialized trauma begin, and how does it become culture? In his book, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts and Bodies*, Menakem (2017) discusses European trauma and its strong correlation to the trauma inflicted on Black and Brown bodies. "White bodies have colonized, oppressed, brutalized, and murdered Black and Native ones...The carnage perpetrated on Blacks and Native Americans in the New World began, on the same soil, as an adaptation of long-standing white-on-white practices" (Menakem, 2017, p. 62). This is by no means an excuse for the oppression and systemic racism we see in society today, but it does offer an explanation for why intergenerational trauma is so embedded in our bodies and in our culture: we never healed from the trauma our ancestors were exposed to in the Middle Ages, into the transatlantic slave trade, and beyond.

Unhealed trauma acts like a rock thrown into a pond; it causes ripples that move outward, affecting many other bodies over time...and if it gets transmitted and compounded through multiple families and generations, it can start to look like culture. (Menakem, 2017, p. 39)

Unhealed trauma goes unquestioned; it becomes the normal day-to-day societal values, and when multiple families unknowingly adhere to centuries-old trauma, it is widely accepted as culture.

Swain (2019) investigates the stereotypes of Black women and how these stereotypes become widely accepted as culture.

As someone who has been characterized as a 'strong Black woman' myself, I know that this term tells Black women, as well as the rest of society, that instead of confronting systemic anti-Black racism and its violent effects instead Black women must be 'strong,' resilient, and bear this violence on behalf of ourselves and our families." (p. 18)

Culture lives in the body, it is not an external construct. Culture is not only taught to the next generation, it is embodied and passed down through invisible avenues. The cultural assertion that Black women need to be strong and immovable is an embodied culture that is socially taught as well as inherited. This widely accepted culture that Swain asserts is robbing Black women of their voice, of their right to feel their pain, and limiting their abilities to seek mental health treatment. Culture has the power to shape our perceptions. Perpetuating the expectation of being strong and resilient invalidates all other feelings. Invalidating emotions can invite in anger and resentment, furthering bitterness around the image of “strong Black woman” that is unfair and racist.

Internalizing this cultural belief that Black women need to be emotionally strong is potentially harmful to their sense of self and limits their opportunities. This sense of needing to be strong is passed down through the generations and believed to be instilled during times of slavery. “The act of segregation continued through the division of African American men from African American women...black men were manipulated to be distant, aggressive, and hostile, while black women were manipulated to be supportive and strong” (Essence, 2005; Campbell, 2019, p. 219). Slave owners’ manipulation of emotions was a power move intended to control slaves’ humanity. This cruel measure shaped not only the culture between slave owner and slave, but the culture of family as well. “During slavery, parents would punish their children with aggression to prevent them from being punished by the slave owner” (Essence, 2005; Campbell, 2019, p. 219). If children acted out and their actions were met with parental aggression, then they learned not to act out in front of the slave owner, which could potentially save their lives. This culture of aggression is passed down and according to DeGruy (2005), these parental behaviors are replicated in today’s African American families.

PTSS, post traumatic slave syndrome, was first coined by Dr. Joy DeGruy in 2005, which is “a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery” (DeGruy, 2005, p. 113). While slavery in America may no longer exist, the trauma of slavery is still very much alive in the unconscious of African Americans whose ancestors were brought here as slaves. “PTSS theory—establishes a timeline depicting a progression of traumatic actions that were carried forward from the trans-Atlantic slave trade into future generations both overtly and subliminally” (Campbell, 2019, p. 217). An example of overt PTSS would be African American families teaching their children not to trust police officers because of the violent actions taken against people of color, similar to the choices parents in slavery had to make to protect their children from slave owners. “When intergenerational trauma lives and breathes in bodies of both of us and them, almost any encounter can lead to tragedy” (Menakem, 2017, p. 115). There is a “both-and” construct in PTSS and police officers—both African Americans are wary of police because of the us-versus-them mindset (Menakem, 2017), and police officers experiencing their own trauma whether it is from being on the job or a combination of life stressors. Additionally, the influences of slavery, Jim Crow era laws, and the brutal actions enacted by the Ku Klux Klan has groomed authoritarian mindsets to be more hostile towards bodies of colors (Campbell, 2019). Hostility, like trauma, is passed down through the generations and has the potential to become integral in the culture.

