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The Effectiveness of Dance/Movement Therapy in Addressing Challenging Symptoms of Transgenerational Trauma Found in Descendants of Holocaust Survivors

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Abstract

Numerous studies have illustrated how psychological distress related to the Holocaust is present in children and grandchildren of Holocaust survivors. This transmission of trauma, referred to as transgenerational trauma, has subsequently resulted in the occurrence of challenging psychosocial symptoms within these descendants. While there is growing evidence of a biological transmission of trauma, there is a lack of treatment for this population on a body level. This paper examines how dance/movement therapy could be utilized in the process of healing from transgenerational trauma by addressing trauma held within the body, as well as the resulting problematic symptoms, including lacking a sense of self, difficulty in expressing and regulating emotions and a higher vulnerability to psychological distress, secondary traumatization or post traumatic stress disorder. Through a synthesis of current literature around the exact content that has been transmitted and the process of trauma transmission, along with an examination of how dance/movement therapy has been utilized in working with the challenging symptoms of transgenerational trauma, this analysis has found that dance movement therapy has a history of success in treating trauma and these specific problematic symptoms with other populations and therefore could potentially be effective with descendants of Holocaust survivors. Further research is recommended to document the usefulness of dance/movement therapy with this population in order to confirm its efficacy.

Keywords: transgenerational trauma, intergenerational trauma, trauma transmission, dance/movement therapy, descendants of Holocaust survivors, offspring of Holocaust survivors, psychological distress, sense of self, emotion regulation, emotional expression

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Introduction

> The transgenerational atmosphere becomes, in our words, a *we experience* that can accompany – or ghost – future generations. Second and third generations living in this atmosphere experience the world as split. They seem to live simultaneously in two distinct, parallel worlds that have no communication between them: the frozen world of the past and the existing world of the present. (Bako & Zana, 2018, p. 274)

Numerous studies have illustrated how psychological distress related to the Holocaust is present in children and grandchildren of Holocaust survivors (Chaitin, 2003; Danieli, Norris, & Engdahl, 2016; Giladi & Bell, 2013; Krippner & Barrett, 2019; Letzter-Pouw, Shrira, Ben-Ezra, & Palgi, 2014; Scharf & Mayseless, 2011; Yehuda & Lehrner, 2018). This "transmission of traumatic experience across generations" (Bako & Zana, 2018, p. 273) is referred to as transgenerational trauma. As explained by Prager (2003), this traumatic experience could be conveyed as a "situation in which the children psychologically identify more powerfully with their parent's harrowing past than with their own separate and distinctive present" (p. 174). Because after-effects of the Holocaust are still in the process of being transmitted as evidenced by research (Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011), it is therefore important to find a mode of treatment which would prove successful in ending this cycle of trauma.

Through research over the years, it has been shown that this particular type of trauma can be transmitted on an environmental and biological level (Bako & Zana, 2018;

Danieli et al., 2016; Giladi & Bell, 2013; Krippner & Barrett, 2019; Letzter-Pouw et al., 2014; Stanek, 2015; Yehuda & Lehrner, 2018). The process and manifestation of trauma transmission has been viewed from a variety of perspectives including attachment theory (Danieli et al., 2016; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011), family systems theory (Danieli et al., 2016; Giladi & Bell, 2013), psychoanalytical theory (Danieli et al., 2016) and self-determination theory (Scharf & Mayseless, 2011). While the majority of research has revolved around the specific content of trauma that was transmitted, some studies have also focused on why certain offspring of Holocaust survivors present with a lack of psychological distress and therefore prove to be more resilient (Danieli et al., 2016; Giladi & Bell, 2013; Letzter-Pouw et al., 2014).

Because many survivors of the Holocaust were trapped in the trauma of their past, this affected their ability to fully engage in the present and meet the needs of their children (Bako & Zana, 2018; Stanek, 2015). A body in trauma is a body confined in the traumatic events of the past and consequently, it will take on and maintain a posture of defense (Baum, 2013). Thus, trauma impedes an individual's capacity to self-regulate and respond appropriately toward their offspring, which, in turn, affects the child's ability to attach to their parent and influences the nonverbal communication between caregiver and child (Stanek, 2015). This pattern is then expressed from one generation to another (Stanek, 2015). Additionally, as the child witnesses the dysregulated body of the parent, they will often choose to join in the dysregulation in order to stay connected to their caregiver resulting in a damaged sense of self, lack of self-regulation skills and an internalizing of the traumatic memory of the parent (Stanek, 2015). The body is therefore shown to be a major factor in the passing of trauma (Baum, 2013; Stanek, 2015).

As a result of this trauma transmission, it appears that children of Holocaust survivors lack a sense of autonomy (Bako & Zana, 2018; Giladi & Bell, 2013; Scharf & Mayseless, 2011), have difficulty regulating and expressing their emotions (Giladi & Bell, 2013), are more susceptible to psychological distress (Bako & Zana, 2018; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011; Yehuda & Lehrner, 2018) and are at a higher risk of developing post traumatic stress disorder (PTSD) (Krippner & Barrett, 2019; Scharf & Mayseless, 2011; Yehuda & Lehrner, 2018) and secondary traumatization (Giladi & Bell, 2013; Letzter-Pouw et al., 2014). The second generation of descendants was consequently operating at a lower level of psychosocial functioning, thus hindering their ability to meet the emotional needs of their own offspring (Scharf & Mayseless, 2011). A number of studies reveal similar struggles in the third generation as well (Bako & Zana, 2018; Giladi & Bell, 2013; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011). Even though the challenging symptoms of transgenerational trauma seem to lessen from the second to third generation, it is apparent that the cycle still continues (Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011).

Treatment for those negatively affected by transgenerational trauma has been approached from a psychoanalytical, family systems, trauma focused, body oriented or arts based perspective (Bako & Zana, 2018; Giladi & Bell, 2013; Greenway, 2018; Press, 2006; Stanek, 2015). It is important to note that there is a limit to the effectiveness of verbal therapy in treating this population, considering the trauma of the Holocaust has shown to be transmitted on a non-verbal level to consecutive generations (Bako & Zana, 2018). While there are resources that discuss utilizing dance/movement therapy (DMT) to address trauma (Baum, 2013; Bernstein, 2019; Dunphy et al., 2014; Harris, 2007; Levine

& Land, 2016; Pierce, 2014; Stanek, 2015), which is a body oriented approach to therapy (Levy, 1992), there is limited literature analyzing DMT in the context of transgenerational trauma. This paper therefore synthesizes the current research in an effort to propose the effectiveness of DMT in addressing transmitted trauma and decreasing the problematic symptoms of transgenerational trauma specifically found in descendants of Holocaust survivors. Thus, DMT will be examined as a treatment approach in relation to trauma, sense of self, expressing and regulating emotions, and positive affect.

The remainder of this paper is organized in the following way: challenging symptoms of trauma transmission, process of trauma transmission, current treatment for transgenerational trauma, gap in the literature, and the application of DMT as a form of treatment for challenging symptoms caused by transgenerational trauma.

