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What We Bring to the Space:

Considerations for Emerging Therapists on Nonverbally Communicating Safety

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

This thesis, in the form of a literature review, seeks to find how emerging therapists can nonverbally communicate safety within a group therapy session. In considering the target population, this thesis looks to focus specifically on children who have experienced trauma and may not have much experience recognizing the signals contextualizing safety. While therapists cannot guarantee ongoing safety, how are feelings of safety and trust in service of a therapeutic relationship developed? This research includes a review of literature in the areas of dance/movement therapy theories, trauma theories, polyvagal theories, and communication research. In this thesis, the term nonverbal communication includes any and all ways of creating communication and relating with methods other than verbal language. Many theorists have pointed to how the therapist's presence specifically affects the client's therapeutic experience. More specifically, these theories point to the need of established and perceived safety for clients in order for relationship building and healing to develop within a therapeutic context. Dance/movement therapy, as a means of intervention, is uniquely situated to aid in the process of communicating safety and healing trauma.

Keywords: nonverbal communication, safety, Rainbowdance®[®], dance/movement therapy, trauma, polyvagal theory, children, literature review

What We Bring to the Space: Considerations for Emerging Therapists on Nonverbally
Communicating Safety

Introduction

Communication theorists, Burgoon, Guerrero, & Floyd (2016), expressed that “when words fail us, we can always fall back on our nonverbal communication system to achieve some degree of mutual understanding” (p. 5). For this capstone thesis, the use of a literature review will help to bring together the findings of researchers and therapists with specialties in dance/movement therapy, communication theory, polyvagal theory, and trauma work. Within this literature review, I have found it helpful to further my inquiry into the subject of safety by deepening my understanding of how my worldview has shaped what I deem as safe (Cruz, Feder, Betts, & Wheeler, 2013). I am interested in the ways therapists’ nonverbal communication affects the therapeutic space and provides clients with a specific perspective. I have conducted this research to the level of access that I have as a graduate dance/movement therapy student. This research will be anchored in my personal experience at Boston Children’s Foundation working with the Rainbowdance®¹ framework and in the Dominican Republic as well as my felt sense in the process of emerging as a dance/movement therapist.

In my developing practice, my first therapeutic goal is to establish and articulate safety in a session. Safety can mean something different to each client, but the presence of safety within a session breeds the potential for curiosity, reflection, and processing to happen (Gerge, 2017). Creating safety involves verbal and written agreements of confidentiality, ground rules, and informed consent in participation. While these verbal and written directives create the container

¹ For more information, see <https://www.bostoncf.org>

for safety, how do therapists' actions either affirm or contradict the safety guidelines that are made?

Trauma and its resulting effects change a person's overall makeup (Levine, 2010). Siegel (2003) observed the blockage that trauma causes in a person's ability to self-regulate and organize in an adaptive way. Van der Kolk (2005) found that traumatic stress affects the way people regulate their internal state of being and the lack of success of this regulation. When people have been exposed to trauma, the ability to trust the body to regulate and protect them from danger does not feel like an accessible thing. Through safe and informed therapeutic interventions, body awareness can be developed and evaluated. This will aid the client's process of trusting in the therapist and in their own body's signals.

Trauma theorists and therapists informed by trauma theory speak to the importance of relationship building in the treatment of trauma in a therapeutic context (Van der Kolk, 2005; Siegel, 2003). Because of this, there are many relationships that need to be reworked and reshaped therapeutically. In therapy, the first relationship that is usually created is one of trust and support with the therapist. But another important relationship that cannot be overlooked is the client's relationship to their own body and sense of self. Exposure to trauma can also affect a person's physical health long term and produce somatic symptoms felt in the body (Van der Kolk, 2005). Through therapeutic intervention and recognition of these body based interferences, healing and a reconnection to the body can occur. Nevertheless, there is work that needs to be done by both the client and the therapist to create an environment in which the client feels safety in their vulnerability and in opening up about their experience.

Dance/movement therapy seeks to find meaning behind the bodily experiences of transference and countertransference, which gives voice to some of the nonverbal cues the client and the therapist may be feeling. The focus on the body and reestablishing a mind body connection serves as a means to activate the body toward moving forward from trauma (Caldwell, 2019). Gray (2017) posited that “All human beings have the right to inhabit their bodies in ways that they choose” (p. 44). We, as therapists, grant our clients permission to bring their full selves forward and to inhabit their bodies in session. Nevertheless, the safety clients need in order to additionally grant themselves permission to experience the therapeutic space fully cannot be overemphasized.

Throughout my education at Lesley University, I have been exposed to the ways in which dance/movement therapy theorists and movement analysts have studied movement and distilled their knowledge into codified descriptors. Some of these include Laban movement analysis and the Kestenberg movement profile (Bartenieff, & Lewis, 1980; Dell, 1977; Moore, 2014). Training in movement analysis has piqued my curiosity in looking to my own movement habits and clarifying ways to better my therapeutic practice. Movement analysis invites reflection of a client’s presentation (Dell, 1977). For example, where is the client’s energy being concentrated in their body? What amount of effort and quality are they putting behind their movements? How much space are they taking up? What shapes are they creating and moving in relation to? Is the client’s movement habitual and patterned? These questions offer context to the body based observations that occur during a session. If a therapist takes time outside of the session to shift their observation and reflect on their own actions, these observation tools can help speak to the

way the therapist is engaging with their client. By evaluating their active role in the therapeutic relationship, a therapist can widen their perspective on the relational dynamic they create.

