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## Finding a Higher Power: Developing a Method to Weave Spirituality in Dance/Movement Therapy Interventions for Addiction Recovery

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Running Head: Finding a Higher Power

Finding a Higher Power: *Developing a Method to Weave Spirituality in Dance/Movement  
Therapy Interventions for Addiction Recovery*

Capstone Thesis

Lesley University

May 5, 2020

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Dance/Movement Therapy

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### Abstract

This thesis explores the foundation of research in the fields of spirituality, Dance/Movement Therapy, and addiction recovery, and paves the path for developing a method that integrates all three concepts together. The integration of spirituality in addiction recovery is widely accepted in the mental health field. Dance/Movement Therapy allows participants to connect to their internal experience, to each other, and to the shifting nature of the human experience: its application in addiction recovery is gaining momentum. In my method, connecting individuals in addiction recovery to their spirituality was the goal, and Dance/Movement Therapy was the means. Guided by the goals of befriending the inner experience, recognizing the shifting nature of feelings and sensation, and building kinesthetic empathy and connection, the method describes the implementation of four DMT sessions in an inpatient substance abuse treatment center. Where spirituality has been a source of aversion, this method offers a renewed perspective. It connects the individual to both their body and spirit, uncovering wholeness.

Finding a Higher Power: *Developing a Method to Weave Spirituality in Dance/Movement Therapy Interventions for Addiction Recovery*

**Introduction**

*“When our beliefs are based on our own direct experience of reality and not on notions offered by others, no one can remove these beliefs from us.” Thich Nhat Hanh*

Step two in the twelve steps of Alcoholics Anonymous states “we came to believe that a Power greater than ourselves could restore us to sanity” (Wilson, 2016). For many, this step becomes a difficult hurdle. For those disillusioned by traditional religions, the concept of “god” is difficult to absorb. The wording of this step is potent: it does not state to “believe in a power greater,” it simply states “believe that a power greater” can “restore us to sanity.” The focus is on what that higher power can do for the individual struggling with addiction.

What about the spirituality inherent in a higher power, without attachment to a specific religion? Mindfulness and meditation are central components in most religions, generally used as a method of connecting to the “higher self” or “the unknown” (Blattner, 2003, p. 9). The world of psychotherapy is beginning to accept mindfulness interventions as evidenced-based practice (Weerasinghe & Bartone, 2016). Zeng, Tian, Oei, and Liu (2014) postulated that awareness of one’s inner state is the first step towards effective coping. In researching mindfulness interventions in a clinical setting, participants had more emotional control when applying mindfulness as a coping skill- they could respond with a constructive behavior rather than an automatic reaction. As impulsive, reactive behaviors are the hallmark of addiction (American Psychological Association, 2013), mindfulness would appear to be the antidote.

When mindfulness practices teach both awareness and equanimity, it allows the practitioner tools to tolerate distressing sensations and emotions as they are brought to awareness (Zeng et. al., 2014). Individuals in recovery are facing post-acute withdrawal symptoms (PAWS), cravings, and are likely processing emotional and psychological Trauma (APA, 2013). What once numbed anxiety, depression, or other distressing emotions has now been taken away. When the individual can "see symptoms as symptoms" rather than treating negative thoughts as reality, they have access to a well of resilience as he moves through the early phase of recovery.

Both early and contemporary Dance/Movement Therapists have integrated mindfulness practices into their theories. The theoretical orientation of this thesis is inspired by the Dance/Movement Therapy philosophies of Alma Hawkins and Christine Caldwell. Both approaches have a "here and now" focus. The connection of mind and body sensing, or, in Buddhist philosophy, "Direct Experiencing" guides the individual to actualization. More details about these philosophies will be discussed in the literature review section.

This thesis explores the efficacy of integrating Dance/Movement Therapy and Spirituality for individuals in Substance Abuse recovery. The writing describes the implementation of a curriculum- a series of four interventions- at a Residential Treatment Center for Substance Abuse Recovery. The aim of the interventions was for individuals to discover new inroads, that they may find their higher power through the direct experience of the body.

### **Literature Review**

This review will provide a theoretical context in which to ground the interventions. After providing both definition and overview of the concepts of addiction, spirituality, and

Dance/Movement Therapy, this section will highlight the direction of current research involving spirituality in addiction recovery as well as the relationship between both addiction and spirituality in Dance/Movement Therapy.

### **Addiction**

An estimated 275 million people, or 5.6 percent of the global population, used drugs at least once during 2016. Of those who used, 31 million people developed an addiction that year. Only one in six of those 31 million received treatment for those disorders (World Drug Report, 2018).

The American Psychological Association (2013) identifies substance use disorders as a cluster of cognitive, behavioral, and physiological symptoms. Substance use becomes an addiction when the individual continues using despite significant substance-related problems, whether physical, mental, emotional, relational, and/or spiritual. The text notes that there is a change in the brain circuitry of the individual with a substance addiction. This alteration, in which the reward centers in the brain are rewired to respond to compulsive or addictive behaviors, remains even after detoxification. This factor is why many individuals fall into a cycle of repeated relapses. A defining characteristic of drug abuse is a loss of control: this is demonstrated in the craving/relapse cycle, through social impairment or social isolation, high risk behavior, tolerance, and physical withdrawal (APA, 2013).

The World Drug report (2018) stated that pharmacological approaches, when used independently for addiction recovery, have shown little success, and recommended a non-pharmacological approach, such as a 12-step program, for improved, sustained recovery. These approaches often integrate spirituality.

## Spirituality

“Just as a candle cannot burn without fire, men cannot live without a spiritual life.” – Buddha

The topic of spirituality could be researched in many directions, ranging from set religious practices and philosophies to personal experiences. Differentiating between spirituality and religion is a rich topic beyond the scope of this writing. It is worth noting that research postulated that spirituality may be an intrinsic biological trait, while religion is transmitted culturally (Braverman, 1987). Schoenthaler et al. (2015) suggested that spirituality is the framework to giving meaning to life: feelings derived from spirituality include being cared for, valued, safe, hopeful, lovable, and loved. Kissman and Maurer (2002), described spirituality as an antidote to depression and despair, suggesting that spirituality promotes wholeness and well-being. When it is lacking, a person can feel dejection, resulting in self-medication or other addictive behaviors to cope with the despair. Kissman and Maurer (2002) have found physical benefits of spirituality, and asserted that individuals with strong faith (regardless of the religion) lived longer with less anxiety, and coped better. This led to lower blood pressure and a stronger immune system.

