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From Movement to Self: A Literature Review on the Potential Effect of Dance Movement Therapy on the Understanding of Self-Identity for People with Borderline Personality Disorder

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Abstract

This literature review looks at whether Dance/Movement Therapy (DMT) might be useful when treating identity disturbances within Borderline Personality Disorder (BPD). It begins by analyzing the role of identity within one's life. Identifying how self-concept strongly impacts how one perceives and behaves within their surroundings. Identity disturbance is a characteristic of BPD that has been found to be pervasive. The lack of self-concept is also tied to the other symptoms of BPD, such as impulsivity, dysregulation, and difficulties with interpersonal relationships. Genetics, brain function, and complex childhood trauma are thought to impact the development of BPD. Persistent adverse experiences can disrupt the early stages of development, during a time when a child is typically learning about personal identity and self in relation to others. DMT interventions that address attachment, trauma, and interpersonal relationships, through the use of movement exploration, imagery, and props have the potential to benefit individuals with BPD. The body-based interventions offered within DMT offer new ways to foster a strong self-concept given the information known about the development of identity and BPD.

Introduction

Have you ever stopped to consider how people figure out their personality, identity, and concept of self? During the first week at my internship, I had the opportunity to observe multiple groups. Throughout that time, I sat in on a Borderline Personality Disorder (BPD) group. While observing this group, the facilitator stated that identity disturbance was a key feature of BPD. She described it as a struggle to figure out one's own identity and personal interest, and that individuals with BPD often feel they don't know who they are. What followed was a question from a client, "Well, how do people figure that out?" The conversation went on, but the question stuck with me. My internship site was at an adult day treatment center where the clients were all adults who were living with persistent mental illness. As a dance/movement therapist in that clinical setting, I began to wonder about the role of movement in the development of one's identity. I had more questions, such as, how much does a connection to the physical self impact connection to personal identity and can movement generate a deeper understanding of the self?

Figuring out one's identity or self is a complex task for anyone because identity is multifaceted. Identity takes into account many attributes such as, one's qualities, interest, beliefs, and expression. These attributes are formed over the course of a life span, encapsulating the connection to upbringing, family, culture, socioeconomics, and more. An in-depth look at what constitutes identity for most people gives insight into the formation of a strong or lacking self-concept. Identity and self-concept are formed, developed, and shifted throughout a lifespan. Identifying when in life, identity begins to develop and what outside factors impact the self and how one's perception of personal identity might affect a multitude of lived experiences, such as interpersonal relationships.

I sought to better understand the elements of BPD that make one's self-concept difficult to grasp, as individuals with BPD experience identity differently than others. This is attributed to the factors, like complex trauma, that are thought to be potential causes of BPD development. Identity disturbance within BPD presents in a variety of ways that are intertwined with the other symptoms of BPD. Identity is a core element of being and of understanding the world around us; for individuals with BPD their day to day life is affected.

This literature review focuses on defining identity, understanding borderline personality disorder (in particular symptoms of identity disturbance), and how expressive therapies have been utilized to treat borderline personality traits. Through the analysis of Dance/Movement Therapy (DMT) interventions, as well as work done with other expressive therapy modalities, it is plausible that DMT might be useful in fostering a sense of identity for individuals with borderline personality disorder.

Literature Review

Borderline Personality Disorder (BPD) is characterized by difficulty managing and regulating emotions, unstable emotions, and self-image. Some of what individuals with BPD may experience include issues with identity, impulsivity, dysregulation, and difficulties with interpersonal relationships. Typically, BPD is diagnosed after in-depth clinical interviewing. Meeting the diagnostic criteria for BPD requires that individuals experience a variety of the symptoms associated with the condition. The cause of BPD has not been determined; however, there are a few factors that are thought to play a role in its development, including genetics, brain function, and traumatic experiences during childhood.

By understanding the symptoms of BPD as well as the factors that research identifies as playing a role in its development, it became clear that DMT interventions could be beneficial for individuals with BPD experiencing identity disturbances. Although there is not much research specifically about DMT being used to treat BPD, there are many elements of DMT that could be useful in treating various symptoms of BPD. DMT focuses on the connection between mind, body, and spirit. Being able to experience, acknowledge, and express all parts of one's self can foster clarity. The work being done by dance/movement therapists in early development, attachment, and social skills, utilizing trauma-informed approaches are treatment methods that could be useful for working with individuals who have BPD.