A number of ways we communicate nonverbally are through our gestures, facial expressions, and the way we present ourselves in relation to others (Jandt, 2001; Bellou & Gkorezis, 2016). Nonverbal communication helps to create a context for the verbal communication we have and is important for recognizing the full message one is trying to provide. Nonverbal communication also provides us the tools to observe the way others are treated in the environment and informs how people may unconsciously categorize others based off of the cues that are received from those in leadership or positions of power (Brey & Pauker, 2019). Behavior is affected by one's perception of their surrounding environment and in order to formulate a clear picture of the environment, a person must take in and interpret what they experience around them.

The polyvagal theory created by Porges (2018) brought to light the way humans engage socially using the autonomic nervous system to regulate internal systems, calm the body, and connect with others. This system is one that has evolutionary ties to the way humans engage to form relationships and build community. When relationships have created tension and fear where comfort and security should be, the system of recognizing bodily cues of trust becomes faulty. Awareness of the body's heightened ability to assess risk and a client's baseline for fear is a starting place for this work. Establishing a safe experience for them to reassess and use to calm this system allows for processing to unfold. Then through the use of play and embodiment, Porges (2018) and Gray (2017) suggested ways to shift the trauma response and guide the autonomic nervous system back to a more regulated state.

A Personal Perspective

To supplement my research, I will reference experiential work created throughout classes and field placement work. My fieldwork experience of interning with Boston Children's Foundation and utilizing the Rainbowdance® theoretical framework has also provided me a valuable perspective of observing nonverbal behavior through a different lens. My internships and educational experiences in expressive arts therapy and dance/movement therapy have provided me access to a variety of spaces in which nonverbal communication was appreciated and utilized for context as much as verbal communication was within the therapeutic relationship. In working with children with differing verbal capabilities, I have seen and experienced the depth nonverbal cues can truly bring out when we are paying attention to them. I have also worked with children who are hesitant to engage, despite verbal promises of safety, and watched them open up to new experiences once movement was brought into the space. The use of nonverbal communication is something I look to personally to calm my system. When in tense situations or in moments of high stress, I look to the ease of others to affirm I am safe and well in a space. One aspect of my felt sense of safety comes from the awareness that the space I am inhabiting has brought safety to others and that safety can be somewhat expected for my experience of the space.

While in the Dominican Republic for an expressive arts therapy class, I utilized a lot of nonverbal communication due to my lack of fluency in the Spanish language and the general language barrier. Engaging with group participants without a complex use of verbal language provided me the challenge of gaining understanding and expressing my desire to connect through action. Through the process of trial and error, I was able to feel what actions felt right for the

context I was in and what movement choices did not fully serve the participants. For me, this experience affirmed the power nonverbal communication has and strengthened my ability to connect without verbalizing the experience.

For this capstone thesis, I strive to find ways to identify methods of creating safety for clients without explicitly verbalizing it. One step of safety building for clients is to become aware of the way therapists and clients nonverbally communicate at an unconscious level. The next step is then taking this awareness and consciously shifting the way our actions, as therapists, are nonverbally communicating to our clients the steps that we are taking to work in service of building safety. Through creating greater conscious and intentional movements in therapy sessions and establishing stable action habits, therapists can provide the consistency and repetition that children need in order to feel safe. Once safety is developed, the work can then shift towards strengthening and deepening connections with clients.

Literature Review

Dance/Movement Therapy

Dance/movement therapy, as defined by Marian Chace (1975), “is the specific use of rhythmic bodily action employed as a tool in the rehabilitation of patients [combining] verbal and nonverbal communication” to enable clients to reach their therapeutic goals (p. 144).

Dance/movement therapy has expanded since Chace to include contemporary trauma theories and information from cognitive neuroscience and incorporates within the definition the “psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual” (Williams, 2019, p. 274). Several aspects of movement observation, body based exercises, and movement patterns go into dance/movement therapy.

One example of body-based work that affirms nonverbal communication is mirroring. In mirroring clients, a therapist can articulate a way of stating that clients are allowed and invited to engage in the movement patterns they are displaying and that the therapist will follow their lead. Mirroring creates a moment of acknowledging that the client is safe enough to move freely and the therapist will see them in the way they bring their whole self to the space. Mirroring, in its essence, nonverbally expresses from therapist to client that “I understand you, I hear you, and it’s okay” (Levy, 1992, p. 25–26). Acknowledging, affirming, and accepting the client in this way brings a kinesthetic layer to the therapeutic healing process.