Literature Review

Literature over the years has offered mixed findings related to the presence of distress experienced by the offspring of Holocaust survivors as a result of transgenerational trauma (Danieli et al., 2016; Giladi & Bell, 2013; Letzter-Pouw et al., 2014). It has been suggested that these differences between studies may be related to a number of factors, including how the posttraumatic symptoms of the survivor are perceived by their children (Letzter-Pouw et al., 2014), the type of post trauma adaptational style that is taken on by the parent survivor (Danieli et al., 2016), the amount of communication around the Holocaust within the family (Giladi & Bell, 2013; Letzter-Pouw et al., 2014) and the degree to which the pain and burden of the parent is internalized by the child (Letzter-Pouw et al., 2014). Additionally, Danieli, Norris, and

Engdahl (2016) found that living in Israel post-Holocaust appeared to be reparative and also discovered that family continuity seemed to be a protective factor, as it lessened the Holocaust survivors' degree of implementation of the victim style and consequently decreased their offspring's "reparative adaptational impacts" (p. 648). It is therefore clear that there are many variables involved which impact the existence and level of distress found in descendants of Holocaust survivors.

Challenging Symptoms of Trauma Transmission

For offspring of Holocaust survivors who have experienced adverse effects as a result of trauma transmission, this experience has impacted their sense of self and how they view and navigate the world (Bako & Zana, 2018; Giladi & Bell, 2013; Scharf & Mayseless, 2011). From the research of Giladi and Bell (2013), secondary traumatic stress was shown to be present in descendants of Holocaust survivors, as well as lower differentiation of self and less communication within the family. This study addressed the transmission of trauma to the second and third generation of Holocaust survivors by asking 215 adult Jewish American/Canadians, along with a control group for each generation, to complete questionnaires regarding demographics and their family background, as well as three scales that measured secondary traumatic stress, differentiation of self and family communication (Giladi & Bell, 2013). The results revealed a manifestation of secondary traumatic stress related to the Holocaust in both children and grandchildren of Holocaust survivors (Giladi & Bell, 2013). A common thread additionally found in the offspring of Holocaust survivors was a lack of communication within the family, as it was usual for events of the Holocaust to rarely be discussed and for children of survivors to suppress negative emotions in an effort to

protect their parents from further pain (Giladi & Bell, 2013). Furthermore, evidence pointed to these families having lower levels of differentiation of self (Giladi & Bell, 2013). Differentiation of self is a concept from the family systems theory by Bowen (1978) which was expanded upon by Schnarch (1991). Individuals who are less differentiated struggle in regulating anxiety and self-soothing, tend to be emotionally reactive (Schnarch, 1991), and avoid communicating their feelings and needs directly (Giladi & Bell, 2013). On the other hand, well-differentiated individuals are typically effective in regulating anxious affect and self-soothing, are generally nonreactive to other's anxiety (Schnarch, 1991), express their emotional state and needs in a direct way, and consider their own part in a conflict instead of blaming others (Giladi & Bell, 2013). Although this study was considered in combination with three meta-analyses, the fact it was conducted with a select sample lessens its external validity (Giladi & Bell, 2013). The study additionally controlled for age, involvement in organizations surrounding the Holocaust, and experience with therapy, but immigration backgrounds, as well as the level of trauma experienced by Holocaust survivors and possible current life stressors or trauma experienced by the participants, were not taken into account (Giladi & Bell, 2013). However, this study points to the presence of secondary traumatic stress, as well difficulty in expressing and regulating emotions in the second and third generation of Holocaust survivors (Giladi & Bell, 2013).

In their study, Scharf and Mayseless (2011), referenced in more detail later in this paper, further revealed how offspring of Holocaust survivors to the third generation may have a diminished sense of self and anxious affect as a result of their upbringing. An unhealthy home environment and maladaptive caregiver relationship with a Holocaust

survivor could likely lead to their children feeling helpless, fearful, deprived, neglected and unprotected (Scharf & Mayseless, 2011). Specifically, the fear displayed by the parent often manifested in the child becoming fearful for the safety of their parent (Scharf & Mayseless, 2011). This fear frequently turned into constant anxiety, as these children were not equipped to effectively regulate their emotions (Scharf & Mayseless, 2011). Additionally, the second generation's development of self-perception may have been hampered from feeling obligated to neglect their own needs in order to please and meet the needs of their parent (Scharf & Mayseless, 2011). One of the interviewees in the study by Scharf and Mayseless (2011) highlighted how her relationship with her caregiver led to her feeling incompetent: "She [mother] was anxious, worried, stressed, and making me stressful. She made me feel that I could not manage by myself" (Scharf & Mayseless, 2011, p. 1543). Consequently, offspring of Holocaust survivors could potentially live in anxiety and not develop a sense of autonomy (Scharf & Mayseless, 2011). As the second generation became adults, similar symptoms to their parents were found in the study, including experiencing frequent anxiety, lacking emotional availability and sensitivity toward their own children, and developing unhealthy boundaries with their offspring (Scharf & Mayseless, 2011). Interviews with the third generation demonstrated how many of these individuals also experienced anxiety related to the survival of their parent and a compulsion to please them (Scharf & Mayseless, 2011). While this study only involved descendants of Holocaust survivors living in Israel and did not include an extensive look into the experience of the third generation, strength is found in this study by the focused care utilized in handling the participants, the systematic and thorough approach in gathering and analyzing data, and the use of the

attachment theory and self determination theory to interpret the findings (Scharf & Mayseless, 2011). This study supports other findings, which display a continuation of particular maladaptive family characteristics into the third generation of Holocaust survivors (Scharf & Mayseless, 2011).

Along with the findings by Scharf and Mayseless (2011), Bako and Zana (2018) witnessed a tendency for descendants of Holocaust survivors to fuse their identity with their parent's and consequently struggle with feelings of fear, anxiety, deadness, grief and loneliness. A "we experience" (Bako & Zana, 2018, p. 274) was observed during Bako and Zana's clinical work with both second and third generation offspring of Holocaust survivors. This "we experience" (Bako & Zana, 2018, p. 274) was explained as the moment when offspring entered the experiences of the parent in order to connect and have intimacy with the parent, who was likely emotionally unavailable. As a result, the child's own distinct identity may not have developed, and an internalization of the affect of the parent possibly occurred, including internalizing feelings of fear, anxiety, grief and loneliness (Bako & Zana, 2018). A third generation Holocaust survivor shared how she frequently experienced unrealistic anxiety: "Everyday when I left my son, K. in kindergarten… I would feel again and again that this is the last time I would see him… Although I know that this is not the reality, the feeling is real and annihilating" (Bako & Zana, 2018, p. 275). Additionally, feelings of deadness may have passed to the following generation, as this was a defense mechanism utilized by Holocaust survivors when existence was unbearable and loneliness intolerable (Bako & Zana, 2018). A descendant of a Holocaust survivor expressed his experience in the passing on of deadness: "I did not exist. I had no personality. I was shackled. A part of me deceased… in non-existence, in

terrible death, like my mother was…" (Bako & Zana, 2018, p. 276). Thus, Bako and Zana's (2018) work with offspring of Holocaust survivors reveals the possibility of these individuals not developing their own identity and taking on the negative affect of their parents, which became their reality. These studies and clinical experiences therefore highlight the damage that has occurred as a result of trauma transmission to offspring of Holocaust survivors (Bako & Zana, 2018; Giladi & Bell, 2013; Scharf & Mayseless, 2011).