Identity and Self

Multiple studies on identity, personality, and self, have determined that identity is complex and multifaceted. Preti, Prunas, De Panfilis, Marchesi, Madeddu, and Clarkin (2015) looked at personality assessment, identity, defenses mechanisms, and reality-testing as its main features. Within this assessment, identity integration was described as "stable, flexible, and realistic inner experience of self and others," whereas identity diffusion was referred to as "superficial and polarized representations of self and others." Defense mechanisms determine how individuals handle internal conflicts, feelings, and impulses. Reality testing was defined as "the process of relating one's self to the external world and distinguishing between inner and outer reality" (Preti et al., 2015). The combination of these three features and the way they present themselves within an individual factor into the shaping of one's personality.

Identity is perceived as understanding parts of the self. This includes self within multiple contexts, such as one's ideal representation, roles in relationships, worldviews, and socio-cultural environment. Self as a mental construct is flexible and context-sensitive. Behaviors that seem

appropriate in one context might not fit a different context (Agnew, Shannon, Ryan, Storey, & McDonnell, 2016). Another perspective is that people do not have one identity, but instead, we are holding a set of identities made up of the various roles and relationships we have. Some examples of this would be identifying one's self as a father or mother, daughter or son, athlete, and/or artist. The way that people choose to behave or react to a given situation is dependent on the identity that is associated to that situation. "Distinct identities do indeed appear to create distinct motivational priorities that then influence people's specific responses when such identities are active" (Browman, Destin, & Molden, 2017, p.854).

When thinking of identity, the question of nature vs. nurture is often brought up. It is relevant to note that both nature and nurture influence the behaviors and traits that people have. The ability to modify traits is also not solely determined by heritability. There are many environmental factors that impact how likely a trait is to change (Mullen, 2006). From a narrative identity perspective, self-concept is comprised of the personal past, present, and future. Personal identities are formed from the complex interactions between various perspectives. The combination of one's self and the others whom we interact with become the auditors, witnesses, and co-authors of our life stories (Fuchs, 2007).

Borderline Personality Disorder

Experiencing traumatic events as a child over a prolonged period of time, such as neglect, abandonment, and abuse, have been found to be factored in the lives of people who have BPD. Adverse childhood experiences can have lasting effects on people in a variety of ways. The human body instinctually releases stress hormones when dealing with threats. Afterward, the hormones return to the brain, and the body can regulate. If stress happens over extended periods, then the response systems can experience a shift that can leave someone struggling with emotion

regulation and depression (Thekkumthala, Schauer, Ruf-Leuschner, Kraus, Gruber, & Elbert, 2019). Thekkumthala et al. (2019) point out that "neglect of infants entails extended periods of time in which infants are left without protection or company and is biologically programed as a threat and may alter developmental trajectories." Their study found that adverse childhood experiences strongly affects the body on a neurological level (Thekkumthala et al., 2019). Early traumatic events are often connected to caregivers. A disruption in the relationship between a child and its caregivers can heavily impact the development of the child. It can affect early development, attachment, and relational abilities. Fuchs (2007) points out that emotional attunement is usually developed when early caregivers provide an appropriate amount of holding, soothing, and mirroring to the child. When the attachment is secure, the child learns early on how to be with others and, in turn, starts to learn who they are in relation to others. Without these early examples, the child may have difficulty interpreting and self-regulating their emotional states. Fuchs (2007) notes that "a lack of parental empathy and maltreatment impairs the child's reflective capacities and sense of self" (Fuchs, 2007, p.383). It is important to note that not all people living with BPD have a history of early adverse experiences. Environmental and other sociocultural factors, such as social and income inequality, have been found to increase the risk of developing BPD (Luyten, Campbell, & Fonagy, n.d). In a study done by Ng, Townsend, Miller, Jewell, & Grenyer (2019), participants reported negative experiences such as bullying or abuse from their childhood and adolescence affected their perceptions of others and self (Ng, et al., 2019).