Dance/movement therapy provides access to the kinesthetic side of learning and being (Erfer & Ziv, 2006; Kleinman, 2018). The term *kinesthetic empathy* was coined by dance/movement therapist Miriam Roskin Berger in 1956 and has since been used to describe the therapist’s “ability to foster shared expression by tapping into the patient’s issues in an embodied fashion and even sharing feeling states with them” (Kleinman, 2018, p. 117). This process is built through and aided by bringing conscious bodily awareness, or *kinesthetic awareness*, to the physical, emotional, and cognitive experiences of both therapist and client. Erfer & Ziv (2006) reflected on how dance/movement therapy utilizes many communication channels to create cohesion and how the body and kinesthetic awareness play such a large role in that. Cohesion and synchrony allow for exploration and curiosity in session once safety is established (Erfer & Ziv, 2006). Kinesthetic awareness brings with it the therapist’s sense of how a client may be experiencing safety at a given time to further therapeutic exploration. Kinesthetic empathy, in turn, brings with it the therapist’s need to support the client and continuously create and adapt safety structures through their process to meet the client’s current state.

Movement Analysis

Dance/movement therapy education consists of developing a method of observing movement emanating from the self and from the other. Two standard observational tools commonly used in dance/movement therapy are Laban Movement Analysis (LMA) and the Kestenberg Movement Profile (KMP). LMA is an observational system created by Rudolf Laban in order to better describe the movement experience. Laban found that all movement has intention and that “the human being moves to satisfy a need” (Moore, 2014, p. 23). Laban Movement Analysis provides dance/movement therapists with a greater vocabulary and lens to view movement from and a specific framework to organize observations within. The themes movement analysis centers around are stability and mobility; inner and outer; function and expression; and exertion and recuperation (Moore, 2014). LMA creates the ability to put a name and description to movement and use this information to better understand the motivation of the movement.

In a similar fashion, the Kestenberg Movement Profile provides specific ways to observe movement, but includes a developmental component to its observations (Kestenberg Amighi, Loman, Lewis, & Sossin, 1999). Within the KMP, the indulging and tension rhythms explore the development movements infants, children, and adults undergo when typical development is seen. This observational tool can help pinpoint what the client’s movement needs and preoccupations are. For example, if clients do not feel like they have fulfilled the development need in a swaying rhythm, they might develop a habit of moving with a swaying rhythm to soothe themselves and satisfy this need. One way dance/movement therapists intervene using the KMP is by finding developmentally appropriate and safe ways to satisfy clients’ needs within their own rhythms.

Movement observation creates the opportunity to note what is occurring for a client on an external level. During the early days of formalized dance/movement therapy, Bartenieff & Lewis (1980) saw the potential of movement observation as a unique resource that could better explain the whole experience of a client. They believed that the therapeutic model put in place at the time was focusing heavily on the internal state of the client and was not picking up on the external information the client was providing through their movements. By adding a layer of movement observation to the therapeutic relationship, Bartenieff & Lewis (1980) were able to provide tools for “reexperiencing, renewing, refreshing, and expanding both the therapist’s and patient’s resources” (p. 146). In understanding both of these frameworks, a dance/movement therapist can also become aware of a client’s preferences and areas of discomfort in movement.

Nonverbal Applications in Dance/Movement Therapy

Dance/movement therapy is unique in its ability to reach populations of clients that are nonverbal or preverbal. Trevarthen & Fresquez (2015) looked at the movement patterns of infants before they developed speech to better examine the ways in which movement is used as a form of communication. Trevarthen & Fresquez expressed that one’s movement offers information about the mover’s relationship to several factors, including the self, the other, and the environment. By observing how the mover relates to those three things, there is quite a lot of information that can be gained without the use of verbal language. Similar to the infants in this study, clients view a therapist’s use of movement in relation to these factors and their perceptions may inform the overall therapeutic relationship. The areas of observation may include the therapist’s self touch and use of space, the therapist’s comfortability moving around clients and their ability to move through the space without fear or hesitation, and the therapist’s ease with

the environment they are in. While the client's perception may not be completely accurate to what the therapist is trying to communicate, how can the therapist being observed consciously put forward the information that there is safety in the space?

If a therapist is not experiencing safety in the therapeutic environment, a client will not be able to find safety within the space either. Trevarthen & Fresquez (2015) contested that through the depth and variation we see in movement we find "our ability to connect with one another, to communicate, to become companions, to share and create meaning, to play games, and to create works of art, science, and utility" (p. 195). A major part of this connection is through sensation. Sensation provides us the ability to gain access to information that will enable us to connect and develop meaning that we can then use when similar sensations arise. By providing a therapeutic space with meaningful movement, a dance/movement therapist can help create new meaning for a client who feels unable to access safety.

Special Considerations

Chang (2016) reminded the practicing dance/movement therapist of the cultural congruence that must be sought after in order to honor the client's many identities. Chang acknowledged how much of the dance/movement therapy education is taught through experiential and kinesthetic learning and how cultural postures and movements play a role in dance/movement therapy students' understanding of their education experience. Chang (2016) elaborated that "Nonverbal interpersonal interactions are subject to cultural interpretation; what the Western dance therapist observes as an individual's idiosyncratic movement preferences may be the unconscious psychocultural habits of the body" (p. 323). Chang's suggestion on how to push up against wrongfully interpreting nonverbal cues is to take the time to develop the self

awareness of one's movement habits and the social context behind them and to greet the movement habits of people with differing identities with the same level of exploration and integrity as that of your own repertoire.