For the purpose of this writing, the concept of spirituality will be viewed through an Eastern philosophical lens. Pema Chödrön, Buddhist teacher, illuminated the heart of Buddhist philosophy in her book “Practicing Peace in Times of War” (2007):

*“When you open yourself to the continually changing, impermanent, dynamic nature of your own being and of reality, you increase your capacity to love and care about other people and your capacity to not be afraid. You're able to keep your eyes open, your*

*heart open, and your mind open. And you notice when you get caught up in prejudice, bias, and aggression” (p. 99).*

From this perspective, *spirituality* is seen as an openness to reality, without the cloud of stories, biases, and thought distortions. It is connection to self and others, with the dissolving of separation. It is important to note that religious practices and ceremonies, group activities such as praying together and studying religious texts together, all imply spiritual practices.

As this research is utilizing Eastern philosophy as its foundation of spirituality, it is salient to address the appropriation of Eastern spiritual practices in Western psychology. Farb (2014) described the term “appropriation” as a synthesis in perspective. The research concluded that ancient Eastern spirituality’s relationship with modern science is harmonious, affirming that scientific research may contribute to both Western Psychology and Eastern Philosophy alike, as the common goal for understanding wellbeing is uncovered. In this respect, meditation and mindfulness are addressing the universal human condition. With the abundance of research affirming the benefits of spirituality, what place does spirituality have in addiction recovery?

### **Addiction and Spirituality**

Several studies found that the social bonds created in shared spiritual practice, the concept of joining with a higher power, and building awareness of the inner experience through mindfulness practices, were significant practices in aiding addiction recovery (Kelly, 2017; Schoenthaler et al., 2015; Weerasinghe & Bartone, 2016). The National Institute of Drug Abuse (NIDA) conducted a drug Addiction Treatment Outcome Study to examine the relationship between spirituality and relapse rates. Data was gathered from 2,947 clients through interviews



taken 12 months after intake. Five spirituality measures were analyzed, including religious beliefs, attending religious services, reading religious books, frequency of meditation and/or prayer (considered one component in this study), and watching religious ceremonies. Across the five measures of spirituality, the participants who incorporated spiritual practices reported a 7-21% greater reduction in drug use than the participants who did not participate in a spiritual practice. The strongest association between sobriety and spirituality involved attending religious services weekly. This factor involves the highest social interaction/social bonding. This research supports the theory posited by Schoenthaler et al. (2015) that drug abuse may be mitigated when an individual engages in social interactions and bonds between group members practicing spirituality. Plainly stated, participants with low spirituality had higher relapse rates and those who practiced any/all the iterations of a spiritual practice had a higher remission rate. This study discovered a strong relationship between socially practiced spirituality and recovery.

Spiritual leaders have addressed addiction. Pema Chödrön (2017) expressed “all addictions stem from this moment when we meet our edge and we just can't stand it. We feel we have to soften it, pad it with something, and we become addicted to whatever it is that seems to ease the pain” (p. 15). This supports the notion that addiction recovery requires a surrender. It also reaffirms that individuals recovering from addiction must learn skills to tolerate discomfort. In their research, Weerasinghe and Bartone, (2013) pointed to the teachings of Jon Kabat-Zinn, affirming that mindfulness is used as a way of paying attention to addiction "to the ways things really are." Meditation helps individuals in recovery manage mood dysregulation, as the meditator is encouraged to "feel the feelings" as they are experienced in the body, rather than talking about events in the past. Weerasinghe and Bartone (2016) affirmed that dropping the “stories” (the why, when, and who of addiction) was how the addict identity, or narrative, is

dropped; the ego is separated from the emotions. This allows the feelings associated with addiction (shame, anger, grief, etc.) to be felt.

Step two of “The Big Book” of AA states “came to believe that a power greater than ourselves could restore us to sanity” (BN Publishing, 2008, p. 25). Alcoholics Anonymous (AA), one of the most well-known programs for addiction recovery, is founded on the belief that sobriety comes from a "spiritual awakening" in which one is free of delusion and self-deception. The idea is that on their path of sobriety, individuals develop a desire to help other suffering addicts as a result of their awakening (Weerasinghe & Bartone, 2016). Schoenthaler et al. (2015) postulated that for individuals who feel relatively powerless in an addiction, reframing this step to “joining with” a higher power makes more sense than “giving up” the little power they do possess.

In a literature review, Kelly (2017) examined factors that give Alcohol Anonymous its potency. AA draws upon multiple ideas, including the medical model of abstaining from substance abuse, behavioral psychology, group dynamics including connection and volunteering, and religious/spiritual concepts. (Kelly, 2017) found the “spiritual awakening” piece was essential: it opens the door for the social, cognitive and affective healing mechanisms of AA. Other researchers have studied the idea of interpersonal connection as a component of spirituality. Schoenthaler et al. (2015) acknowledged that spirituality can mean interconnectedness between individuals who are experiencing isolation. Carl Jung identified the strength of Alcoholics Anonymous to be ‘the protective wall of human community’ (Weerasinghe & Bartone, 2016, p. 5). It appears the potency of AA is that it helps people recover from addictions through whatever means the individual needs, whether that be through access to

positive social support or through encouraging cognitive and affective changes. Regardless, the spiritual awakening through “surrendering to the higher power” is the door to begin the process.

For the purposes of this paper, individuals with atheist or non-theist beliefs can connect with the “Higher Power” of Alcoholics Anonymous. AA literature consistently refers to this “higher power” as “God,” which could be overly theistic or problematic. Some individuals view the “higher power” as a great teacher (such as Buddha), as philosophic teachings (such as the dharma), or as the individual’s own “inner wisdom” (Schoenthaler et. al, 2015).

Literature on spirituality describes its healing aspects for addiction recovery, often in the form of social connection, emotional regulation, and mindfulness. The same components of spirituality that work to help an individual out of the chains of addiction also gives

Dance/Movement Therapy its potency.

### **Dance/Movement Therapy**

The American Dance Therapy Association (2019) defines Dance/Movement Therapy (DMT) as “the psychotherapeutic use of movement to promote emotion, social, cognitive, and physical integration of the individual.” As a therapeutic modality, DMT is rooted in the premise that the body and mind are inseparable, and that the body and movement are rooted in the present moment (Levy, 2005). The body and mind are the “materials” that give the participant the opportunity to practice awareness, equanimity, and coping skills. DMT grew out of the modern dance movement of the early 20<sup>th</sup> century. This was a time of free expression: all aspects of the human condition were worth examining artistically (Levy, 2005). This same creative expression is a foundational characteristic of DMT. Knowing all emotions, experiences, and expressions can

be embodied, the participant can recreate an identity. A healthy way of moving through the world is discovered, first through literal movement under the nurturing eye of the clinician.