Environmental Transmission of Trauma

The topic of transgenerational trauma related to the Holocaust has been researched since the early 1970s (Yehuda & Lehrner, 2018), with much of the focus on how trauma has been passed environmentally to offspring of Holocaust survivors. Research of traumatic experience done by Danieli et al. (2016) indicates how the transmission of trauma is partly environmental. Their study tested whether or not Holocaust survivors' experiences during and after the Holocaust affected their children's adaptation (Danieli et al., 2016). Four hundred twenty-two adult descendants of Holocaust survivors completed a three-part online survey on family adaptation to trauma (Danieli et al., 2016). The results revealed that children of Holocaust survivors were impacted by their parent's traumatic experience mainly through their parent's post trauma adaptational styles, particularly the victim style, which affected their parenting (Danieli et al., 2016). This study provides a fairly comprehensive look at the residual effects of the Holocaust through a multidimensional integrative model which provides a psychoanalytical, family systems, and attachment perspective (Danieli et al., 2016). Limitations of the study include the use of convenience sampling, the nonexistence of a

control group, and the reliance on the report of an adult's perspective of their parents and upbringing without accounting for factors that may influence their perception (Danieli et al., 2016). Nonetheless, this empirical study supports the belief that the traumatic experience of Holocaust survivors was transmitted to the next generation environmentally (Danieli et al., 2016).

Similarly, Letzter-Pouw, Shrira, Ben-Ezra, and Palgi (2014) studied second and third generation offspring of Holocaust survivors to determine the degree to which they internalized the emotional pain of their parents that was associated with the Holocaust, which led to them feeling responsible for their parents' well-being. The researchers wanted to understand the role "transmission of parental burden" (Letzter-Pouw et al., 2014, p. 421) played in the posttraumatic symptoms found in these offspring. A representative sample of 172 descendants of Holocaust survivors born after 1945 were interviewed in person and given three questionnaires to assess posttraumatic symptoms, perception of parental burden passed to them, and type of stress encountered over their lifespan (Letzter-Pouw et al., 2014). Findings from the study pointed to an increase of posttraumatic symptoms in offspring if they felt the burden of the parent was transferred to them (Letzter-Pouw et al., 2014). According to an attachment perspective and in line with the results of Giladi and Bell's (2013) research, there is a possibility that the transfer of burden could, in turn, lead to a reversal in the parent-child roles, causing the children to sacrifice their own needs in order to protect and care for their parents (Letzter-Pouw et al., 2014). The same pattern of children initiating a role reversal was additionally found in the study by Scharf and Mayseless (2011). This dynamic is then passed to the following generation and can ultimately result in secondary traumatization throughout

generations (Letzter-Pouw et al., 2014). The strengths of the study by Letzter-Pouw et al. (2014) comprised of the use of a standardized questionnaire with an option to complete it in Hebrew, transparency of the research process, and a clear commitment to ethical adherence. At the same time, a comparison group was not included in the study and there was a lack of diversity in the sample observed, as the majority of individuals were married, well-educated, and financially stable (Letzter-Pouw et al., 2014). However, this study adds to the growing literature which reports environmental aspects as a mechanism for trauma transmission (Letzter-Pouw et al., 2014).

As referenced earlier, Scharf and Mayseless (2011) researched the transmission of trauma based on the theories of attachment and self-determination with the goal of highlighting difficulties experienced by descendants of Holocaust survivors, which might place them at a higher risk for psychological distress. One hundred and ninety-six individuals who were second generation descendants of Holocaust survivors were given two semi-structured interviews, and one semi-structured interview was given to their adolescent children (Scharf & Mayseless, 2011). The interviews included questions about the second generation's relationship with their parents and, if applicable, with their children (Scharf & Mayseless, 2011). Through this qualitative study, it became apparent that the trauma of the Holocaust hindered the Holocaust survivor's ability to parent their offspring (Scharf & Mayseless, 2011). A commonality found was the survivor's inability to be emotionally available and responsive to their children, including a lack of capacity to comfort, support, and shield their children (Scharf & Mayseless, 2011). Additionally, there was a presence of fear within the family, which was related to a fear of death, the world, and possible disaster (Scharf & Mayseless, 2011). Parents were subsequently often

over-protective and over-controlling, and it was common for families to live in a survival mode with constant preparation for an impending catastrophe (Scharf & Mayseless, 2011). This way of life regularly led to frugality, eating in abundance, living with only the bare necessities, and a goal of academic excellence for the children (Scharf & Mayseless, 2011). Thus, through the environment, trauma related to the Holocaust was passed to the following generation (Scharf & Mayseless, 2011).

While second generation descendants have been reported to be intent on parenting their children differently, the study by Scharf and Mayseless (2011) revealed that these individuals frequently continued the same parenting that they received. Second generation offspring were found to be focused on survival, as they were overly concerned with food, lived with a fear of loss and separation, and limited their children's independence (Scharf & Mayseless, 2011). Additionally, as the second generation was not emotionally equipped to raise their children in a healthy family environment, they were described as neglectful towards their own children (Scharf & Mayseless, 2011). Unhealthy boundaries were further discovered between parent and child, as the third generation often felt a duty to please their parents and meet their needs (Scharf & Mayseless, 2011). In this way, many of the same issues experienced in second generation Holocaust offspring continued into the following generation through environmental factors (Scharf & Mayseless, 2011). These studies therefore point to the passing on of trauma environmentally (Danieli et al., 2016; Giladi & Bell, 2013; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011).

Biological Transmission of Trauma

While there is less literature which focuses on how trauma can be transmitted on a

bodily level, the impact of trauma on the body is substantial and may be a major contributor to the passing of trauma throughout generations (Stanek, 2015). Stanek (2015) argued that the reason the body may be a significant factor in the transmission of trauma is because "the body actively shapes the perception of subjectivity and intersubjectivity and is the primary container for traumatic memory" (p. 95). An individual's autonomic nervous system becomes overwhelmed when trauma occurs (Stanek, 2015). As a result, the memory of the experience is unable to be processed, and the sensations and emotions of the trauma, such as the Holocaust, can become buried deep within the body of the survivor and unconsciously become an integral part of the individual's identity (Stanek, 2015).

Baum (2013) explained further that trauma leads to a damaged sense of time for the body, as trauma repeatedly "drags the body into the past" (p. 36) and "holds the body, constraining and restraining it from the ability to yield, surrender, and release" (p. 39). The body consequently responds by guarding itself from an attack that is internalized and therefore unable to be resolved: "This body is simultaneously active and reactive: it is removed or removes itself, confined or confines itself and defensive or defends itself" (Baum, 2013, p. 39). Hence, a body living in trauma is one that is trapped in the past and subsequently unable to live in the present (Baum, 2013).