Social Action

Dance/movement therapy, in many cases, can serve as a vehicle for change within communities and as a method of creating social action. Many codes of ethics, including the ethical standards dance/movement therapists must follow, now include standards of promoting social justice and advocacy work (American Dance Therapy Association, 2015). Creating this standard of care holds therapists accountable for furthering their practice towards inclusivity. By acknowledging a drive to promote justice, through their actions within session and continuous work outside of the therapeutic relationship, the therapist can help refuel the client's access to their own body autonomy.

Caldwell (2019) addressed how dance/movement therapists can support the return of clients' body autonomy and authority by offering two specific qualities she reveres in dance/movement therapy. Caldwell pointed to grace and grit as the two qualities she sees in dance/movement therapy from a social action lens. Caldwell pointed to the need to examine the therapist's bias in this work and what ways they fall back on "normative" movement patterns to do the work. Caldwell called upon therapists to explore their perpetuations of movement within their practices and then to deepen further into an exploration of non-normative movement patterns. By reflecting on the origins of dance/movement therapy and the progress therapists have made in the twenty first century, Caldwell (2019) reminded us:

Our bodies hold our memories in the form of tension patterns, action tendencies, use of space, and habits of non-verbally communicating... dance therapy can listen to the voices of the marginalized parts of our experience... and allow them to be sensitively integrated into our movement behavior. p. 165

Caldwell (2019) further discussed a client's bodily authority. She asserted that clients are the experts of their lived experiences and movement patterns. As a therapist, one can point to observations and influence exploration of the body, but the client must be granted authority over their own bodies and the way they desire to move. While a therapist could verbalize this in session, the nonverbal cues a therapist utilizes to articulate to a client what movement is safe and accepted within the therapeutic relationship will help to strengthen the relationship and put the client in the position of leading their therapeutic experience.

Rainbowdance®

Within my own internship experience at Boston Children's Foundation, I have worked closely with Dicki Johnson (2007) and utilized her Rainbowdance® program as a theoretical framework for working with children. Boston Children's Foundation works with varied populations, including children who have experienced trauma and are experiencing or at risk of homelessness. This standardized, consistent, and repetitive framework operates with a trauma informed lens and understands the importance of developing safety and trust in service of the therapeutic relationship. Rainbowdance® creates a container with a number of props and with the voice through the act of singing. Because the framework is led completely through song, the opportunity to observe and bring awareness to the variation in clients' nonverbal communication and depth of movement from week to week is very tangible.

Rainbowdance® emphasizes moving, dancing, and singing completely in the moment. Johnson (2007) believed that safety is experienced in the present moment and that safety cannot be guaranteed in the future or reshaped from the past. By moving together with prompts focusing on presence in the moment, the therapist and clients can create safety moment to moment that can be guaranteed and then replicated in the next instance. “Experiencing safety is the necessary first step toward rebuilding these shattered assumptions and providing a foundation for psychological healing and reincorporation” (Johnson, 2007, p. 21). Shifting the body’s understanding of what is safe to encounter and explore can happen through testing and practicing this skill without fear being present. Rainbowdance® provides the framework for clients to embody and develop this skill set. Within the discussion section, I will be expanding on my personal experience and lens in working within this framework.

Nonverbal Communication

Nonverbal information and behaviors allow meaning to be created and help to build perspective for anyone observing another person. This includes, but is not limited to, the way one moves, the ease in which one moves, the space one takes up and how close one is in proximity to others, and the way one consciously and unconsciously presents their identities (Burgoon, Guerrero, & Floyd, 2016). The actions a person chooses to display or displays unconsciously create a dialogue that provides context to a given situation. In a therapeutic relationship, the therapist takes in a client’s nonverbal information as a way to identify a client’s baseline behaviors and way of engaging as well as to accurately update any shifting progress from a previous session. Even while this nonverbal check in is being done, a client may be consciously and/or unconsciously observing the therapist’s nonverbal cues, processing this information, and

creating a specific perception of the therapeutic relationship. Burgoon, Guerrero, & Floyd (2016) found that it is through processing the behavior of others that people can adjust their own behavior to fit the setting they find themselves in.

Communication, much like the therapeutic process, is about meaning making between people to create understanding (Burgoon, Guerrero, & Floyd, 2016; Caldwell, 2019). When nonverbal communication comes into play, it provides the observer and the person performing an action the chance to create context to their interaction. With that knowledge, if a client is nonverbal, preverbal, or unable to conceptualize the message they are trying to get across verbally, then their nonverbal behavior can allow the therapist to better understand what they are trying to convey. Likewise, if a client is dismissive of a therapist's verbal reassurance of the safety and container of the therapeutic process, there are ways for the therapist to amplify this message nonverbally.