Levy (2005) describes Alma Hawkins' theory, which called for the reunion of mind and body: the individual must first connect with themselves for connection with others and the outside world to be possible. She saw the "self as an anchor," and that movement and the body are the outward expression of an inner sensing (p. 76). Stillness is where this inner sensing begins, both in meditation and Dance/Movement Therapy. It harmonizes with the movement. Hawkins' philosophy (Levy, 2005) is that we "drop in," from the brain, into the body, to find "the heart of it" (p. 76).

Contemporary Dance/Movement Therapist Christine Caldwell has published a theory that bears resemblance to Alma Hawkins'. In describing her framework, *The Moving Cycle* (2019), she stated "Our ability to accurately describe the detail of our experience cuts through any 'scripts' we have learned, and directly nourishes us." Her theory relies on the inner sensing of the body. She postulated that through focusing on the present state, rather than the "storyline of events that happened," we find the origin of our thought patterns. There is a "here-and-now" focus. There is a trust that the present moment is an accumulation of all past experiences, and that through building a detailed awareness, we begin to move forward and create new patterns.

It is important to note the role of Laban Movement Analysis (LMA) for this method development. It is a movement-based system of notation commonly used in DMT practice. It allows DMT clinicians to have a common language for describing movement without borrowing from other disciplines (Levy, 2005). In the data gathering process of this method, participants' movement was observed and notated using LMA vocabulary.

Before considering how Dance/Movement Therapy is applied to addiction treatment and recovery, the writing highlights the connection between DMT and Spirituality.

### **Dance/Movement Therapy and Spirituality**

Some of Dance/Movement Therapy's core characteristics include energetic healing, the use of interpersonal neurobiology, and its ability to process emotions and trauma through movement practice and mindfulness. These characteristics can be found in other spiritual practices. Shamanism is sometimes referenced as a frame for understanding DMT concepts (Levy, 2005). The roots of Shamanism are described by Stern (2012): Shaman originate from a Siberian tribe called the Evenki. The Shamans were healers, who would balance between the seen and unseen world. Shamanism as a concept has been culturally appropriated as a global phenomenon, with centers in London, Boston, and many other Western cities. The common thread between contemporary and original Shamanism is that Shamans hold to the belief of forces of energy that permeate the world around us. The ecstatic trance, or the individual's soul journey, as it's sometimes called, is a key component (Stern, 2012). Many cultures have long practiced forms of Shamanism and healing practices in the face of psychological and biological difficulties. It works with the interplay between individual, as an internal experience, and the collective, with the group's shared experience. In its longstanding presence around the world, it may even be considered a 'pre-religious phenomenon' (Schott-Billmann, 2015, p. 43). When respectfully acculturating the term "Shamanism" in the context of Dance/Movement Therapy, it is referring to movement energetically and spiritually healing. This energetic reference to "healing" is separate from the traditional Western medical model of physical "healing."

Dance/Movement Therapy connects to other spiritual practices in addition to Shamanism. In her American Dance Therapy Association (ADTA) talk, Barton (2014) connected DMT, Interpersonal Neurobiology, and the yogic concept of *Samadhi*. She posited that in the therapeutic relationship, the mind is a product of its relationship with another. Barton (2014) described this with the phrase “we share a mind,” highlighting the importance of the therapist’s own presence, compassion, and kindness. An authentic reflection back to the client is vital, so the client can learn to respond from an emotionally regulated stance. Another way of describing Barton’s (2014) theory is through dual processing that develops in a relationship. The “I’m aware of you and what’s happening in the relationship as well as my own emotional state.” This neurobiological theory connects to spiritual themes present in meditative awareness. A concept appearing in Hinduism, Jainism, Buddhism, Sikhism and yogic schools, *Samadhi* describes the unity of the universe, or the disintegration of the “I” or ego. This disintegration leads to connection with everyone and everything, that “all is one” (Barton, 2014).

Barton is one of many Dance/Movement Therapists who are also trained in Yoga practice, and for good reason. The two practices share commonalities. According to Borskey (2007), both Yoga and DMT address and deal with emotions in practice; they both build on body/body awareness, observation skills, and anatomy. This is evidenced-based: In an interview, Bessel van der Kolk (2009) explained the relation to trauma and the body, stating that Yoga offers a way to reprogram automatic physical responses, as memories are stored in the body. Mindfulness, equanimity, and awareness of thoughts, feelings, and body sensations are the pieces that work to heal trauma (van der Kolk, B., et. al., 2014).

Barton (2007) developed the method “Movement and Mindfulness” to research the efficacy of a DMT/Yoga program for building emotional regulation in a long-term rehabilitation

facility that served individuals with mental illness. Data was collected via surveys and interviews at intervals of 6, 8, and 12 weeks. Interventions included spiritual aspects of Yoga and creative and social aspects of DMT. Results showed that behavioral shifts including improved self-reflection, increased self-esteem, and stronger social bonds occurred in participants. By including the spiritual component of Yoga, participants were given tools to improve wellbeing and social functioning. This method is a beginning; further research on a larger participant size would strengthen the hypothesis that integrating Yoga with DMT strengthens the outcomes of emotional regulation goals.

In summary, Dance/Movement Therapy's most potent aspects can be found in other spiritual practices, including its energetic healing, its use of interpersonal neural biology, and its ability to process emotions and trauma through movement and mindfulness. As the power of spirituality in addiction recovery has been discussed previously in this writing, the research ventures next to exploring the connection between Dance/Movement Therapy and addiction recovery.

### **Dance/Movement Therapy in Addiction Treatment**

Dance/Movement Therapy serves a unique function for individuals recovering from addiction. It is an embodied learning that simultaneously restores connection to the body, with respect to the individual's unique lived experiences. Fisher (2005) offered qualitative research into the perspectives of individuals in an inpatient substance abuse recovery center through an ongoing DMT group with subsequent exit interviews. One participant described the DMT group as an experience that is "more like growing than learning" (p. 9). Fisher (2005) uncovered that many individuals in addiction recovery become treatment savvy- psychoeducational groups can

become repetitive, and clients, especially those who have been to multiple inpatient facilities, can hide behind the right responses to the “chalk and talk” groups. Fisher (2005) stated that during a movement experiential, participants “walk the walk”. One of the interviewees stated that participants can exist “in a way that’s different from many other parts of their treatment program” (p. 11). Fisher (2005) and Ramos (2018) uncovered some key features of Dance/Movement Therapy Groups in inpatient settings, including: a learning process that is self-directed and intuitive, a learning environment where there is no “right or wrong” answer, and a process that is not target-driven, encouraging spontaneity, or the natural intelligence of the body.