It is possible that early trauma and the effect it has on development is, in part, connected to the identity disturbance experienced by individuals with BPD. If trauma is endured during early childhood, the disturbances on development can have a lasting effect on a person. As noted

previously, Identity disturbance is a key factor in BPD. Those with BPD who have identity disturbance experience feelings of emptiness, poorly integrated self-image, and dissociative states (Agnew et al., 2016). The developmental changes caused by early adversities can impact the way that someone reacts to everyday situations, leaving them in constant fight, flight, or freeze, meaning they are ruled by their impulses. For people with BPD, lasting feelings of emptiness might stem from being driven by present impulses from moment to moment as opposed to incorporating one's past experiences and anticipated futures into their identity (Fuchs, 2007). An individual may become fixated on past events, which can cause a dissociative state. This constant rumination is used as a defense against feelings of worthlessness, badness, or emptiness. Individuals with BPD experience splitting that makes their perceptions of objects, other people, and themselves very one sided. Viewing things in an all or nothing context, such as all good or all bad, they struggle to see themselves as multifaceted. This often means that their views of themself can be quick to shift and that a feeling of inauthenticity can also arise. (Fuchs, 2007). These feelings can be pervasive and impact the way an individual with BPD perceives another person's view of them. This results in feeling misunderstood by others.

Luyten, et al (n.d) states that the struggles with self and identity have been found to be connected to the other key features of BPD, such as emotion dysregulation, impulsivity, and difficulties with interpersonal relationships. Securely attached people are able to turn to other relationships in their lives during times of adversity because their experiences with attachment have typically resulted in a de-escalation of stress and discomfort. On the other hand, insecurely attached people (i.e., individuals with trauma history) have the expectation that others will not give them support. As previously stated, early abuse and neglect are typically done by

caregivers, which can lead to confusion, given that they are the people who are supposed to be providing affection and support.

Features of BPD, such as having intense or unstable interpersonal relationships, self-destructive behaviors, and trying to avoid real or imagined abandonment, have been found to be a result of a poor connection between different parts of the self (Agnew et al., 2016). Individuals with BPD have intense feelings of exclusion in various social situations. Behaviors such as aggression, anger, and hostility might be a reaction to the emotions of exclusion, shame, and fear that they experience (Cavicchioli & Maffei 2020). Agnew et al. (2016) did a qualitative study to better understand self and identity in women with BPD symptoms. Each participant took part in a lightly structured interview that allowed them to express their personal narrative. The results of this process showed that similar themes arose for all the participants. One predominant theme was that all participants described abusive or negative relationships with others throughout their lives. They expressed feeling lost, conflicted, or unreal. There was "confusion and blurring of the physical, emotional, and psychological lines that separated themselves from others" (Agnew et al., 2016, p.5). Those feelings impacted the participants' abilities to manage and regulate many areas of their lives. Although this study only had five participants, the themes found were in line with other literature about BPD and its features.

The experience of complex trauma can lead to insecure attachment resulting in a lack of flexibility within relationships. Having lived through unstable attachment in the past, individuals with BPD tend to apply similar expectations to new relationships. The rigidity in relationships often stems from the fear of losing either the new attachment or their own autonomy. People with BPD tend to hold onto these expectations despite contradictory information provided by others (Luyten et al., n.d). Hence, relationships can be difficult to sustain for people with BPD.

Failure to hold onto social relationships can foster a fear of abandonment and impact one's sense of identity (Fuchs, 2007). Rejection sensitivity is often a factor in the lives of people with BPD. It is connected to past experiences and their anticipation of how others will behave. The primary goal is to avoid imagined or real rejection, which can trigger the fight or flight response giving rise to emotions like hostility, fear, and anger. This expectation of rejection interferes with how environmental cues are interpreted and tends to be pervasive in many areas of life for people with BPD (Cavicchioli & Maffei, 2020). Luyten et al. (n.d) suggest that when an individual struggles with a sense of self- coherence and self-continuity it is due to an inability to benefit from social communication, and social recalibration. When there is an inability to benefit from social communication and social recalibration, one's sense of self-coherence and self-continuity can be interrupted.

Many aspects of life are relational, including the development of one's sense of self. Self-worth, self- coherence, and self- continuity are, in part, reliant on others. It has been found that recovery of a sense of self and other representations are built through integration with community and interpersonal relationships (Ng et al., 2019). "It is the experience of being held in mind by someone else that we see as crucial in restoring a sense of agency and control, and ultimately a sense of selfhood" (Luyten et al., n.d, p.95).