Dance/movement therapy and intergenerational trauma

Dance/movement therapy (DMT) presents an invaluable therapeutic option for those experiencing intergenerational trauma. DMT “is a treatment modality that has been practiced for nearly 75 years, and research in neurobiology suggests that movement, which is the conceptual

basis of DMT, might be a potentially effective intervention for problems related to trauma” (Levine & Land, 2016, p. 330). The American Dance Therapy Association defines DMT as, “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (adta.org, 2020). DMT works from an embodied perspective, focusing on the mind and its integral connection to the body. Considering that intergenerational trauma is largely an embodied, internalized process, DMT is uniquely suited for working with individuals who are disconnected from their “bodyminds” because of trauma (Baum, 2013). Intergenerational trauma can rob a person of their sense of self as previously mentioned, and trauma recovery via DMT “mobilizes the full potential of expressive dance in the healing process...[by providing] a psycho-social balance to the many vulnerabilities that may unfold in trauma therapy” and hopefully restore positive sense of self (Bernstein, 2019, p. 194). The body knows how to heal, and it takes thoughtful, intentional work to recover from the effects of intergenerational trauma. Considering that intergenerational trauma is an embodied experience—cellular, developmental, and cultural—DMT can have a huge impact for people living with intergenerational trauma. Anna Halprin writes, “Dance, by its very nature and intent, is a holistic form...the body has deep wisdom within it—memories, ancient knowledge, and personal and collective experiences beyond anything we can imagine with our conscious minds” (1995, p. 207). Stanek (2015) continues that, “It is the body that serves as the greatest tool in recognizing intergenerational trauma and helps to transform intergenerational trauma” (p. 101). DMT aims to tap into the body’s inherent wisdom through meaningful, intentional dance and movement interventions that allow the individual to acknowledge their intergenerational trauma.

Particularly with intergenerational trauma where narratives have been lost, it can be especially challenging to verbalize a feeling of trauma that has not personally happened to the

individual, but they feel the presence of trauma nonetheless. This can cause distress and confusion for the individual in a world that is heavily reliant on verbalization of experience.

DMT is uniquely suited to working with individuals living with intergenerational trauma as its focus is on the power of nonverbal communication. “Our word-centered culture causes us to repress...nonverbal forms of communication...we rarely are aware of our need to feel empathy through body movement and body contact” (Sandel, Chaiklin, & Lohn, 1993, p. 235).

Movement and safe touch remind us of how important it is to feel empathy when we are struggling, and how healing movement and touch can be. Trauma often cannot be fully or comfortably expressed, which is why it is crucial to incorporate the body when healing from trauma. “The body is where we live. It’s where we fear, hope, and react...when something happens to the body that is too much, too fast, or too soon, it overwhelms the body and can create trauma” (Menakem, 2017, p. 7). The body is like our house: we need to take care of our house, maintaining sound structure and a haven to turn to. When there is trauma in our house, in our body, our resources are inundated. Levine & Land (2016) describe a woman who used movement to access her trauma. “Moving with that intention...the client was able to make the connection between what happened to her body and how that affected her cognitively and emotionally” (p. 337). The woman’s intentional and gentle movement allowed her to replenish her resources that had been depleted by the weight of trauma. Dance and movement reunited her mind-body-brain connection, and in doing so, “she was able to present a more cohesive narrative to her therapist and to herself” (Levine & Land, 2016, p. 337). Her body, mind—and her house—have been restored.