Interviews with individuals in addiction recovery revealed there was an alienation from their own bodies, and a deep sense that they must learn to listen to it (Ramos, 2018). Dance/Movement Therapy helps individuals in addiction recovery reconnect to their sense of self (Aitken, 2019; Brown, 2009; Fisher, 2005; Ramos, 2018). One of DMT’s greatest challenges is acknowledging that there is no object of creation to separate from the “self” (instrument, visual art, or writing). The body is the source material for creating the art (Brown, 2009). This can be uncomfortable for individuals who have experienced trauma, as well as individuals who are living “cut off” from their body. In both instances, the body feels unsafe to inhabit. Knowing this, it is especially vital that Dance/Movement Therapists enter their client’s world empathetically; the safe connections can then be restored with the self, the therapist, and the group. In a literary review, Ramos (2018) proposed ways in which Dance/Movement therapists can expand the clients’ window of tolerance. Her research connected the concepts of Shamanism, the “holding container,” nervous system regulation, and ritual. The result of the research was a proposed method for the healing process in which both client and facilitator “participate in the unfolding of natural intelligence of body and spirit within the session”



(Ramos, 2018, p. 61). Brown (2009) affirmed Ramos' theory, stating "dance/movement therapists must be able to move with and reign in chaos when they work with addictions" (p. 188). Ramos's (2018) method described the arc of a session, including building safety, exploring a theme, and then reinforcing regulation. Beginning with ritual, allowing the participants to feel the "holding container" of trust and safety. This allows subconscious material to surface, guided by natural intelligence. The client modulates between contacting the "self" and surrendering to a "higher power." Through practice of nervous system regulation of breath and awareness, the client gains greater self-trust.

Individuals in addiction recovery come with unique life experiences. Brown (2009), Weerasinghe and Bartone, (2016), and Aitken (2019) looked at cultural considerations of the Dance/Movement Therapy group, acknowledging that individuals in recovery often struggle with dual diagnoses. The geographical region will also impact the lived experience of individuals. Aitken (2009) noted that rural areas often lack a recovery community for support. Her arts-based research found the positive impact of social connection in Dance/Movement Therapy. Addictions develop and thrive in isolation, and a strong motivation to use substances is to modulate emotional pain (Brown, 2009; Aitkin, 2019). A strong group can offer support, relieving stress through playful, creative means. There is an emotional catharsis when group members share common movement themes, even without verbalizing the emotional pain (Brown, 2009).

Aitken's (2019) subject group was created from a pool of individuals living in rural Appalachia with Substance Abuse Disorder and a history of trauma, ages 25-59 years. Individuals participated in three workshops that were designed to be accessible- through intermodal arts experience with "high sensitivity and low skill." This means that the interventions were for everyone, regardless if they had formal training in the arts. The idea is the

facilitator helps the individual to become attuned to their inner sensing throughout the process of art making, the “product” is secondary to the process. The facilitator gathered data using Laban Movement Analysis, verbal feedback, and journal writing. The results documented that through kinesthetic empathy, the DMT group was a space to practice interpersonal and communication skills. “Identities, roles, and relational tendencies are played out through the social component of DMT” (Aitken, 2019, p. 26).

Many individuals in addiction recovery suffer from mental illness, which can be a second source of dissociation, leading the individual to feel "numb" or "disconnected" from their body (Brown, 2009; Weerasinghe & Bartone, 2016). Brown (2009) offered a case study for individuals dually diagnosed with mental health issues, criminality, and poly-substance abuse in a methadone treatment program. Brown (2009) discovered the connection between common interventions used in addiction recovery and DMT. Motivational Interviewing, a traditional psychotherapeutic modality that determines the client’s readiness to change, shares intention with the traditional DMT Chace circle (attributed to Marian Chace, one of the founders of DMT). In this DMT intervention, the client determines the direction, and how/when to move forward. The therapist reflects and expands the direction of the movement. Brown (2009) affirmed that “good leading is gentle, responsive, and imaginative” (p. 192). In this intervention, the group was offered a sense of trust and autonomy. This can be scarce for an individual in addiction recovery (Brown, 2009; Fisher 2005). For the Chace Circle to be effective in an addiction recovery group, Brown (2009) highlighted the need for the therapist to understand the Transtheoretical Model of Change. This helps the therapist understand where the client is with their motivation to stop using drugs, attain treatment goals, and maintain abstinence from drugs. The Transtheoretical Model of Change proposes that the pathway to recovery is “not linear but

spiral,” individuals may relapse many times along their recovery journey. The stage of change that the group is exploring will inform the direction of the group.

This literature review section highlighted the direction of current research involving spirituality in addiction recovery as well as the relationship between both addiction and spirituality in Dance/Movement Therapy. Addiction is seen as a disease in which reward centers in the brain are altered. The brain is rewired to respond to compulsive or addictive behaviors, even after detoxification (APA, 2013). For the purposes of this paper, spirituality is seen as an openness to reality, without the cloud of stories, biases, and thought distortions. It is connection to self and others, with the dissolving of separation. The potency of spirituality in addiction recovery is validated by several studies: the social bonds created in shared spiritual practice, the concept of joining with a higher power, and building awareness of the inner experience through mindfulness practices, are significant practices in aiding addiction recovery (Kelly, 2017; Schoenthaler et al., 2015; Weerasinghe & Bartone, 2016). The same components of spirituality that work to help an individual out of the chains of addiction also gives Dance/Movement Therapy its potency. The DMT theoretical orientation of this writing subscribes to the idea that all emotions, experiences, and expressions can be embodied. It is through this practice that the individual creates a healthy identity. Finally, DMT serves a unique function for individuals recovering from addiction. It is an embodied learning with respect to the individual's unique lived experiences. A theoretical context in which to ground the interventions is set for method development.

## **Method**

The following method was created for individuals in addiction recovery to access their spirituality using Dance/Movement Therapy. The idea is that when one restores a sense of embodied presence, they connect to their spirituality. This connection is a way out of addiction.

### **The Population**

Because individuals in addiction recovery are working to restore connection to their bodies, it would seem this population would benefit from this Dance/Movement Therapy method. The participants were patients at my clinical internship site, a thirty-day inpatient treatment center for substance abuse recovery in a mountainous, metropolitan area in Utah. The site itself is a repurposed Catholic Monastery where spirituality is an integral piece of the programming. The facility had the capacity to treat twenty patients at a time, while the census stayed around fifteen individuals with intakes and discharges occurring weekly.