If repeated abuse during childhood impacts the forming of personality and sense of self, then it is important to incorporate new connections, personal empowerment, and autonomy into treatment in order to combat the loss of empowerment and connection that was experienced (Agnew et al., 2016). Studies have found that the development and strengthening of self, along with improving relationships, is an important aspect of the treatment of BPD. The reframing of self goes hand in hand with the skills to recognize and regulate emotions. According to Ng et al.

(2019), addressing identity allows individuals with BPD to better understand their personal patterns of behaviors. Ng, Townsend, et al. (2019) study aimed to better understand the lived experiences of individuals with BPD who were at varying points in their recovery process. The results of the study identified three core recovery stages: being stuck, diagnosis, and improving experience.

In the first stage, all participants reported feeling they didn't know who they were and that they were being run by their emotions. The second stage involved receiving a diagnosis that provided a sense of relief for the participants. The difference between those who were seen as recovered and those who were not were identified in their reports of the final stage. Individuals who were recovered were able to reframe their sense of self. This happened in conjunction with being able to identify their emotions and thoughts and developing coping strategies for emotion regulation. These participants were also able to better understand how they were perceived by others which helped with how they viewed themselves. (Ng et al., 2019)

Expressive therapies with BPD

There is not much research about the use of expressive therapies as treatment for BPD; however, the limited existing research along with the known benefits of expressive therapies suggest that the use of expressive therapies within BPD treatment could be beneficial. Srehlow & Lindner (n.d) looked at the interaction patterns between patient and therapist and the role that music plays when using Music Therapy with people who have BPD. The article highlights the challenges that arise for the music therapist while working with this population, while also identifying the patterns present when using this modality as treatment. A wide range of patterns was present from anxiety and rejection of the modality to patients feeling security from the predictability of the music (Srehlow & Lindner, n.d). Research such as Srehlow & Lindner (n.d)

provides insight into what might come up when using music therapy with BPD patients; however, it is important to note that the information provided in this article was all from the perspective of the music therapist and not from the BPD patients.

Expressive therapies might also be used in combination with more known BPD treatments, such as Dialectical Behavior Therapy (DBT). Today, DBT is used to treat a range of mental disorders but was originally developed to treat BPD. DBT uses a combination of approaches along with acknowledgement and validation of a client's adaptive behaviors and responses. Coaching and the implementation of life skills are taught within four main modules: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness (Lebowitz & Reber, 2012). Although not broken down into the same four modules, there are elements of the different expressive therapies that inherently address these four areas. The incorporation of the expressive therapies with DBT can deepen a client's understanding of these skills.

Lebowitz & Reber (2012) explored the use of arts-based interventions with DBT for female adolescence with BPD within a residential treatment program. The integration of art took place during group therapy sessions. The patients used a variety of mediums such as writing, collage, painting, drawing, and more in order to explore feelings, thoughts, and perceptions. Lebowitz & Reber (2012) postulated that "an arts-based group framework would help kinesthetic and tactile learners to integrate the classroom work in a physical format" (Lebowitz & Reber, 2012, p.339). As a result clients were able to build mastery of creativity and self-expression. They used art to connect to the self, while the group environment provided interpersonal skills and connection. (Lebowitz & Reber, 2012). The effectiveness of this work suggests there may be potential for continued fusion of DBT and the expressive therapies in the future.

Dance/Movement Therapy with BPD

The focus on the interrelationship between the mind and body makes DMT uniquely positioned to be helpful for treating BPD. The human brain is constantly taking in sensory information, which is then interpreted and turned into a physical response. DMT uses movement interventions to address both physical and psychological functioning. Somatic, emotional, and perceptual processes are engaged at the same time during DMT. Dance/movement therapists are able to observe their client's breathing, eye contact, shifts in posture, and voice changes throughout a session. "Body movement is the primary medium in which dance/movement therapists help clients to connect with implicit experience, to tolerate, and express emotion, and thereby to continuously re-work, re-weave, and integrate embodied experiences of self" (Rust-D'eye, 2013, p.95). This awareness and ability to attune allows for a flexible and exploratory environment where the client can express their emotions. It also allows the therapist to meet the client where they are and foster a therapeutic relationship. (Homann, 2010).