DMT and traumatic memory

Trauma survivors may try to make sense of what happened to them, but the disruption that trauma inflicts on mind-body connection makes it challenging to move on from the event. “When something terrifying happens, like seeing a child or a friend get hurt in an accident, we will retain an intense and largely accurate memory of the event for a long time” (van der Kolk, 2014, p. 178). Traumatic memory is different from other memories. Traumatic memory preserves an accurate account of the event, whereas “normal memory” can fluctuate with time and lose its preciseness (van der Kolk, 2014). Traumatic memory is highly emotional and sensory, putting the individual’s body into a state of fight or flee when something triggers that memory. The fight or flee response is an evolutionary trait that is hyperactive in a trauma survivor. “The central feature of trauma response is speed. It has to be; otherwise...your body wouldn’t be able to protect itself in time” (Menakem, 2017, p. 154). DMT can help to soothe this trauma response by offering ways for the body to slow down and not feel the need to constantly protect itself. This will also help the individual to recall and reconfigure traumatic memory and construct a healing narrative for them to embody. “Movement stimulates the sensory motor components...increasing awareness of one’s moving body...it also has the potential for integration of feeling, thought, and action” (Baum, 1995; Levy, 1995, p. 89). Increasing awareness of one’s body through movement attends to traumatic memory and invites in more cohesive coping strategies.

With intergenerational trauma, traumatic memory can be more difficult to recall and understand. The traumatic feeling remains despite there being no concrete memory of the initial traumatic event. Years of silence or continuous repression from a variety of factors can contribute to intense feelings of shame and guilt that the current generation cannot assign meaning or significance to. There is evidence to support that trauma survivors experience shame

and guilt following the event, as if what happened to them was their fault (Decou, Kaplan, Spencer, & Lynch, 2019). Aakvag et al. (2016) reported that, “the more types of violence an individual had experienced, the higher the levels of trauma-related shame and guilt were” (p. 19). The memory of trauma may be gone but the shame and guilt that the family member felt around their trauma is inherited by the next generation. By not sharing their experience with those around them, the shame and guilt is compounded and trapped in the body. The narrative assigning meaning to these feelings is lost.

The body is moved by a sensation but cannot assign meaning to the felt sense due to the missing words. The silence cuts off the meaning making process and leaves the body with a confusing truth or a visceral knowing, and the mind with unanswered questions. It is this body experience that is passed on intergenerationally. (Stanek, 2015, p. 97)

DMT engages in the meaning making process to uncover the trauma that is the source of this shame and guilt, allowing descendants of trauma survivors to reconnect with their bodies without pressure to make sense of these feelings. They can be with these confusing and uncomfortable feelings in a safe, contained environment. “We own our emotions, they don’t own us” (Susan David, TEDtalk, 2017). Owning emotions that may have been inherited through the phenomenon of intergenerational trauma, can help us rewrite our narrative and bring us closer to healing and a greater, surer sense of self.

DMT and trauma recovery

The constructs of DMT that support intergenerational trauma recovery are rooted in the concept of meeting the client where they are at and the fundamental belief that each client has the capacity to heal. Healing in DMT is not wiping out pain or trauma, but rather, healing comes from the individual fortifying their sense of self through the earliest form of understanding—

movement. “Dance, man’s basic form of communication, is a way for [us] to make initial contact with others, to get support” (Chace, 1954; Sandel, Chaiklin, & Lohn, 1993, p. 217). Dance and movement as our most basic, most true form of communication is the bedrock of trauma recovery: creating space and time for someone recovering from trauma to tap into their kinesthetic empathy; to care for themselves with compassion and acceptance. Trauma is not explained away, it must be moved through the body so that we may be seen. The following dance/movement therapists and their trauma recovery interventions mirror the importance of body movement as communication to reach a place of healing.

Bernstein (2019) describes her Empowerment-Focused Dance/Movement Therapy trauma recovery program, which was first designed for sex trafficking victims in Kolkata, India, as a “broadly effective approach for healing trauma” (Bernstein, 2019, p. 193). The Empowerment-Focused Dance/Movement Therapy echoes similar themes as the Healing in Motion program which will be subsequently discussed (Campbell, 2019), including the importance of reinvigorating self-esteem in trauma survivors. “Dance that addresses the impacts of trauma through building self-esteem and emotional resources provide a psycho-social balance to the many vulnerabilities that may unfold in trauma therapy” (Bernstein, 2019, p. 194). The Empowerment-Focused Dance/Movement Therapy program is structured around Blanche Evan’s pioneering DMT theory and practice, where creative dance is a central component.