Movement Therapy complimented other programming offered at the site: in addition to individual therapy and medical appointments, patients attended daily psycho-educational groups, verbal process groups, recreational therapy, Asana Yoga, religious services, meditation, twelve-step meetings, and daily intention-setting. The nature of the center ensured consistent attendance for the thirty-day duration.

Participants had substance abuse histories ranging from alcohol to narcotics with a wide spectrum of severity. Individuals varied from 18- 60 years in age. At the time of this intervention, most individuals were Caucasian. All were cis-gender men and women, with a blend of sexual identities. As the center was private, patients paid out-of-pocket or had health

insurance coverage. Most patients held a higher socio-economic status or had financial support of family members.

This treatment center specializes in working with individuals in the Aviation Industry and is contracted with various airlines throughout the United States. Thus, many of the individuals held the professional identity of pilot or flight attendant. Airlines tend to have strict policies for their employees. Some patients were referred to treatment simply from obtaining a DUI. Of those who were referred from the airline companies, substance abuse tended to be less severe than other patients.’

The treatment center treats individuals from the local area as well as nationwide. As the dominant religion of Utah is Latter-Day Saint (Mormonism), local patients arrived with varying experiences with the faith, and many were disillusioned by the religious community. Atheism was common, as were other sects of Christianity. Many patients identified as non-religious.

Trauma was often named as the root of the addiction by the patients themselves. PTSD was a common diagnosis listed on treatment plans, as some patients had previously served in the military, and their pilot skills had transferred from combat to commercial. Some were experiencing the stress of an aviation career that required them to spend time alone in hotel rooms, away from their families. Other patients had a history of sexual, physical, and/or emotional abuse. Some had suicidal ideation or a history of suicide attempts. Many were dealing with legal issues as a result of their substance use. Co-occurring mental disorders were also common. Some patients were diagnosed with personality disorders, including Borderline, Histrionic, and Narcissism.

Because of the diversity of the population-in age, gender, occupation, religious upbringing, sexual orientation, culture, trauma history, co-occurring mental illnesses, and geography, it was a challenge to create interventions that were validating and meaningful across the board. It was important to consider that participants may be experiencing Post-Acute-Withdrawal symptoms such as anxiety, depression, irritability, low energy, and brain fog, and would most likely feel disconnected and/or averse to embodied experiencing.

Due to the cycling nature of the groups, with each participant entering and exiting the program at differing intervals, each intervention was made to both stand alone and build into the proximal session. It was necessary to introduce DMT as a modality as well as provide rationale for the intervention at the beginning of every session, as it was likely the first group for a percentage of participants. The transitory nature of the group also meant a heightened need to create a sense of safety to allow participants to feel vulnerable.

### **Implementation**

Participants met every Sunday for an hour-long *Spirituality and Dance Therapy* group. Most participants were able to attend each of the four sessions during their 30-day stay. Each of these four sessions were implemented twice, with different participants the second round, for a total of eight sessions.

**Goals.** Each of the four sessions was guided by three ongoing goals for participants, including: First, identifying and befriending the inner experience. This was accomplished using meditation and movement to bring awareness and compassion to feelings, gradually building tolerance to discomfort each session. Second, recognizing the shifting nature of feelings and sensation. This was practiced using creative intuition and imagination to modulate and

“transform” difficult emotions that would arise during the sessions. Lastly, the third goal for participants: build kinesthetic empathy and connection within the group through the practice of supportive witnessing of others’ and sharing of their own processes at the conclusion of each session. This goal supports the research that individuals in addiction recovery need community and connection to thrive (Weerasinghe & Bartone, 2016).

**Data Collection.** Data was collected from both cycles of the four sessions (eight groups total) in the form of written reflections from both from the participants’ perspectives and mine as the facilitator. In order to facilitate discussion and reflection, as well as to create a through line to connect all four groups, I created a booklet for each participant with question prompts and space to write. A few of the question prompts were filled out at the completion of each group. In addition, there were prompts for the first day and final day of the group, to note any shifts in perspectives from beginning to end of the group. Emergent themes from discussions of individuals’ experiences are interpreted in the results section.

Questions to facilitate reflection and connection: for the participant’s first group, they were asked: *“How connected do you feel to your body right now on a scale of 1-10?”* and then asked the participant to explain. The second question, to promote discussion on the topic of spirituality, was *“Where does your “self” (your soul, your spirit) reside?”* And, to address safety and the holding container, the third question asked, *“What questions/fears/curiosities do you have about this group?”* Similar questions were included in the group log for the participant’s at the last day of group, including a follow up, asking the participant to again respond to *“How connected do you feel to your body right now on a scale from 1-10?”* with a prompt to explain. The second question asked, *“any questions/insights as a result of the group?”* Finally, the exiting participant was asked *“did any concepts in this group relate to your goals for recovery?”*

with a prompt to elaborate. It was my intention that the participant would be able to notice and reflect back on the shifts that were occurring as a result of their engagement in the process, opening possibilities for further discussion.

As group facilitator, I was required to write an intervention/process note for each participant at the conclusion of each session. I would record patient affect as well as movement observations through Laban Movement Analysis notation, described in the literature review section. I would also note important verbal exchanges and interpersonal interactions. Many of the verbal exchanges are shared as direct quotes in the results section.

### **The Sessions**

The four sessions were titled: 1. Identity, 2. Boundaries, 3. Awareness, and 4. Moving Forward. It was important that each session met the participants where they were at emotionally, energetically, and cognitively. Because the group was always changing in members and affect, flexibility within each group theme was a necessity. Every group started with a brief introduction, including a description of Dance/Movement Therapy, the connection between spirituality and expression, and group needs/expectations. The introduction was followed by a warmup, which then expanded into a culminating activity. The group closed with sharing movement, discussion, or visual art, all with the purpose of building connection. Participants then processed the experience by writing responses to the specific session questions in the booklet I created.

**Session one process.** The first session, *Identity*, focused on uncovering participants' Spiritual Identity. The group started with a movement warm up: Participants "introduced themselves" by sharing a movement with their name that fit their "external identity," for



example, a pilot named “Brian” could move his arms like an airplane and say, “Bbbrrrrrrrrrian,” imitating the hum of an engine. After the movement warm-up, the group shifted to an internal check in through a meditation following Rappaport’s (2006) method “Clearing a Space”: the idea is that underneath the issues or “the superficial” is a core sense of the spiritual being. Individuals were guided to take a mindful inventory of the issues, feelings, etc. that impede a sense of peace, and then to visualize setting those things at a distance. If this distance was not possible, and issues or worries were at the forefront of the participant’s mind, they were instructed to become friendly with them, and then transform them into art. Participants who felt this distance between themselves and the issues were instructed to get a sense of the spiritual being, transforming it into an artistic expression (whether that was movement, visual art, or writing/poetry). After the initial artistic expression, participants were encouraged to witness others’ artistic expression through listening or observing. After the creation of the art and the subsequent sharing, participants processed: first through a guided meditation, sensing their underlying spirituality, then, through verbal discussion. Finally, participants were asked to write a response to two questions in the group log: “*What are some identities (ideas about who you are) that you carry?*” and “*Which identities serve you in your recovery and which would you like to shed?*” Participants were encouraged to bring any insights from the group to their individual sessions during that week.