Thus, for many Holocaust survivors, the trauma that they experienced impeded their capacity for self-regulation, which affected the development of their offspring and could result in the child holding the trauma of the parent within their own bodies (Stanek, 2015). A child first learns to make sense of the world on a bodily level (Stanek, 2015). Through the relationship with their caregiver, a child responds and is molded by body

memory, and self-regulation is developed through dyadic communication with the caregiver (Stanek, 2015). A child's sense of self is therefore largely determined by their perception of the body and their self-regulation abilities (Stanek, 2015). Accordingly, when the caregiver becomes incapable of self-regulation and subsequently attunement on a physical and emotional level, this negatively impacts the development of the child (Stanek, 2015). This experience can damage the child's sense of self and lead to ineffective regulation without appropriate responses from the primary attachment figure to the physical and emotional needs of the child (Stanek, 2015). Furthermore, as the parent reacts to the trauma of the past while in the present, these experiences can become dysregulating for the child as they do not match the current environment (Stanek, 2015). The child may still choose to set aside their own needs and identify with the parent's bodily experience of the trauma in order to stay in relationship with the parent (Stanek, 2015). Consequently, a traumatic memory that is not their own may unknowingly become stored within their bodies (Stanek, 2015).

Bako and Zana's (2018) clinical work with both second and third generation descendants of Holocaust survivors, along with survivors from other collective traumas, supports the idea of an individual holding trauma that does not match their own experiences inside their body. Within their work, Bako and Zana (2018) observed what they termed a "transgenerational atmosphere" (p. 273) where family members witness how the trauma of the survivor is expressed through the survivor's body and actions, as they continuously experience past traumatic events as if they are present. As referenced earlier, this occurrence can lead to a "we experience" (Bako & Zana, 2018, p. 274) in the

parent-child relationship. The trauma is thus passed to the following generation (Bako & Zana, 2018).

Silence may have additionally impeded Holocaust survivors from creating meaning of their traumatic experience and therefore possibly increased the transmission of trauma. As mentioned earlier in this paper, it was common to not discuss the events of the Holocaust even within the family (Baum, 2013; Giladi & Bell, 2013), and many Holocaust survivors were unable to officially share their stories for a few decades afterwards (Baum, 2013). From a narrative viewpoint, one finds meaning in their life and makes sense of their story through the narration of it to others (Stanek, 2015). Thus, if a traumatic experience is not verbalized, fragments of a traumatic memory and a ruptured identity may be held within the body (Stanek, 2015). This body experience is then transmitted from generation to generation (Stanek, 2015).

As epigenetics has emerged as a new field, it has also been discussed in the conversation around transmission of trauma (Krippner & Barrett, 2019; Yehuda & Lehrner, 2018). Epigenetics is defined as "the study of cellular variations that are caused by external, environmental causes that switch genes 'on' or 'off,' thus making changes in phenotype or genetic expression" (Krippner & Barrett, 2019, p. 53). Therefore, these biological changes are not an alteration of the DNA sequence or genotype (Krippner & Barrett, 2019), but instead a change in the function of the DNA (Yehuda & Lehrner, 2018).

Epigenetic effects were discovered when researching offspring whose parents had experienced trauma while they were in gestation (Yehuda & Lehrner, 2018). In one such study, the resulting effects of trauma on adults who were in utero during the Dutch

famine of 1944-1945 were examined (Yehuda & Lehrner, 2018). The outcome of the study revealed a detectable change in the epigenetics and phenotype of offspring who were exposed to the trauma during conception up until the second trimester (Yehuda & Lehrner, 2018). Thus, this finding supports the idea that epigenetic changes in offspring are connected to maternal trauma during pregnancy (Yehuda & Lehrner, 2018).

There has been an effort recently to begin examining offspring of a traumatized mother around the time of birth to better understand the differing effects on an individual's biology dependent on if the trauma of their parent was experienced during preconception, gestation or postnatal (Yehuda & Lehrner, 2018). Yehuda and Lehrner (2018) advised that it is important to also note other contributing factors which could additionally impact the biology and phenotype of offspring. These variables could include factors such as other mental health symptoms experienced in mothers during gestation, the type of exposure to trauma, circumstances of the delivery, and maternal care (Yehuda & Lehrner, 2018).

Additionally, through studying the children of parents who had PTSD from a history of trauma, such as childhood abuse and exposure to war, researchers found that these individuals were more at risk for developing PTSD and that they were impacted hormonally (Krippner & Barrett, 2019). One study included 38 pregnant women who witnessed the terrorist attacks on September 11, 2001 at the World Trade Center in New York City (Krippner & Barrett, 2019). It was discovered that these women were more vulnerable to PTSD and that they had a smaller amount of the hormone cortisol compared to the control group (Krippner & Barrett, 2019). Their offspring additionally had a smaller amount of cortisol which is significant, as this hormone aids in trauma recovery

(Krippner & Barrett, 2019). This finding supports other studies which point to an increased prevalence of PTSD in offspring of parents with PTSD (Krippner & Barrett, 2019).

Similar discoveries were made in studies that specifically researched the impact of the Holocaust on the offspring of Holocaust survivors (Yehuda & Lehrner, 2018). These studies verified a pattern of biological alterations associated to PTSD in the descendants of Holocaust survivors, such as increased glucocorticoid receptor responsiveness and lower levels of cortisol (Yehuda & Lehrner, 2018). In one such study, veterans of the Yom Kippur War were assessed (Yehuda & Lehrner, 2018). It was revealed that soldiers with Holocaust survivor parents had increased susceptibility to developing PTSD in reaction to war (Yehuda & Lehrner, 2018). Within later studies, it was also demonstrated that biological changes connected to PTSD could have varying effects on the offspring dependent on the gender of the parent with PTSD (Yehuda & Lehrner, 2018). Specifically, decreased cortisol levels and increased glucocorticoid receptor sensitivity were linked with maternal PTSD and reduced glucocorticoid sensitivity was related to paternal PTSD (Yehuda & Lehrner, 2018). The presence of PTSD and the gender of the Holocaust survivor therefore seem to have an impact on the biological alterations found in their offspring (Yehuda & Lehrner, 2018).

Through epigenetic research, symptoms of PTSD have been found in grandchildren of Holocaust survivors as well (Krippner & Barrett, 2019). In one such study, second and third generations of Holocaust survivors were compared to Jewish descendants whose families were geographically removed from the Second World War (Krippner & Barrett, 2019). Symptoms of PTSD, as well as a modification of the gene

which is linked with the hormone cortisol, were apparent in both the children and grandchildren of Holocaust survivors while this gene was not altered in the control group (Krippner & Barrett, 2019). Thus, this study assists in building the case that epigenetic changes related to the Holocaust have been passed on to the third generation as well (Krippner & Barrett, 2019).