Blanche Evan developed a verbal approach to guiding clients through dance directives and prompts...clients learn how to improvise freely within theme structures that emerge from their own process...these dances provide outlet for previously unexpressed and sometimes unconscious feelings...unrecognized influences and motivations. (Bernstein, 2019, p. 197)

It can be frightening for an individual to dive into their internal process through movement, especially when the mind is cut off from internal awareness. Verbal cues help to ground the individual, anchor them to the present while safely exploring their past experiences and feelings through creative movement. Creative movement and dance are reintroducing the individual to their body and reconfiguring a healthy relationship between emotional, cognitive, and physical understanding. “Healing the negative impacts of trauma begins with discovering the body as an ally for recovery” (Bernstein, 2019, p. 197). Bernstein continues, “in order to tolerate the emotional and physical experience of violence, many survivors become dissociated from their body, hate their body or have cut off expression and sensation” (2019, p. 198). Dissociating the self from physical and emotional pain is safer than feeling everything after a traumatic event. Empowerment-Focused Dance/Movement Therapy was originally intended for victims of sex trafficking to “discover new tempos, intensities and dance dynamics [that] broaden their range of affect expression. Their experience in motion transforms their emotions” (Bernstein, 2019, p. 198). This transformation of emotion leads to healing and self-affirmation.

Amber Elizabeth Gray is a prominent dance/movement therapist working with trauma populations. She is head of Restorative Resources Training and Consulting as well as Continuum Santa Fe and Continuum Australia (The Therapist Project, 2020; Amber Gray, 2020). In her article discussing the beneficial impacts of DMT with torture survivors, Gray states that, “Torture survivors are left with the somato-psychic imprint of trauma...The symptoms of torture survivors live in the body because the act of torture takes place *to* the body. The memories are *in* the body” (Gray, 2001, p. 33). Gray describes how a torture survivor’s movement tendencies are disrupted by muscle tension, kinesphere (spatial awareness to the self; Bartenieff & Lewis, 1980) and relationship with others. In a case study, Gray reflects on a client who came to see her and

notes her body and emotional affect. “Rita moved tightly and awkwardly and did not extend herself into the space. Her kinesphere was small and fragmented... She reported an exaggerated startle response, nightmares, insomnia, and constant fear. ...her breath was barely visible” (Gray, 2001, p. 36). The trauma that Rita experienced inhabited her body, disorganizing her mind-body connection and causing her distress. Gray recognizes these emotional and corporal disturbances and establishes a space for Rita to begin exploring healing via DMT.

I invited Rita to locate her pain even more specifically, hoping to facilitate her awareness of sensation...suspecting she might be accessing a healing resource, I offered to place my hand there and apply light pressure. I maintained pressure while she explored arm movements...She was able to move sequentially and fully through her torso. A slight smile emerged as she said “I can breathe better.” (Gray, 2001, p. 37)

This is one of the ways of being with a client struggling with the repercussions of traumatic events. Gray allowed the opportunity and space for Rita to explore her pain while providing emotional and verbal support, and even physical touch when appropriate; ultimately, Rita found the will to live again.

Campbell (2019) proposes the Healing in Motion program, a program designed to combine DMT practices with DeGruy’s theory of PTSS, a mode of intergenerational trauma.

Healing in Motion is a conceptual program for African American adolescents...which include experiential learning as the primary method of learning—DMT-informed techniques and other creative activities...the program’s overarching goal is to create awareness of community issues and explore the need to connect, learn, and heal from transgenerational trauma. (Campbell, 2019, p. 227)

Although *Healing in Motion* is for educational purposes, there are therapeutic elements embedded in its structure. The goals of the program are to help African American teenagers become more in tune with their bodies, their interpersonal relationships, and the effect of intergenerational trauma and PTSS on their sense of selves and to create a dialogue around it. “From this increased awareness, the hope for *Healing in Motion*...[is] for teens to express themselves and share experiences through creativity and body-based awareness” (Campbell, 2019, pp. 227-228). Awareness can be the most effective tool to getting in tune with one’s intergenerational trauma. The rigors of everyday life can drown out the presence of intergenerational trauma, though it is always lying there just below the surface of consciousness. Facilitating awareness through creativity and body movement promotes healing for these African American teenagers, and could possibly be beneficial for anyone struggling with intergenerational trauma.