**Session two process.** The second session focused on the topic *Boundaries*. This theme addresses the paradox that Barton (2014) described as the “I’m aware of you and what’s happening in the relationship as well as my own emotional state.” As mentioned previously in the Dance/Movement Therapy and Spirituality section of this writing, this meditative awareness connects to *Samadhi*, that “all is one.” By tuning into one’s own awareness, the individual

becomes more attuned to “the other” and the shared space in between. To build this awareness, participants were guided through an experiential activity inspired by Roth’s (2011) concept “Energetic Boundaries”, the practice of claiming individual space while at the same time acknowledging and respecting the space between individuals. Participants were presented with a spool of yarn and were instructed to take as much string as they needed to create a boundary around themselves. Participants sat in the center of their circles while being guided through a meditation on the physical body’s boundaries. Afterwards, they were asked to create a list of *“things I give my time and energy to.”* Participants then oscillated between inner sensing (the body) and thinking (the mind), asking the question *“how does this make me feel energetically?”* for each item on their list. It was from this list, and the subsequent exploration of how the items on the list felt, that participants created an artistic expression for what belonged inside their string circle (the “energetic boundary”) and what should stay out, using visual art or movement. The last piece of this experiential was to play with moving in the spaces outside their string circle boundary. Participants were invited to move about the room, and experiment with asking permission to enter others’ boundary circles. Processing followed, as participants were then asked to write a response to two questions in their group logs: *“How much space do you allow for yourself?”* and *“How do you decide who/what can enter your energetic boundary? Is this serving you in your recovery?”* Again, participants were invited to bring any insights to their individual therapy sessions.

**Session three process.** The third session was titled *“Awareness.”* This session was inspired by the concept of surrendering to a higher power. Individuals in recovery often feel powerless, and “surrendering” can often feel counterintuitive. There is a sense of holding, or resistance, in the body. Brown (2009) asserted that for individuals in the throes of a substance

addiction, the body is a source of dissociation, leading the individual to feel numb or disconnected. This experiential was inspired by the Vipassana Meditation practice of equanimity towards all emotions and sensations. To begin this session, I led participants through a guided mindfulness check-in. Then, with safety parameters, participants were asked to recall a moment of fear, and, through a guided meditation, named the sensations in the body. Participants then wrote a fear on a piece of paper anonymously and added it in a bowl. They then drew out and read the anonymous fears. The intention of this process was for patients to detach the ego from the fear, realizing that feelings of fear are universal. To put this concept into movement, participants, in partners, took turns guiding each other about the room (the person being guided with eyes closed). Participants paid careful attention to the embodied resistances as they were instructed to practice trust through breathing and moving with their partner. The movement piece turned to verbal discussion. Afterwards, participants were asked to write a response to two questions in their group logs: *“What was the level of awareness you tended to be at while using your Drug of Choice”* and *“What was it like to be led with your eyes closed? Open? (senses internal and external).”* Participants, often commenting on transference from their partner, were invited to bring their perspectives of the experience to their individual or family sessions.

**Session four process.** The fourth session in the 30-day cycle was titled *“Moving Forward.”* As mentioned in the literature review, the Transtheoretical Model of Change is often used in addiction recovery programming. Brown (2009) affirmed that recovery is “not linear but spiral,” and that relapse is part of the recovery journey. This experiential drew from the idea that learning from past experiences-owning them without shame- leads to greater change. After a mindful check in, participants took long sections from cash register paper rolls and created a visual “life timeline” using colored pencils, pastels, and/or markers. Participants then set the

visual timeline on the floor and began “moving the timeline” by embodying the visual representation: Pausing the moments of intensified emotion (whether positive or negative) as participants remembered them in their chronological sequence. They were encouraged to identify patterns, ups and downs, and supportive individuals who were there in important moments. Participants then had the option of being witnessed. They chose one or more participants to walk with them along their timeline through the space: it was the *witnessed* participant who decided the role for their *witnessing* supports, whether they were “standing in” as important figures in the timeline or playing the role of an outside observer. After the movement experiential, the group engaged in the written processing in their group logs. Key prompts included: “*How does your past shape who you are right now? What stands out as most significant in shaping you?*” and “*How does being “witnessed” influence how you see your story?*” Participants shared any insights with their primary therapist in their individual sessions. Insights often led to greater understanding of the participant’s current stage of change and/or motivation.

### **Results**

A shifting perspective was illustrated in answers to the question “*Where does your “self” (your soul, your spirit) reside?*” This question was initially met with ambivalence, as many individuals were averse to anything threatening to be religious. The nontheist nature of the sessions seemed to soften resistance to spirituality concepts. Participants, through writing, discussion, and experiential engagement, shared moments of insight, referring to a “gut feeling,” a “felt sense” or even their higher power they felt during sessions. Many who were initially skeptic connected that this awareness was, in fact, spirituality. There was space for participants to have their own experience with the soul/spirit/self.

Respect and awareness from the facilitator were necessary for holding safety within this diverse group. Participants decided the depths of their own exploration. They were more likely to take the dive if they felt safe doing so; not every participant was ready to go the same distance. This became evident when working with trauma: participants were given guidance to “go to the edge” of what was manageable. For some, the body felt foreign or unsafe during the sessions. Each session’s movement could be distilled into simple walking, exploring cause and effect, exploring spatial relationships, and breathing. Visual art or writing was offered as a supplement or alternative expression to movement. There was space to expand or modify.

Whether the participant’s growing edge was sensing one’s identity from “gross or subtle,” feeling safe to be witnessed, affirming boundaries, or the ability to give and receive empathy: it was up to the individual to take the journey. When participants did connect with each other, growth was accelerated. Participants used arising challenges to deepen their own relationship to their spirituality.

### **Individual Session Results**

**Session one results.** When participants shared their identities through the movement warmup, visible stereotypes emerged- “the extrovert,” “the addict,” the “inner-city kid,” “the tough Italian guy,” etc. Many participants identified themselves within their relationships, such as “mother,” “son,” and “husband.” It was common for individuals to initially identify themselves as their careers. Later in discussion, participants shared the shortcomings of these identities. Some identities served as barriers to growth. Many were going through traumatic changes in these identities: getting laid off from a job, a divorce, and the death of a loved one were named.