Krippner and Barrett (2019) also noted that the epigenetic changes found in the descendants of Holocaust survivors could additionally be influenced by environmental factors related to living with parents who were traumatized. This proposal would provide the possible explanation that because the traumatized parent's DNA was modified, their subsequent behavior would, in turn, affect their offspring and could be the reason for comparable methylation patterns found in the offspring continuing to the third generation (Krippner & Barrett, 2019). As research moves forward, examining epigenetics along with the environmental effects will help in understanding the reason for a differing outcome of response to the trauma of the Holocaust in the offspring of these survivors (Yehuda & Lehrner, 2018). Overall, it is important to understand how the body affects the transmission of trauma, considering research provides evidence that traumatic experiences impact the body on a cellular level (Baum, 2013).

Current Treatment

In recognizing the problems that have arisen out of transgenerational trauma, researchers and clinicians have studied and recommended ways to address the resulting effects of trauma transmission (Bako & Zana, 2018; Baum, 2013; Danieli et al., 2016; Giladi & Bell, 2013; Krippner & Barrett, 2019; Stanek, 2015). Firstly, researchers have highlighted the importance of clinicians assessing for a history of trauma within the

family (Giladi & Bell, 2013; Krippner & Barrett, 2019). For offspring of Holocaust survivors who are found to present with psychological distress, it is imperative that therapists utilize knowledge of how trauma is transmitted and its resulting effects to choose appropriate interventions when working with this population (Danieli et al., 2016). Current treatment has primarily been done through a family systems, psychoanalytical, trauma focused, body oriented or arts based perspective (Bako & Zana, 2018; Giladi & Bell, 2013; Greenway, 2018; Press, 2006; Stanek, 2015).

From a family systems approach, Giladi and Bell (2013) recommended providing psychoeducation around intergenerational trauma to offspring of Holocaust survivors, as well as encouraging them to communicate their emotions surrounding the traumatic event and its impact on their family. The authors additionally endorsed utilizing interventions that focus on developing a greater differentiation of self and increase in family communication (Giladi & Bell, 2013). These suggestions are based on Giladi and Bell's (2013) discovery that better family communication, especially surrounding the Holocaust, and a higher level of differentiation of self have been shown to be linked to lower levels of secondary traumatic stress.

Bako and Zana (2018) spoke to using a psychoanalytical method with this population and explained that it is helpful for therapists to identify if transgenerational trauma is present by examining if the client's symptoms and fantasies match with their life experiences. For example, Bako and Zana (2018) shared one particular case of a descendant of a Holocaust survivor. This individual presented with shame that had been experienced since his early childhood without an identifiable origin, as well as dreams that seemed to suggest abuse or severe injury, which did not fit with his personal history

(Bako & Zana, 2018). Through the authors' work with this client, it was discovered that the trauma of his mother had been passed on to him, confirming the presence of transgenerational trauma (Bako & Zana, 2018). Bako and Zana (2018) moreover placed an emphasis on the therapist cultivating an awareness of the appearance of transgenerational countertransference within the therapeutic relationship. This knowledge would then be used to inform treatment and assist in the therapeutic process (Bako & Zana, 2018).

Baum's (2013) suggestion for treatment included recognizing the impact of transgenerational trauma on the body and therefore utilizing a body focused treatment based in psychotherapy. The goal of this treatment is to develop the body's ability to move through and past the traumatic moment (Baum, 2013). Baum (2013) explained that while "one creates a new moment: the moment after" (p. 37), initially "the moment after is merely the same moment, happening again a moment later" (p. 37). Therefore, in order to truly move past the traumatic event, the trauma must be left in the past (Baum, 2013). This work can be accomplished through consciously and mindfully allowing the traumatic memory to resurface through the psychotherapeutic process and expressing the memory as if it were in the past (Culbertson, 1995). In this way, the traumatic event can become integrated and subsequently allow the body to become whole again (Baum, 2013).

Press (2006), a third generation descendant of Holocaust survivors, provided a specific example of how the use of dance could assist in safely addressing trauma in order to integrate the memory and find new meaning. Through a personal and psychoanalytical lens, Press (2006) choreographed a dance piece related to the trauma

experienced from the Holocaust in order to explore her feelings around the traumatic event and as a "quest for the hope of restoration" (p. 407). This dance piece was largely influenced by the book, *My Mother's Eyes: Holocaust Memories of a Young Girl* (as cited in Press, 2006), which was written by author, psychiatrist, and Holocaust survivor, Ornstein (Press, 2006). Ornstein's story as a Holocaust survivor was utilized for inspiration, as Press (2006) sought to discover the relationship of the Holocaust with her own story. Ornstein is both an author and psychiatrist (Press, 2006). In the process, Press (2006) found herself moving from expressing assault to expressing joy with her body, which to her represented embodied hope. She recognized that in the creative process her "sense of play began to kinesthetically heal [her] subjective experiences of assault" (Press, 2006, p. 415). Press (2006) conveyed in her dance the utilization of joy to stabilize herself and muster the courage to face the traumatic memory, and the gathering of strength to integrate her experiences in order to move forward. While working in the studio and during performances, Press (2006) reported an increase of body awareness, self-empathy and cognizance of the "restorative nature of art-making" (p. 418). Press (2006) explained how the creative process thus brought about an "integration of pain and joy, transforming ugliness into beauty with new meaning" (p. 416). While no coding was utilized, Press (2006) provided a thorough account of her creative process, including the challenges and emotional responses that occurred, as well as transparency of her background and triangulation through receiving feedback on her solo from Ornstein, along with two choreographers. This study aligns with Danieli et al.'s (2016) proposal that descendants of survivors might reduce their distress by working to "recapture meaning, purpose, identity, connectedness of past, present, and future, and attachments to

community and place" (p. 648), which in this case was accomplished through the use of dance.

A study done by Greenway (2018) additionally supports the idea that the creative process may be effective in processing transgenerational trauma because it assists individuals in finding new meaning and discovering a deeper connection to unspoken memories such as the Holocaust. Greenway (2018) utilized arts-based research to explore how to honor and remember traumatic stories from the past, which could invoke those in the present to engage and learn from history. This objective was accomplished through creating artwork inspired by a brooch found at the Holocaust Memorial Museum (Greenway, 2018). Though Greenway (2018) did not reach a conclusion from her research, she reported a new personal understanding and connection to the Holocaust, which was formed from identifying the brooch as a symbol of hope. This hope was shaped by discovering how a beautiful object was created in the middle of a concentration camp, as this was seen by Greenway (2018) as a form of resistance against unspeakable evil. As a result, she felt her own experience pointed to the possibility of using the arts to increase empathy, reflection and cultural understanding surrounding past traumatic events (Greenway, 2018). Methodological integrity was found in Greenway (2018) using historical poesis as a foundation for her research. She additionally displayed transparency in sharing her thought process throughout the study, as well as differing viewpoints on the meaning and significance of the brooch in the context of the Holocaust (Greenway, 2018). In general, this research displayed how using the arts could possibly assist in finding personal meaning and a greater connection to memories of ancestors, such as the Holocaust, which could help lead to healing (Greenway, 2018). While there is

literature which addresses treatment for trauma transmission in offspring of Holocaust survivors, it is clear that there is a lack of literature which recognizes the importance of including the body in the healing process.