In conducting research for this literature review, my interest was piqued by some research that was focused on spaces outside of the therapeutic relationship relevant to people's environmental perceptions due to specific nonverbal communication (Bellou & Gkorezis, 2016; Brey & Pauker, 2019). While outside of the therapeutic context, there is a lot that can be gained from understanding the way nonverbal cues affect working, medical, and personal relationships. Bellou & Gkorezis (2016) researched whether a leader's conscious, *positive kinesics*, or body movements including "frequent and broad smiling, facial expressiveness, and use of gestures while speaking," had an effect on the follower's view of the leader's effectiveness (p. 312). The findings of this research point to the indication that "nonverbal messages are more dominant than verbal ones" and that the employees in the study related the concept of trust with the conscious

use of positive nonverbal communication from their leaders (Bellou & Gkorezis, 2016, pg. 325). While the therapeutic alliance one aims to create with a client does not revolve around the same power structure as boss and employee, the power dynamic of a therapist and group facilitator providing a therapeutic service to a client does give way to the client creating a perception of their therapist in a leadership capacity.

In a classroom based research study, Brey & Pauker (2019) studied the way children respond, categorize, and stereotype their classmates based on the positive and negative nonverbal communication that is provided. In this study, Brey & Pauker (2019) observed teachers engaging nonverbally using positive, negative, or neutral nonverbal behaviors with students after the students in the video completed an academic task. The results of this study show that participants who were placed in the positive group chose to pick students from within their group to befriend while participants who were placed in the negative group, on average, wanted to befriend students within their own group but believed positive group members were more intelligent (Brey & Pauker, 2019). These findings point to the need for leaders, including teachers and facilitators of children based groups, to become conscious about the nonverbal messages they are providing to children, who are in the early process of creating stereotypes and divisions based off of information they are receiving from the adults in their lives.

Perpetuating isolative or divisive tactics in a therapeutic setting may lead to a lack of safety within the group for clients that feel outside of the positive social connection. These findings validate the need for consistency and transparency to be set in place. In a group therapy setting, it is crucial that participants are aware of what is acceptable and not acceptable within the space and are held to the same standards. In supporting all participants through safety

building, a therapist mirrors ways participants can set specific standards of care in their relationships outside of the group.

Nonverbal cues are being used within therapeutic frameworks to target external emotional regulatory habits as opposed to targeting internal regulatory systems. Hempel, Vanderbleek, & Lynch (2018) outlined the way Radically Open Dialectical Behavior Therapy (RO-DBT) includes body posturing work to supplement traditional Dialectical Behavior Therapy (DBT) in order to enhance emotional regulation and social-signaling and to form connection. The reasoning behind this framework shift is due to the idea that “the human emotional expressions evolved not just to communicate intentions but to facilitate the formation of strong social bonds and altruistic behaviors among unrelated individuals” (p. 95). This framework demonstrates bringing nonverbal communication a step forward to become a conscious skills based act within the therapeutic structure.

Hempel, Vanderbleek, & Lynch (2018) discussed the way neuroscience supports altering the external regulation process in order to shift the body’s understanding of the environment. These authors break down the ventral vagal complex, which allows reception and safety recognition to a person’s environment and offers connection to the parasympathetic nervous system. When a person recognizes an environment as safe, the parasympathetic nervous system is activated and the body calms down, allowing the person to engage with others in the environment in a clear and receptive way. However, when an individual experiences heightened levels of stress to their sympathetic nervous system, the ability to be receptive to external cues diminishes. These findings are affirmed by the work of theorists who have researched the body’s response to stress and trauma (Spinazzola, Van der Kolk, & Ford, 2018; Van der Kolk, 2005;

Siegel, 2003). Within the next section of this paper, Porges's (2018) polyvagal theory provides a deeper explanation of this material and furthers dance/movement therapy's relevance to trauma work utilizing both nonverbal posturing and the neuroscience behind it.

Trauma Theory

Trauma can be caused by a great number of situations, interactions, and disempowering moments. Trauma and its symptoms as overarching terms can be described as the experience of endangerment and the resulting response to that endangerment (Stover & Keeshin, 2018). This endangerment can be real or perceived and can result in a number of different symptoms and presentations between people. One aspect of trauma that Spinazzola, Van der Kolk, & Ford (2018) constellated around are the symptoms of trauma that result in "adverse effects on children's psychosocial functioning and neurodevelopment" due to "intentional acts by other human beings that threaten the life or bodily integrity of children or their primary support systems and caregivers" (p. 631). Childhood development of psychosocial skills, including emotional regulation and autonomy, can be delayed or stunted due to the effects of interpersonal trauma.

Judith Herman (1997), a pioneer of trauma theory, examined psychological trauma as it relates to looking at both the fragility and vulnerability of humans as well as the human capacity to inflict harm. Herman (1997) was insistent in her view that the human response to trauma should not be pathologized or seen as something that has been brewing within a client but as a natural way of reorganizing oneself in a world that has completely shifted. When a trauma occurs, one's concept of how the world is organized needs to shift to include the newfound experience of endangerment into what is possible. Through therapeutic processing, clients can

reorganize themselves to address their trauma and find healing. Herman (1997) made note of the bystander's need to choose once a trauma has unfolded. As a therapist, you are in service to a client's needs. By validating and affirming the harm that they have endured, a therapist creates a space for trust and acceptance within the therapeutic relationship. This act is one that can be articulated nonverbally by holding the space for the client and showing up without fear to hear and sit with the client's experience.