Discussion

In conclusion, the impacts of intergenerational trauma on the sense of self are numerous. I have chosen to define sense of self as feeling secure in who you are—sense of identity, personality, family background, aspirations, and semblance of having control over your life. In this definition, intergenerational trauma can cause an upheaval in our sense of self through unexplained feelings of shame and guilt; or nightmares depicting intense Holocaust scenes; or a deep sense of mistrust in authority that is culturally engrained. These concepts outlined in this thesis depict the consequences of intergenerational trauma on the sense of self.

Trauma lives in the body, therefore, virtually all trauma is embodied trauma. Trauma is complex, it is a subjective experience. But no matter what the trauma is, the body holds it all. Intergenerational trauma is deeply entrenched in the body, not only affecting our psyche but our

genetic components, as well. Epigenetics is one possibility for how trauma is passed down from generation to generation. As Kellermann (2011) describes, the unexpressed trauma of the parents is inherited by the children through both family models and genetic models.

Embodied trauma is also felt by marginalized communities through systemic oppression. Those who survived the Holocaust lived with their trauma by storing it away from their loved ones, creating a generation that identifies strongly with their Jewish background but uncertain as to why they have visceral experiences of the concentration camps. Post traumatic slave syndrome provides a theory for why behaviors that society deems as “black” are culturally propagated, as well as the generational belief that authority figures are not to be trusted because, historically, authority figures were White slave owners. Indigenous communities are struggling with the repercussions of colonialism, resulting in their lack of access to basic healthcare and generational alcoholism. Trauma is embodied.

This is why story-telling and sharing narratives is essential to understanding past trauma in one’s family, and to create potential for healing. We do not always have control over how we share our stories or who will share them. It is crucial to find a healing platform that will allow these hidden stories of trauma to be shared, for the individual to reconcile their ancestral trauma, and to reconfigure their self-narrative.

Dance/movement therapy (DMT) is integral to healing from intergenerational trauma because the focus of DMT is listening to the body’s wisdom. DMT programs such as Campbell’s (2019) Healing in Motion program or Bernstein’s (2019) Empowerment-Focused Dance/Movement Therapy program invite participants to explore their emotions through safely facilitated dance and movement interventions, and “have the capacity to reshape the way trauma is held in the body” (Bernstein, 2019, p. 198). Dance/movement therapists promote and support

their clients' creativity. Indeed, creativity and dance not only reshape the way trauma lives in the body, they also reaffirm positive sense of self (Bernstein, 2019). If intergenerational trauma directly impacts sense of self, then DMT is amply appropriate for working with survivors of intergenerational trauma. The word "survivor" is a contentious term. As previously mentioned, some grandchildren of Holocaust survivors felt it acceptable to identify as a Holocaust survivor while others found it inappropriate (Cohn & Morrison, 2018). According to Welford (2019), we are all survivors of intergenerational trauma as there is virtually no family history that is devoid of trauma. Nevertheless, DMT is a viable therapeutic option for anyone experiencing their own trauma or grappling with untold traumatic narratives.