The therapeutic relationship is a critical component of DMT when working with any population. For most people, movement is intuitive, automatic, and habitual resulting in a lack of awareness of the body and its sensations. The use of movement within therapy can be vulnerable and uncomfortable at first, for people who are not used to bringing attention to their bodies. It is for this reason that the relationship between client and therapist is particularly important. Trust is vital in generating a space that feels safe and accepting.

Young's (2017) study aimed to more concretely define the therapeutic movement relationship. The study found that the therapeutic movement relationship is rooted in the connection between client and therapist, where there is a collaboration of mind, spirit, and body. This connection allows for a safe environment of creative collaboration that can generate

healing. This stems from the dance/movement therapist's ability to attune and respond to their observations of both the client's actions and their own body sensations (Young, 2017).

The therapeutic movement relationship is dependent on the therapist's ability to trust their own intuition while assisting clients to do the same. Young (2017) states that "empathy is the foundation of a therapeutic relationship and is instrumental in improving the effectiveness of the relationship" (Young, 2017, p. 96). Through empathy, one is able to understand the lives of others and attain a better understanding of their perspectives. Dance/movement therapists can use kinesthetic empathy, which refers to the empathy that is found through movement. It is important that the dance/movement therapist remain aware of their own body that reflects their sensations, images, feelings, and thoughts, and what information that gives the client. Dance/movement therapists use mirroring and echoing movement to show clients that they are accepted and understood. Within DMT, empathy happens through the dance/movement therapist's ability to attune to the client through their session. This helps to cultivate an environment where the client is aware that the therapist is present at any given moment, remaining curious, open, and accepting (Young, 2017).

For individuals with BPD, the need for a strong therapeutic relationship is necessary for multiple reasons. A goal in DMT is always to create an open environment for the exploration of creativity and expression. Working with individuals who have BPD, one must consider that many of them have experienced pervasive, complex trauma and struggle to form or maintain interpersonal relationships. This difficulty sustaining relationships stems from a lack of healthy attachment examples early in life. There is typically, a fear of losing personal autonomy or the person they care for. People with BPD, also, often describe feeling empty and misunderstood. It is because of these reasons that establishing a strong therapeutic relationship is at the route of

their care. A dance/movement therapist's ability to develop a space that allows individuals with BPD to feel seen and secure is the catalyst for their care.

The brain is continually balancing activation and rest. It regulates motor/sensory functioning and emotional states. During periods of rest is when the body is able to restore and repair. When a person feels safe, such as connecting with a loved one or being in a known environment, they are able to be both engaged and soothed. In this state, a person is receptive to new information. This is not able to happen during times of high fear or stress because the body increases the amount of adrenaline and cortisol being made and results in less blood flow to the frontal lobe (Homann, 2010). Instinctually, humans move in ways that promote their safety and wellbeing, the goal being to sustain survival. Patterns of movement that become meaningful in life stem from this, effecting how we choose to move in the world. (Sheets-Johnstone, 2010)

The earliest experiences of arousal and rest happen during infancy. As mention early on in this paper, the quality of attachment an infant receives from its caregivers can greatly impact the development of these systems. Prolonged periods of trauma, such as physical, emotional, and sexual abuse, maltreatment, and neglect during developmental times reprogram the brain to whereby the stress response state become traits. The mechanisms that are normally activated by stressful or dangerous situations in order to protect us become less strategic and more automatic. As a result, one acts on protective impulses during everyday situations, making self-regulation difficult. Symptoms of depression, impulse control, disruptions in self-perception and identity, dissociation, and interpersonal skills associated with trauma start to arise (Pierce, n.d.). These symptoms are also strongly associated with various personality disorders, like BPD.

Early childhood attachment is predominantly based in movement between the infant and caregivers. Movement is an infant's first form of communication. During this stage of life, the