Gap in Literature

Although literature can be found on the benefits of using DMT with descendants of Holocaust survivors, it is very limited. Literature that is found primarily focuses on processing and integrating trauma (Baum, 2013; Culbertson, 1995; Greenway, 2018; Press, 2006), as mentioned above, without highlighting how DMT also assists in lessening the negative psychosocial symptoms that occurred due to trauma transmission, such as the ability to express and regulate emotions, as well as an increased sense of self. For literature that does reveal the success of DMT in increasing emotional expression and regulation (Angeletti, 2016; Bernstein, 2019; Pierce, 2014) and a stronger sense of autonomy (Bernstein, 2019; Levine & Land, 2016; Pierce, 2014; Sandel, 1993), it is not specific to the population of offspring of Holocaust survivors. Considering research points to evidence of the biological transmission of trauma from the Holocaust to the second and third generation offspring (Bako & Zana, 2018; Baum, 2013; Krippner & Barrett, 2019; Stanek, 2015; Yehuda & Lehrner, 2018), it is therefore important to consider treatment for this population on a body level. This paper argues that lack of acknowledgement of the role of the body in transgenerational trauma may impair the possibility for full healing for this population. It is therefore vital to research the benefits of utilizing DMT with this population, as well as document the practice of this work, in order to more effectively meet the needs of this population in the future.

DMT and Trauma

Because trauma has shown to be transmitted on a body level (Bako & Zana, 2018; Baum, 2013; Giladi & Bell, 2013; Krippner & Barrett, 2019; Letzter-Pouw et al., 2014; Stanek, 2015; Yehuda & Lehrner, 2018), DMT could specifically assist the offspring of trauma survivors in processing and integrating the traumatic memory that was passed down to them (Stanek, 2015). DMT is a creative arts therapy founded on the belief that the mind and body are interconnected, as emotions are held within the body and alterations of movement behavior can result in changes in the psyche (Levy, 1992). Movement is utilized to promote health and wellness through the integration of emotional, cognitive, physical and social well-being (American Dance Therapy Association, 2014). Hence, through movement, traumatic material unconsciously passed to offspring can be processed so that the individual can discover more adaptive ways of relating to themself and the world around them (Stanek, 2015).

Stanek (2015) spoke specifically to how DMT can be employed to further the well-being of individuals impacted by transgenerational trauma. He highlighted how assessing for trauma transmission warrants "inquiry, curiosity, patience, and an understanding of the sociocultural background of the client" (Stanek, 2015, p. 101), as the trauma passed down may manifest differently in each descendant. Stanek (2015) further described how memories that are traumatic produce "tension in the tissues of the body, leaving the individual with a feeling of being cut off from fully experiencing her body" (p. 101), which is then displayed in chosen movement patterns. With this understanding, the therapist can use the wisdom of the body in the process of disentangling memories that are held in the tissues (Stanek, 2015). This task is accomplished by guiding an individual in listening and following the impulses of their

body and allowing images and emotions to arise as they express through movement (Stanek, 2015). Consequently, unexpressed emotions and movement sequences that were not completed can be revealed and then worked through (Stanek, 2015). This method aligns with Baum's (2013) and Culbertson's (1995) recommendation of allowing a traumatic memory to resurface in order for it to be expressed and then finally left in the past. It is additionally the job of the therapist to provide safety during this process by becoming a container for the individual through the therapist's presence and guidance, as well as the therapist encouraging the individual to follow the pace of their body (Stanek, 2015). The therapist must also watch for any signs of defense mechanisms, such as dissociation (Stanek, 2015). Through observing any areas of tension and disconnection in the movement, the therapist is able to identify where the individual may need assistance in naturally completing a movement sequence (Stanek, 2015). Thereafter, to reinforce integration of the traumatic memory, new meaning and identity can be found through modifying the typical movement patterns of the individual (Stanek, 2015). What once was fragmented therefore becomes integrated and wholeness becomes possible (Stanek, 2015).

Bernstein (2019) created a specific DMT approach called Empowerment-Focused Dance/Movement Therapy, which could prove applicable for descendants of Holocaust survivors. This method based on the work of Evan, one of the founders of DMT, was generated through working with survivors of sex trafficking and individuals who are marginalized in India with the overall goal of emotional and physical healing from trauma (Bernstein, 2019). There is a focus on empowerment in this approach, which is accomplished through enlarging freedom of expression, developing an ability to access

emotional resources, and increasing self-esteem (Bernstein, 2019). An emphasis on emotional safety is additionally central to the work (Bernstein, 2019). Thus, interventions are titrated, and symbolic expression and images are utilized in order to protect the individual from re-traumatization (Bernstein, 2019). Symbolic themes and imagery provide boundaries, as well as a way to externalize affect that may be related to traumatic experiences, allowing the individual to maintain control and safely explore challenging content (Bernstein, 2019). Furthermore, through the framework of improvisation, what had previously been suppressed or unconscious in the individual may be released and may then lead to the revelation of influences and motivations in their life that had been unidentified (Bernstein, 2019). In this way, the impact of trauma can be transformed for offspring of Holocaust survivors.

A trauma treatment model applied through DMT, which Pierce (2014) proposed for individuals who present with dissociation and developmental trauma, could also prove helpful in addressing transgenerational trauma found in descendants of Holocaust survivors. This phase-oriented method, which originated from the psychotherapist Janet (as cited in Ogden et al., 2006) and is based in attachment theory, is broken into three stages: safety and stabilization, integration of traumatic memory, and development of the relational self (Pierce, 2014). Work in phase one specifically establishes a sense of relational safety, so the individual is then able to engage in the digestion of the traumatic material (Pierce, 2014). This process is supported through creative expression in which symbolic movement, gestures, and sound separate the individual from the traumatic material, so they are able to explore the trauma safely (Pierce, 2014). Therefore, this method provides an avenue for the healing of trauma through the use of DMT.

In the qualitative meta-synthesis by Levine and Land (2016), the nine studies examined highlighted the importance of helping individuals who suffer with PTSD to re-establish a connection with their bodies. This renewal was accomplished through the use of metaphoric imagery, visualization, and naming movements (Levine & Land, 2016). A common objective across all studies was to increase self-awareness through the use of these tools so the individual could begin to place meaning on their emotions and past experiences in order to come to a place of acceptance (Levine & Land, 2016). The result was a resolution of the trauma that had occurred (Levine & Land, 2016). The therapists in each study guided this process through accurately mirroring the individual's movement as a means of increasing their self-awareness and encouraging greater movement expression (Levine & Land, 2016). Work was done on increasing the individual's range of movement to provide an opportunity for the client to express what may be difficult to verbalize, as well as increase their capacity to experience the world in a different way (Levine & Land, 2016). Therefore, through intentional movement focused on accessing the traumatic memory, the client was able to gain greater insight on the impact trauma had on both their body and mind, leading to an integration of the trauma (Levine & Land, 2016). Although limitations were apparent in the meta-synthesis, as none of the studies included adult men and most of the studies were conducted in Africa, Levine and Land (2016) displayed transparency in the research process, utilized a particular framework for research suggested by Noblit and Hare (1988) and Sandelowski and Barroso (2007) to maintain integrity, and provided details surrounding the criteria that was determined for the studies which were included in the meta-synthesis (Levine & Land, 2016). These studies and clinical experiences align with current treatment recommendations by Baum

(2013) and Culbertson (1995) for individuals impacted by transgenerational trauma, as well as Press's (2006) personal experience of healing from trauma transmission related to the Holocaust.