Levine (2010) stated, "Trauma could appropriately be called a disorder in one's capacity to be grounded in present time and to engage, appropriately, with other human beings" (p. 94). In presenting this definition perspective shift, Levine looked towards the need to reestablish aspects of grounding and presence that may be lacking in a client's experience due to the trauma they have endured. Levine highlighted an aspect of symptomatology that he believes traumatic experiences can create for people. The experience of trauma instills a fear of repeated danger in its recipient, causing the person to become hypervigilant of their surroundings in search for cues that danger is coming. By continuously searching for danger cues, people who have experienced trauma are not experiencing the present moment. In the present moment, safety can be established and systems can be regulated. Cummings & Swindell (2019) addressed how the engagement that clients foster with their environment only comes once they feel safe in their present moment. Taking the steps as a therapist to create environments that facilitate this safety can mean a number of interventions such as adapting the space to meet the client's needs. It also means taking steps to model safety and embody the role of a safe base for children to rely on.

In working through and healing trauma, there are many interventions that have been deemed successful by psychotherapists and expressive arts therapists. Van der Kolk (2005)

believed treatment for those who have experienced trauma focuses on “establishing safety and competence, dealing with traumatic reenactments, and integration and master of the body and mind" (p.407). Trauma creates a disconnect in the language center of the brain, the Broca’s area, and impedes verbal recall of the traumatic event (Levine, 2010). Signs and reminders of trauma are felt through the body and are often difficult to put to words when clients are asked to verbalize their experiences. In nonverbally addressing where and how trauma is disrupting the body, clients are granted permission to explore and reclaim their movement in their own body in ways that may be more accessible to them.

Siegel (2003) discussed trauma as a blockage from the mind’s innate tendency to self-regulate and self-organize to promote healing. People who experience trauma find or create mechanisms to cope with their environment in any way that will lead to their survival. In some cases, this can lead to states of dissociation or hyperarousal. While this benefits the person’s survival through the traumatic experience, many of these coping mechanisms become maladaptive once the trauma has passed (Van der Kolk, 2005). Siegel (2003) likened the therapist’s role to that of a sculptor. The process of a sculptor involves chiseling statues by removing excess stone from marble. In the same way, a therapist identifies blockages and rigid behavioral adaptations trauma that have habitualized in the client.

Siegel (2003) suggested that therapists can serve “as part of an interactive relationship that enables the *co-regulation* of internal states to eventually lead to more autonomous *self-regulation* of emotional states within the individual’s own mental processes" (p. 32). By addressing the effects of interpersonally displaying emotions through nonverbal posturing and relationally attuning, Siegel (2003) suggested that a therapist can act as a secure base for the

client to process internal emotional information. If the therapist is modeling the feeling of safety within the therapeutic setting, the client can co-construct and internalize this emotion for themselves and hopefully replicate it outside of the therapeutic environment.

Polyvagal Theory

Polyvagal theory, developed by Dr. Stephen Porges (2018), deeply called into question the bodily response to feeling safe in any space. Porges utilized evolutionary theories to better understand what he refers to as human's *social engagement system*. Polyvagal theory suggests that the autonomic nervous system of mammals evolved to create a third strategy to aid their defenses. The ancient autonomic nervous system allowed two different strategic responses in response to changes in the environment: the ability for fight or flight and the ability to immobilize and freeze. The evolutionary third response from the polyvagal theory provides a third response in which mammals recognize the safety in connecting with one another and calm this defense system.

This social engagement system relies on our recognition of facial gesturing and familiar stances to note whether we should assess the situation's safety based on previous situations we have encountered. This system is bidirectional and also offers others one interacts with the experience of safety through their facial gestures. In an interview with Devereaux (2017), Porges referred to his coined phrase *neuroception* to describe this process of risk evaluation with the knowledge of the nervous system's role in the perception of safety the body experiences apart from the conscious awareness one has of the safety or risk of a situation. Porges furthered this concept, stating "when neuroception interprets the movement as being safe, then the higher brain structures inhibit and down regulate our defensiveness. But, if neuroception interprets the

movement as being unsafe, we immediately become defensive” (Devereaux, 2017, p. 29).

Neuroception explains the nervous system’s capability to decipher intention behind the external cues that are taken in during any given situation.

Neuroception creates a successful system of engaging with the external environment when a person has experienced validation in their body’s recognition of safety when safety is present. Judith Herman (1997) remarked that “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life” (p. 24). Faulty neuroception for people who have experienced trauma can create defensive strategies in response to gestural cues that others would typically perceive as safe. This can be due to the lack of safety they may have experienced while typically safe cues or other environmental factors were present, creating bodily responses to actions that may not actually inflict harm outside of their trauma experience. One of the main reasons evolutionarily this neuroception came to be for mammals was in order to foster connection and relationship in service of surviving outside of isolation.