The movement warmup seemed to allow release and safety for participants. When individuals felt trust within the group, they challenged the stereotypical identity. For example, one participant who associated his identity with strong physical exercise directly challenged this assumption when he chose a "curtsy" as his identifying movement. When self-identities were contradicted, it seemed to disrupt personal narratives. One participant reported "I used to believe I was my anxiety and trauma. I'm learning to allow those to be a piece of me without overwhelming me." Another participant declared she was ready to "shed old assumptions about herself" through movement, declaring "this feels very freeing."

When participants were encouraged to "go underneath" the visible identities to find their spiritual identity during the Focusing-Oriented Art Therapy meditation, a sense of foginess or shifting emerged as a theme. One participant stated "I'm a completely different person when I'm sober. I really am just getting to know myself, and who I actually am." Another responded, "I have no idea who is underneath the masks, having worn them since I was six years old." Participants' artistic responses to the spiritual identity meditation were abstract. Some practiced "walking the walk" or "trying on the posture" of the spiritual identity. Others chose visual art. One drew a compass. Another participant drew a ship on water, "trusting the wind."

The closing exercise of the session, involving witnessing another's "spiritual identity underneath," proved challenging for many participants, especially those recently acquainted with their own shifting identities. A common theme: participants were practiced in hiding pain and vulnerability. "A lot of times my friends are unaware of the pain I'm going through" was a participant's response. Another was "I have to decide when it's appropriate to be vulnerable, but sometimes I err on the side of closed off." This disconnect between the external identity and internal feeling seemed to be fed by shame. One participant disclosed "I want to say that I'm a

good mom, although I've really not felt that lately." Another shared how, as a flight attendant, she smiles for hundreds of people while hurting on the inside.

**Group two results.** Relationship dynamics emerged as a theme, represented spatially. Both times this session was offered, participants who were experiencing conflict in the group partitioned off a distant corner of the room. Other participants discovered they did not want the separation of a string. "When others appear closed off, I just want to let them know I see them."

Participants widely used the experiment to practice interpersonal skills they were learning in individual sessions. One participant, who had been working on setting healthy boundaries in her relationship shared "I just created this boundary, it's something that I've been fighting for. When I walked away from it, I got really nervous that it would crumble." Similarly, another participant shared her perspective that there were toxic people in her life right now, violating her boundary. She needed to feel whole. This interplay was seen from the other side: another participant decided that he wanted to "take another person's boundary and protect it." In processing, he was challenging his old habit patterns, stating that he tended to go on the offense and be the abuser when it comes to relationships. This time he was trying to be defensive to an extreme, taking on the protector role. While one participant shared he felt a sense of reverence for other people's boundaries as he walked around the string, another spent most of the time jumping in and out of others' boundaries, admitting "I was just poking the bear."

For some, the string was an obstruction, or a barrier: "You got to allow yourself to be open. A barrier around yourself does no good. I keep my boundary as my physical form." Another participant tied the string around his forehead, stating: "my barriers are all in my head."

Unfailingly, participants' string length varied, sometimes from 4 inches to 10 feet. One participant created a very small boundary, consisting of a string that could be wrapped around one finger. Another took one inch of string, stating "I don't need anything to decide my boundary, I'm just going to figure it out as I go. The other extreme was represented with a string circle taking up nearly  $\frac{1}{4}$  of the space: "I let in some people, I keep out others. You have to earn my trust. There's nothing I want to keep out that I don't already keep out."

In addition to the symbolism and relationship dynamics emerging from the string, participants used the string to aid them in sensing their energetic boundaries, through the visual representation it provided. After the guided meditation on what was taking their energy, participants interacted with an art medium: some participants drew items on small pieces of paper and placed them inside or outside their boundary. Some created more lists: one for "outside the boundary," before ripping up the list and throwing it outside the boundary, and another for "inside the boundary" and folding it gently, placing it inside. Other participants tried on different movement qualities for "inside" and "outside" the boundary.

This session seemed to offer participants permission to have widely different encounters, while at the same time, there was a unifying sense that all were involved in co-creating the experience: for example, the participant who "poked the bear" gave another participant the opportunity to assert her boundary. The inner experience of the participant seemed to be supported with the visual representation of a string creating "internal space." Participants seemed to clarify their felt sense of "energetic boundaries" through shifting between opposites (outside/inside, connected/isolated, etc.). Kinesthetic empathy was able to be practiced when participants could see and respond to the energetic needs of another. The sense of play involved in the experiential allowed for spontaneous connection.



**Group three results.** It was difficult for participants to share the sensation of fear without identifying it as an emotion or story. When given examples, such as temperature, texture, or pressure to name the sensations, participants shared specific, and sometimes abstract descriptions of felt senses: one shared the image of a dark hole. The first time this meditation was presented, a participant became flooded with the sensation of fear and had to leave the room. This led to a more trauma-informed directive to “imagine a fear that is manageable today”. Common fears included: returning to an unhealthy environment, losing support, fear of success, and fear of failing others’ expectations, or that others trust or rely on them too much”. Fear and trust were paired together, as many stated that they experienced similar felt senses from both emotions and discerning the messages between them was often difficult.

Participants described the felt senses they experienced in the trust exercise. Some were surprised at their level of vulnerability and trust in the partner exercise, while others expressed the frustration and discomfort about “being blind.” Many participants reported they felt a heightened awareness, and even sense of curiosity and playfulness, in being moved about the room. One stated “It’s a gut feeling, this trust.” Another described trust as “static electricity.”

Relationship dynamics emerged: one participant stated that he wanted to be trusted and stable for his partner. Another participant intentionally created obstacles for others. “Others fail me, I can only trust myself” one participant affirmed. Others shared their shifting feelings during the exercise from skepticism to playfulness. Transference between participants emerged as they reported they began to identify the person leading them as a trusted figure in their lives.

Metaphors also emerged: it was common for participants to viscerally feel the struggle to “let go.” This was discussed later as letting go and trusting the recovery process. Participants

identified a parallel: trusting in their partner felt a lot like trusting an individual with more insight, such as a sponsor.

**Group four results.** This experiential seemed to bring out the universality of the human experience for participants, as they began noticing movement themes recurring throughout the room. One observed, "We have different experiences, but we all ended up in the same place." Another participant shared a similar sentiment, "it's eye opening to hear other people's backgrounds, and how they ended up here."