DMT and Sense of Self

As it has been revealed that descendants of Holocaust survivors have a damaged sense of self (Bako & Zana, 2018; Giladi & Bell, 2013; Scharf & Mayseless, 2011), it is important to recognize how DMT can further assist in strengthening one's identity. In Bernstein's (2019) Empowerment-Focused Dance/Movement Therapy, creative dance was utilized to change self-image. Bernstein (2019) discovered that as individuals engaged in movement that expressed their strengths, they allowed muscle memory related to the trauma to be replaced with "more empowered psycho-physical states" (p. 198), which led to a discovery of new aspects of themselves. Exploring themes around empowerment - specifically pride, courage, and a celebration of accomplishments - assisted in emphasizing the positive traits of the individual and challenging a negative self-concept (Bernstein, 2019). Bernstein (2019) recounted a session with sex traffic survivors in India in which they explored feeling pride and expressing a celebration of self through their bodies. Bernstein (2019) explained how this "opened doors to a new physicality and to a new way of viewing the self" (p. 202). Thus, "self-affirming dance discovery nurtures injured aspects of self-concept" (Bernstein, 2019, p. 203). Additionally, in group therapy, as self-exploration is encouraged within the support of a group through directives and themes, an individual's sense of autonomy can grow within a safe environment (Bernstein, 2019). As a result of these movement explorations, a new

relationship with the body is created, including a more positive sense of self (Bernstein, 2019), which could prove valuable for descendants of Holocaust survivors.

Likewise, in the meta-synthesis by Levine and Land (2016), it was revealed that DMT may be beneficial in re-discovering a client's perception of self. Within a group setting, the group acts as a container, which could create a safe environment where exploration of the body within space might feel more possible (Levine & Land, 2016). As the body begins to open up and own the space it moves in, this process could lead to creating connections with others (Levine & Land, 2016). Movement could additionally assist the individual in building a healthy relationship with their body and movement (Levine & Land, 2016). This transformation can be accomplished through inviting the use of movement familiar to the client and exploring it within the therapeutic setting (Levine & Land, 2016). Harris (2007) provided an example of this intervention when he offered his therapy group the opportunity to teach him dances from their culture. This empowering experience encouraged the development of new relationships with their bodies and movement (Levine & Land, 2016). In this way, offspring of Holocaust survivors could grow in their sense of self as they engage in DMT.

Furthermore, the specific DMT skills of mirroring and attunement could be utilized to foster the advancement, organization, and expansion of the client's understanding of self (Sandel, 1993). Sandel (1993) explained that it is essential for the therapist to provide a stance of curiosity and unconditional positive regard toward the client throughout this process. As the dance/movement therapist uses these tools to respond on a body level to the non-verbal cues of the client, this approach could work to repair the damage that occurred from misattunement by the caregiver, as the individual's

needs, states, or emotions are reflected back to them as would be done by a responsive caregiver (Pierce, 2014). Thus, DMT could be utilized in the development and restoration of sense of self for descendants of Holocaust survivors.

DMT and Expressing and Regulating Emotions

Because offspring of Holocaust survivors tend to have difficulty expressing and regulating their emotions (Giladi & Bell, 2013), DMT could also be utilized to assist individuals in learning to express and manage their emotions (Angeletti, 2016; Bernstein, 2019; Pierce, 2014). Through the creative process, individuals can be provided an opportunity to communicate their emotions regarding the Holocaust, as endorsed by Giladi and Bell (2013) in their recommendations for working with this population. Bernstein's (2019) DMT intervention called "dancing stories" (p. 207) could additionally guide the individual in exploring an alternate ending to a life experience in which they saw themselves in the role of victim, such as the Holocaust. Space to express what had been unspoken would therefore be provided (Bernstein, 2019). As a result, offspring of Holocaust survivors could be encouraged to nonverbally relay their feelings surrounding the Holocaust and in the process discover a shift in perspective, as well as come to a greater state of acceptance (Bernstein, 2019) of the trauma that had been transmitted to them. This approach corresponds to both Greenway's (2018) and Press's (2006) experience in utilizing an artistic process to explore their feelings surrounding the Holocaust, which led to a new and deeper understanding of the traumatic event.

In general, DMT is useful in promoting expression of affect (Angeletti, 2016; Bernstein, 2019; Pierce, 2014). Through directed movement that explores use of space, range of effort qualities, and various rhythms, an individual is able to expand their

movement vocabulary, which leads to a widening of their overall emotional expression (Bernstein, 2019). Additionally, creative dance that utilizes imagery and symbolism develops an individual's ability to exercise their imagination and therefore their range of expression (Bernstein, 2019). This work is critical in the process of discovering and learning how to express untapped aspects of self, as well as to "envision a life outside the one already known and to develop hope for a future not yet created" (Bernstein, 2019, p. 200). The use of DMT could therefore help increase effectiveness in emotional expression for offspring of Holocaust survivors.

Moreover, Angeletti (2016) presented the possibility of utilizing DMT to increase both an individual's emotional expression and self-regulation capacities through the perspective of Laban Movement Analysis (LMA) and Kestenberg Movement Profiling (KMP). The methods of LMA and KMP are used as tools to assist in the assessment and tracking of an individual's movement, as well to determine appropriate interventions for the specific needs presented by each client (Angeletti, 2016). Considering that what occurs on a body level reflects the inner state of an individual, expanding an individual's movement repertoire "parallels an expansion in thought, emotion, expression and communication" (Angeletti, 2016, p. 36). Through the safety of the therapeutic relationship, the individual is supported to engage in deeper and riskier movement exploration and to externalize what is occurring on an emotional level with their whole body (Angeletti, 2016). An example of increasing range of movement to express and regulate emotions is seen in Press's (2006) choreographic process when exploring her emotions surrounding the Holocaust. She explained how she portrayed movement that was initially unrestrained to depict assault, which then turned to movements that were

calmer and eventually movements full of joy and hope (Press, 2006). This progression ultimately led to an integration of these various movements, as moments of a sustained and bound effort quality were incorporated between moments of quick and free movement (Press, 2006), representing both a greater expression of affect and an ability to regulate heightened emotions. Thus, through the use of LMA and KMP, it is shown that an individual is able to fully express their emotions while being simultaneously tested in their range of expression (Angeletti, 2016).