If neuroception is faulty, a person’s ability to modulate these fight, flight, and freeze reactions with the social engagement system has become compromised. Porges (2018) was clear that “the theory emphasizes that safety is defined by feeling safe and not simply by the removal of threat” (p. 61). Safety, in this context, is not easy to cultivate for individuals who perceive threats long after the actual threat has been removed. Porges (In Devereaux, 2017) spoke to the price that the body pays in order to utilize these defense strategies. When our neurophysiological states shift to support defense, our organs and muscles respond to support the need to remain safe. However, Porges noted that when the autonomic nervous system constantly becomes

defensive when no actual threat is present, our bodies suffer negative effects, such as muscle tension, lack of facial affect, and weakened overall physiological health.

Polyvagal Theory in Action

To combat the experience of isolation and lack of safety, Porges (2018) and Gray (2017) instructed therapists to bring their clients into activities of embodiment and moments of movement. Porges (2018) suggested “neural exercises consisting of transitory disruptions and repairs of physiological state through social interactions employing cues of safety would promote greater resilience” (p. 62). By creating disruption and repair, the therapist is allowing the client’s nervous system to increase its tolerance of safety just like parents do when they engage children in peek-a-boo. The stabilization of the client through the support of the therapist can happen both at a nonverbal and verbal level, but having the nonverbal cues to calm the social engagement system provides further practice at self regulation. In furthering these skills, clients are then enabling themselves to sustain and create deeper social relationships and seek connection and intimacy without a fight, flight, or freeze response.

Gray (2017) utilized a polyvagal-informed dance/movement therapy framework in her practice, relying on embodiment to foster the healing of trauma. Gray worked with clients to recognize and reframe their heightened safety cues and triggers to celebrate the risk assessment systems our bodies are capable of. By pinpointing the client’s experience of fear, relating to it, and then moving through it, Gray provided the opportunity for mobilization without fear. Gray also noted a trademark of trauma is isolation furthered by fear.

In order to reach the point of relationship building that is so fundamental to the therapeutic process, experiences of safety and trust must be the foundational aspects of a

therapist's intentions for their client. Gray (2017) affirmed that "trust is built on safety, and relationships are built on trust. Safety begins in the body" (p. 44). By moving and creating instances of play through movement, Gray advised clients that there is enough safety with her and in the therapeutic space to find a grounded state. The process of building safety and trust within therapy is not something that is built in one session, but seen through consistent and repetitive cues of reassurance through action over many therapeutic sessions.

Discussion

"As relationships are created by the communication patterns between people, one can envision that psychotherapy allows two minds to join each other as they share in the flow of energy and information between them" (Solomon & Siegel, 2003, p. 2). I would argue this point one step further and add that the beauty of dance/movement therapy is in its ability to create this flow with both the mind and the body through the nonverbal patterns of therapist and client. Throughout this research, it has become clear the level of preparation and intentionality the therapeutic process calls for. Even in moments of spontaneity, a therapist must stay present and recognize the clients' cues of regulation throughout the process. Setting a specific intention to provide a safe practice for clients is important, but what does that mean? This thesis looks to pull the pieces out and understand the ways safety can be understood at a nonverbal level.

How is safety actually established? In my work, as an emerging dance/movement therapist, it is through bringing repeated and clear actions, mirroring with the intention of connecting and validating the movement experience of another, and offering grounding techniques to regulate myself and provide invitations of self-regulation to others. It is also created through choice. In providing clients choice in their present moment, a therapist helps to

create the opportunity for the client to find empowerment and control over something within the environment. An active role in establishing trust is by honoring the choice a client makes once it has been provided. Considering this, articulating choices that fit within the therapeutic parameters and can be played out are essential. This work may look different for therapists in other specialties and within the dance/movement therapy specialty.

Kinesthetic empathy is a powerful tool to strengthen in recognizing which choices may be appropriate and safe for your clients. With your clients input, both verbal and nonverbal, recognition of what may be present in the room and what is needed will further the therapeutic relationship. Weisberg (2015) stated that, using intuition and a developed sense of the therapeutic relationship, dance/movement therapists “sense when to support and when to challenge, when to lean in and when to allow space, when to increase the level of activation in the room and when to help soothe and calm things down” (p. 11-12). Weisberg discerned that safety creation requires modulation of the self from the therapist perspective in order to follow the shifts the client is experiencing.

Safety cannot be guaranteed for clients. We, as therapists, can strive for a safe therapeutic environment but can never promise safety in our clients’ futures or rework past moments of unsafety. Part of safety is feeling able to bring the whole self into the relationship. As Caldwell (2019) discussed, the normative cannot be the only aspect of movement clients feel comfortable bringing forward. By bringing our authenticity and varied identities forward via our movement, therapists can display the same bravery that clients are called on to display. The whole self must be welcome to the space for safety to actually resonate. If clients do not feel there is room for specific identities they hold, the therapist has failed in creating a big enough container.