Participants had varied reactions to the witnessing piece. It seemed to bring participants closer to uncomfortable relational dynamics showing up in their life: "People are always watching and judging" disclosed one participant. Another participant hesitated when it came to the witnessing portion of the session, it was "too vulnerable." For another, having others witness him felt like "dragging people through" his life. In general, participants felt a sense of reverence for taking on the role of the supportive witness. "It felt like I was needed." Some participants paralleled witnessing with "venting safely." One participant connected to feelings of being supported: "having people love me unconditionally throughout my life helps me realize that I am never alone, even when I feel like I am."

The visual timelines sparked insights into patterns: One participant shared his decision to use vivid colors in his visual representation: "I'm tired of using so much black to describe my life." Another participant crumbled up his timeline and threw it in the garbage after the experiential was over, before anyone could see what was contained on it. Another's timeline looked like a cardiogram.

As one of the site's traditions was for all participants to write and share a biography, many saw this as an opportunity to connect with their personal history through the perspective of the inner experience. The second goal, recognizing the shifting nature of feelings and sensation, was identified as a visual pattern in the timeline. Participants also seemed to shift in their feelings towards events from the visual to the movement timeline. Being witnessed also changed how many participants saw their situations. Similarly to the first group, showing vulnerability in the witnessing piece was a challenge for many clients. It seems the resistance brought out struggles in personal relationships. Many participants were brought to a sense of peace towards the end of the session. One participant shared his insight: "the past is part of who I am. It has shaped my life to where I am now." Another accepted that the heartbreak present in her timeline had made a huge impact on both her past and present.

### **Discussion**

This writing began by briefly defining addiction, spirituality, and Dance/Movement Therapy. It then drew connections between them: spirituality as it connects to addiction recovery, and Dance/Movement Therapy as it connects to both spirituality and addiction (separately). There is a strong foundation of research supporting a spirituality-based approach for addiction recovery. The use of Dance/Movement Therapy in addiction recovery is also building as addiction recovery intervention. This foundation paved the path for developing a method that integrated all three concepts together. Connecting individuals in addiction recovery to their spirituality was the goal, and Dance/Movement Therapy was the means.

This method was informed by an Eastern philosophical lens of spirituality, which promotes the direct experience of the body. The method was also informed by Alcoholics

Anonymous, which engenders a nontheistic culture of spirituality. Through narrowing this focus, an embodied and recovery-informed method was created. Goals for participants included: identifying and befriending the inner experience, recognizing the shifting nature of feelings and sensation, and building kinesthetic empathy and connection. Four sessions, guided by these goals, were cycled through twice. Observations, feedback, and participant discussion was recorded. Congruences and themes between the sessions and groups were noted.

Overall, participants met their growing edges from where they were in their recovery. Flexibility within the experientials allowed for choice in how individuals would befriend the inner experience, and to what degree they would connect interpersonally. In setting up the sessions this way, the shifting nature of experience was honored. There was a progression from fear to trust within the arc of each session, parallel to Ramos's (2018) research. Participants were able to manage their experience with fear and then buffer its sting with a sense of connection and trust. The simplicity of leading and walking with eyes closed allowed participants to focus on their breathing and sensing within the relationship with their partner as well as with themselves. This allowed for kinesthetic empathy to emerge. The holding container felt safe to explore, affirming Barton's (2014) theory of interpersonal neurobiology.

The first session approached "identity" from gross to subtle: participants first connected to their obvious identities through play and movement. Some were not ready to touch their inner experience, especially when shame or trauma was present. The second goal, recognizing the shifting nature of feelings and sensation, was widely recognized. Participants' identities were changing dramatically in treatment. Thus, they seemed to discover dualities and incongruencies between external and internal identities, challenging theirs and others' assumptions. This fits Weerasinghe and Bartone, (2013) affirmation that mindfulness practices help to identify the

shifting nature of reality. Lastly, although kinesthetic empathy and connection were accessible for most through the warm-up, the vulnerability in sharing inner, spiritual identity proved more of a challenge. This could be because there was the fogginess of knowing/understanding the shifting identity. Also, there was vulnerability involved in sharing the identity “underneath” the narrative. Similarly, to the first group, showing vulnerability in the witnessing piece was a challenge for many clients. It seems the resistance brought out struggles in personal relationships.

Individuals’ shifting perspectives were captured in their written reflections. Interestingly, when asked “How connected do you feel to your body right now on a scale of 1-10?” participants, on average, would initially report they felt very connected (8-10). After the last group, the answers were less confident (6-7). One interpretation: the moments of discomfort led participants to awareness of an internal experience. It is easier to feel connected to a body that does not send many signals of emotional discomfort. Another interpretation: participants felt safer, or more comfortable, sharing their most honest answers. “Befriending the embodied experience” when there was heightened sensitivity became the challenge. This, according to both Buddhist teacher Pema Chödrön (2017) as well as psychotherapists Weerasinghe and Bartone, (2013), is the very core of an addiction: wanting to disconnect from emotional or physical pain.

The non-verbal experiences, rich in opportunities to practice vulnerability, seemed to pose more of a challenge for participants with past treatment experience. This affirms Fisher’s (2005) finding that many individuals in addiction recovery become “treatment savvy.” Participants become less challenged in psychoeducational groups where they know all the “right responses.” When these sessions were viewed as a support to deepen the growth in other areas of the participants’ treatment, a sense of engagement emerged. They brought their work from

individual and family therapy, dancing their own relational conflicts through the safe transference happening within the sessions, seeing others as stand-ins for their loved ones. The interpersonal moments affirmed the research of Schoenthaler et al. (2015), that spirituality can mean interconnectedness between individuals who are experiencing isolation. The ‘protective wall of human community’ was being constructed.

A recurring challenge identified in the literature review was the small sample sizes for interventions. Many of the interventions listed in this writing addressed the need for larger studies on bigger populations (Aitken, 2019; Brown, 2009; Fisher, 2005; Ramos, 2018). Although there were interventions for Dance/Movement Therapy and addiction recovery as well as spirituality and addiction recovery, there were no interventions identified that combined all three concepts. This was also a challenge in this method development: its findings are anecdotal and on a small population. Because the method offers a curriculum that could be replicated in other residential treatment centers for individuals in addiction recovery, it is my hope this research will be built upon.

The integration of spirituality in addiction recovery is widely accepted in the mental health field, and the application of Dance/Movement Therapy as the modality to connect recovering individuals to their spirituality is relatively new. Dance/Movement Therapy allows participants to connect to their internal experience, to each other, and to the shifting nature of the human experience. Where spirituality has been a source of aversion, this method offers a renewed perspective on how to understand the self-the body, and the spirit-as whole and capable of healing.

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