Angeletti (2016) described further how the lenses of LMA and KMP assist in the process of increasing an individual's self-regulation abilities. In utilizing LMA and KMP, the therapist can decipher the movement patterns of an individual, and through modulation of movement, work to gradually challenge these patterns (Angeletti, 2016). In this way, more options become available to the individual so they are not limited in their ability to act and interact (Angeletti, 2016). Trauma and attachment issues may specifically lead to the development of particular movement patterns, which were used as a means of regulation, but are not effective in the long-term (Angeletti, 2016). Through encouraging an exploration of different rhythms and relationship with space, the mode of communication and expression can be enlarged (Angeletti, 2016). Introducing effort qualities that are opposite to the habitual movement can additionally promote an increased capacity for appropriate regulation of emotion and provide an opportunity for completion of an emotion, thought, or movement that may have been unexpressed and therefore inhibiting regulation (Angeletti, 2016). Through this process, the individual is encouraged to build their awareness of default movement patterns and body responses (Angeletti, 2016). Asking questions such as, "is it necessary; is it useful; is it satisfying"

(Angeletti, 2016, p. 42) can assist in this process. Therefore, utilizing LMA and KMP within DMT could be effective in developing a productive use of affect for offspring of Holocaust survivors.

Pierce (2014) also explained how body-based interventions could assist in greater affect regulation. These interventions would initially be learned in the container of the therapeutic relationship and through independent practice of these skills, self-regulation could then be developed by the client (Pierce, 2014). One particular intervention discussed was grounding through focusing attention on the five senses (Pierce, 2014). This exercise could work to calm the nervous system by helping to shift the individual away from a heightened emotion and back to the present moment (Pierce, 2014). If the client is able to safely engage in grounding, relaxation techniques may also be utilized for the same effect (Pierce, 2014). Bernstein (2019) specifically developed an intervention called "bodyfullness dances" (p. 207) to assist in decreasing anxiety and panic. In this intervention, the individual utilizes chosen images and music as inspiration to create movements that are self-soothing (Bernstein, 2019). This dance is later used as a coping skill to bring the body into a state of calm during moments of anxiety or panic by listening to the chosen music while imagining the choreographed dance (Bernstein, 2019). Moreover, if a client is in a state of hypoarousal, exploring the vertical and sagittal plane through movement can bring awareness to the present and increase their heart rate (Pierce, 2014). Props such as a resistance band and physioball, along with full body movement, can work to stimulate the senses as well (Pierce, 2014). A focus on controlled breathing can additionally assist in the regulation of emotions (Pierce, 2014). Therefore, through interventions in DMT, individuals are provided with tools to increase their

competency in emotion regulation (Angeletti, 2016; Bernstein, 2019; Pierce, 2014). Because DMT has the potential to increase both emotional expression and the aptitude for self-regulation (Angeletti, 2016; Bernstein, 2019; Pierce, 2014), utilizing this type of therapy could lead to greater differentiation of self in descendants of Holocaust survivors, which matches the recommended treatment goal for this population by Giladi and Bell (2013). This transformation could, in turn, potentially decrease the experience of secondary traumatic stress for offspring of Holocaust survivors (Giladi & Bell, 2013).

DMT and Positive Affect

Working to increase positive affect may assist in combating the psychological distress found in descendants of Holocaust survivors. Prior research indicates that reducing problematic symptoms does not automatically lead to an increase in positive affect (Gordon, 2014). However, experiencing positive affect may result in further relief from depression, healing of trauma, development of problem solving skills, and resiliency in relation to illness (Gordon, 2014). With this understanding, Gordon (2014) utilized a qualitative study to examine positive affect within the context of DMT groups. The purpose of the study was to provide additional research on addressing positive affect within therapy (Gordon, 2014). Three dance/movement therapists, who currently utilize interventions to work specifically on positive affect with their clients, completed three semi-structured interviews surrounding this topic (Gordon, 2014). The data from the interviews were analyzed through a five-part process resulting in thirteen themes, which fit into the four categories of "therapeutic interventions, therapeutic intentions and goals, client attributes, and therapist attributes" (Gordon, 2014, p. 60). It was discovered from the data that interventions seemed to promote positive affect either directly or indirectly

and working within a group could create a shift toward positive affect, as long as the presentation was altered to meet the needs and current state of the participants (Gordon, 2014). Although transparency was provided in the method of gathering and analyzing the data, as well as the motivations of the researcher, limitations of the study were found in the small sample size, lack of triangulation, and the absence of diversity in the participants (Gordon, 2014). Overall, this study is useful in demonstrating the possible effectiveness of DMT in increasing positive affect (Gordon, 2014), which could prove beneficial for descendants of Holocaust survivors who struggle with psychological distress.

Discussion

The purpose of this literature review was to synthesize the current literature around transgenerational trauma found in descendants of Holocaust survivors in order to determine how DMT could be utilized in discontinuing this cycle of trauma. It was discovered that the process of trauma transmission occurs through both environmental and biological means (Bako & Zana, 2018; Baum, 2013; Danieli et al., 2016; Giladi & Bell, 2013; Krippner & Barrett, 2019; Letzter-Pouw et al., 2014; Stanek, 2015; Yehuda & Lehrner, 2018) and that resulting challenging symptoms are present in offspring extending to the third generation (Bako & Zana, 2018; Giladi & Bell, 2013; Krippner & Barrett, 2019; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011; Yehuda & Lehrner, 2018). The symptoms identified include lacking a sense of self (Bako & Zana, 2018; Giladi & Bell, 2013; Scharf & Mayseless, 2011), difficulty in expressing and regulating emotions (Giladi & Bell, 2013), and a higher vulnerability to psychological distress (Bako & Zana, 2018; Letzter-Pouw et al., 2014; Scharf & Mayseless, 2011; Yehuda &

Lehrner, 2018), secondary traumatization (Giladi & Bell, 2013; Letzter-Pouw et al., 2014) or PTSD (Krippner & Barrett, 2019; Scharf & Mayseless, 2011; Yehuda & Lehrner, 2018). In reviewing the current treatment methods for descendants of Holocaust survivors adversely affected, it was additionally learned that there was a lack of research on the use of DMT with this population although the body has been shown to play a significant role in the transmission of trauma. Thus, DMT was analyzed for its effectiveness in both addressing the trauma transmission related to the Holocaust and the resulting problematic symptoms. The outcome of this analysis has led to the discovery that DMT has a history of success in treating trauma (Bernstein, 2019; Dunphy et al., 2014; Levine & Land, 2016; Pierce, 2014; Press, 2006; Stanek, 2015), as well as these specific challenging symptoms with other populations (Angeletti, 2016; Bernstein, 2019; Gordon, 2014; Harris, 2007; Levine & Land, 2016; Pierce, 2014; Sandel, 1993) and could therefore potentially be effective with descendants of Holocaust survivors.

This paper contributes to existing literature by outlining the current mental health needs of offspring of Holocaust survivors and how these needs could be met through the utilization of DMT. Findings from this paper could therefore potentially guide dance/movement therapists in working with this population and may prove beneficial when working with other individuals who have experienced transgenerational trauma as well. Further research is recommended to document the usefulness of DMT with children and grandchildren of Holocaust survivors in order to confirm the efficacy of this treatment method with this population. Additional studies are needed to record the passing on of transgenerational trauma on a body level, which will point to the importance of utilizing the body in the healing process. These findings will aid in

confirming the power of DMT in helping to treat descendants of Holocaust survivors suffering from transgenerational trauma and, as a result, assist the mental health field in working to break this vicious cycle.

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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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