Polyvagal informed work guides us on ways to recognize the body's capability to self soothe or to ignite fear when faced with circumstances that are in some way parallel to harm that has been endured. This work looks at building up and breaking down these defenses to shift faulty responses and better serve participants. One way of establishing growth and exploration of self in this work while maintaining safety is in bringing nonverbal cues the group knows and expects into new experiences. This builds a level of familiarity and then still challenges participants to push themselves further in their therapeutic process (Johnson, 2007). For example, providing participants repetition of movement phrases that the therapist can prompt or that can be self regulated to utilize if they become overwhelmed later in the session. Repeating the same activity, song, or dance will serve the clients to build mastery and feelings of control over the therapeutic material they are provided.

During my time in the Dominican Republic, I volunteered at a community based school for young children. While leading experiential work, I relied heavily on basic Spanish and nonverbal language to guide, check in, and lead my participants. In considering how the shared nonverbal communication affected my experience, I felt empowered based off of what was shared and cultivated by everyone collectively. I felt most connected in moments of mirroring and when the nonverbal invitations I provided for play were recognized. The children saw my movement, observed what I was offering, and then joined in my movement with me. My kinesthetic process of understanding my response to this interaction started with noticing my muscles tense and my breath quicken, feeling somewhat nervous about not moving in a way the children would want to join. Once it was apparent that the children were interested in moving with me, my muscles loosened and my breath started to mirror that of the children around me.

Porges' (2018) polyvagal theory would explain this experience as an example of my social engagement system in work. Once the children responded with wider smiles or laughter, my system immediately softened and was ready to engage in a moving relationship. My personal social engagement system works without much misinterpretation because I am lucky enough to not have much disruption in understanding safety cues. I am usually able to detect danger and safety in those around me. However, if my experience included perceiving safety cues as danger, my interaction may have shifted completely. In considering how I deepened this experience to bring a specific therapeutic quality to it, I invited each of the children to take turns stepping into the leadership or mirroring role. By doing so, the children took the risk of engaging their social engagement systems in a low risk setting and were met with community and engagement from their peers. This repeated experience can help shift one's view of safety and the body's ability to recognize perceived safety.

Asking the question of what will serve these clients can go a long way to creating validation and relationship building in a group. At Boston Children's Foundation, I have led groups utilizing the dance/movement therapy framework of Rainbowdance® in settings with children with varied experiences. In each setting, I have found myself tailoring my nonverbal communication to fit the needs, energy level, and information on specific traumas to meet the children where they are. For example, in a Montessori school setting, my delivery of the framework relies on a more energetic tone because there is consistency with this group surrounding energizing our bodies and seeking playfulness. In another setting with children who are experiencing or at risk of homelessness, my delivery is softer and more sustained in my

movements to provide less surprises and consistency with my energy. A large part of safety building is taking in what the group is offering you and delivering what they need.

Nonverbal communication also happens beyond the relationship between therapist and client and is present in a person's relationship to the self. Noticing your own reactions within sessions of elevated heartbeat, tension in your body, and other points of countertransference is an important aspect of therapeutic work. Once there is awareness of what is being experienced on a body level, a therapist can bring sensation and body awareness into the session in service of the clients. This creates the chance for clients to resonate with what they are similarly feeling and voice the differences they are experiencing in sensation that may provide more specific information on their experience. If the therapist leading a session is unable to find a sense of groundedness in the therapeutic space, the clients in the session are most likely experiencing this disruption as well. Owning up to moments in a session that do not feel safe or are overwhelming offers clients the information that you, as the therapist and facilitator, are constantly checking in on what balance is needed to bring them security.

When we speak of safety, what are we speaking of? The research outlined in this literature review helped me to affirm and clarify for myself ways to speak to the felt sense I have experienced in different therapeutic experiences. I am glad to have found theoretical ways to remark on my therapeutic experiences of developing safety and the specific ways different measures affect the body's response. One limitation of this thesis as a literature review is the inability to further this exploration by reporting on the personal experiences of what my client's safety needs are in relation to my therapeutic style of engagement. Through literature review research, I have found what other therapeutic needs clients in qualitative and quantitative studies

have found. I have come to find that safety comes from acknowledgement of some lingering fear, clear intentions of positive unconditional regard, acceptance of the whole self, and affirmation of what is brought forward within the group.

Unfortunately, safety may feel foreign to some clients who have a history of trauma and therapy may be something they are not initially ready to trust in. Just as clients are the experts of their own stories, they are also the experts of their own safety. While therapists may be working towards breaking down the psychological and biological reasons behind the body's trauma responses, clients are the most knowledgeable about what actions stir up and calm their bodies. To negate a client's internal experience and affirm that the therapeutic experience the therapist is providing is safe without the client affirming that for themselves goes against the client's skills in observing body signals. The client is the only one who can affirm their own feeling of safety. However, the client is not the only one responsible for helping to build safety within a therapeutic experience. Asking and following the client's lead on what they need to find safety is something that creates the client's authority and autonomy over their experience. As with any clinical suggestion, the method that one therapist may enter a session with may not work for some clients and may succeed with others. My hope is that this literature review provides other emerging therapists the tools and skillset to understand different ways to approach the subject of safety with a trauma-informed lens.

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THESIS APPROVAL FORM

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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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