In the span of time for this literature review, I could only find two DMT articles that discussed the therapeutic qualities of DMT in the service of intergenerational trauma survivors—Stanek (2015) and Campbell (2019). It appears that there is little explicit research on DMT and intergenerational trauma. There is a gap in the DMT literature concerning the necessity of dance/movement therapists working with individuals experiencing the repercussions of intergenerational trauma. Stanek (2015) points out a key feature to working with a client experiencing intergenerational trauma: "The therapist is...required to continuously provide a container of safety for the question that may fill the room: Did this actually happen to me?" (Stanek, 2015, p. 102). Verbalizing or trying to cognitively explain the sensation of unpleasant images or associations that the client cannot otherwise explain is not effective in reaching a place of healing. The dance/movement therapist should sense what is surfacing from the client's movement and stay curious with the feeling. "The movement offers an avenue for expression of a disrupted movement sequence that was not allowed to happen or a buried emotion in the ancestor's story" (Stanek, 2015, p. 102). In DMT, the client has the opportunity to safely

investigate their ancestral trauma and express what they could not previously express. With more research into how DMT can address the consequences of intergenerational trauma, the more comprehensive care can be given to clients experiencing this type of trauma.

Dance/movement therapists do not need to start from square one when working intergenerational trauma survivors. Considering that trauma is embodied, DMT interventions such as Bernstein's Empowerment-Focused Dance/Movement Therapy curriculum (2019) and Campbell's Healing in Motion program (2019) are already suitable designs for intergenerational trauma work.

Expanding upon trauma recovery interventions that dance/movement therapists are currently employing could have substantial healing outcomes for intergenerational trauma survivors.

Lastly, the concept of resilience and healing is interwoven into the phenomenon of intergenerational trauma. Myrha (2011) described that despite the challenges AI/AN interviewees were facing, they reported areas of growth and resiliency. "Many talked about their admiration for the strength and fortitude shown by elders despite the difficult circumstances they endured...Many were motivated by the resiliency that they witnessed," namely through spirituality, language, and cultural practices (Myrha, 2011, p. 28). It is encouraging to see that inherited culture endures as places of healing despite the history of cultural genocide and repression. Another instance of resilience and healing can be found in the Sansei of formerly incarcerated Japanese Americans in World War II. "They were motivated to fill in the gaps in their family histories that had been created by the Niseis' silence and had witnessed their parents' unresolved pain" (Nagata, Kim, & Nguyen, 2015, p. 364). It is important to note that "not every survivor responds with devastating symptomology or chronic life maladjustment" (Saltzman, Matic, & Marsden, 2013, p. 223). Just as trauma is a subjective experience, so too, is resilience and healing. In some cases, such as for the Sansei, reconciling intergenerational trauma can be a

catalyst for healing. In other cases, healing does not come from resilience but from outside resources. What has shown to be conducive to healing in PTSS is religion and spirituality, as well as communal gatherings. Community gatherings along with engaging in spirituality and religion is a way for African Americans to have a sense of healing from systemic racism and societal oppression through shared experiences (DeGruy, 2017; Campbell, 2019). Coming together as a community and spiritually holding each other elicits healing in body, mind, and soul.

In addition to spiritual and community support, healing comes from deeply listening to what the body and the mind is telling us. As Campbell (2019) puts it, “it is time to better understand the healing path that processes the pain and suffering that consumes African Americans and for dance/movement therapists to be the change agents in their own communities” (p. 231). Dance/movement therapists can be agents of change for many individuals trying to recover from intergenerational trauma. It is essential to promote healing pathways for everyone seeking to better understand their personal and family narrative, no matter what their socioeconomic or cultural background. Intergenerational trauma is a crisis of the human spirit, but where there is compassion, creativity, and acceptance, there is growth and healing.

Finally, I would like to share my arts-based approach to this literature review. I created four films depicting my dance and movement in response to the readings I found. I explored what it meant to feel crushed by the burden of intergenerational trauma, the confusion and uncertainty of emotions that I felt were not my own, and the deep gratitude I have for my ancestors’ steadfastness throughout their trials. The love they have passed down to me has taught me to hold my fear with grace and compassion. This thesis was completed during a

pandemic, and this is not the first pandemic we have experienced in our human history. Through my movement explorations, I sensed my ancestors' fear and anxiety mirrored in my own fear and anxiety in this challenging time. In my final dance film, I reached a place of contentment, a sign I have taken from my ancestors' wisdom; everything will be okay. And the cycle continues.

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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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