child is discovering, expressing, and receiving cues about themself and their environment through their body. This is why early attachment is associated with pre-verbal actions such as touch, holding, and non-verbal voice. Rust-D'eye (2013) describes the importance nonverbal voice plays during the beginning stages of life, stating that "a pre-verbal infant and its caregiver understand and share each other's moment-by-moment affects, motivations, and 'vitality forms' via body movement" (Rust-D'eye, 2013, p.96). These early connections are what allow the infant to develop an understanding of self, others, and self in relation to others. Children are able to hear their own voice in relation to other sounds creating early recognition of self in relation to others. Non-verbal voice places an important role in this early development as it assists infants understanding of object relations, in some ways functioning interchangeably with movements. Caregivers are able to respond to calls or cries by responding with a variety of tones, tempos, rhythms, and volumes to foster attachment (Rust-D'eye, 2013). Within the context of early trauma, a child might experience loud, jarring or unpleasant nonverbal voice from its caregivers. In cases of neglect, there may simply be a lack of response to the infant's verbalization. Rust-D'eye (2013) suggest that nonverbal voice may be incorporated into DMT given that "non-verbal vocalization can thus be understood as a significant contributor to the body's overall movement ecology" (Rust-D'eye, 2013, p.98).

DMT can help support the organization of psychobiological foundations such as arousal, rest, and perception by focusing on body and sensory awareness. Attention to the one's physical abilities creates a sense of agency for people. As a person becomes aware of how they move they also become aware of their own capabilities. Patterns of movement are brought to consciousness, establishing that one has control over how they move throughout their environment (Sheets-Johnstone, 2010). Activities that involve the body being supported by gravity, focusing on one

body part at a time and breathing can provide the client with feelings of safety and containment. It is from this position of awareness and relaxation that a client can start to develop their capacity to regulate complex emotions (Homann, 2010).

The body in relation to others is how one experiences their body. This happens through somatosensory receptors, motor responses, and actions. From a developmental perspective, the body self has a large role in how one interacts and responds to others. “Chace considered body image primarily as a social formation and believed that we have a tendency to form our body images according to the experiences we obtain through the actions and attitudes of others.” (Pylva¨na¨inen, 2003, p.46) How a person perceives their identity is molded and sensitive to the relationships in their lives. Within an ideal circumstance, an infant’s connection to caregivers gives them examples of secure attachment that are healthy and permanent. Once a part of the self-concept is developed, it will stay with a person throughout their life and continue to develop. “When there is a sense of a core self-related with the other, the self-experiences are influenced by the other. Specifically, arousal, affect intensity, and feelings of security or attachment are influenced by the other” (Pylva¨na¨inen, 2003, p.49). Being able to experience the body is the foundation for a person’s sense of self (Pylva¨na¨inen, 2003).

Object relation theory suggests that self-concept stems from being in relationship with one’s inner and outer life. Sheets-Johnstone (2010) describes that one’s decision to move in any given way is both intrinsically and extrinsically motivated. People are driven by how they feel they should act as well as how they believe their surroundings will interpret their actions. “Attendance to kinesthetic modalities of awareness can enhance social awareness in just this sense, for whatever the kinesthetically-felt, semantically resonant dynamics of one’s own movement, those dynamics resonate in the kinetically-sensitive eyes of others” (Sheets-

Johnstone, 2010,p.124). We learn to identify ourselves by continually processing what is going on in our minds and our interactions with others. From the elements that one identifies with and the ones that are disregarded the individual starts to form their personal sense of self. Pallaro (1996) points out that without this merging process there is no way for an infant to form a distinct sense of self. It is only once identity is formed within the child caregiver relationship that the child will extend that process into the world around them, such as figuring out who they are within the dynamics of family and sociocultural groups. “This core self includes the sense of agency, the sense of physical cohesion, the sense of continuity, the sense of affectivity, the sense of a subjective self, the sense of creating organization, the sense of transmitting meaning, all based on the body as agent, container, vessel, mirror, probe, and vehicle of exchange” (Pallaro 1996). Because this process normally starts during infancy, at a pre-verbal time, the identity that is developed is largely routed in one’s experience of embodiment.

Individuals with BPD may find it difficult to connect to their bodies. This also includes their connection to body image. Body image is comprised of many factors, such as cultural values, representations, sensations, associations, and images. It encapsulates multiple body-related perceptions that affect different areas of life. Body image is tied to one’s belief about the body. Beliefs about the body are connected to how one perceives their appearance. Social elements play a role as well, where self-image is shaped by cultural and interactional experiences. Pylva¨na¨inen (2003) states, “The more authenticity and realism there is in the individual’s body image, the better he or she is able to perceive the other realistically and authentically, and this, in turn, enhances the realistic perception of one’s own body image” (Pylva¨na¨inen, 2003, p. 43) A healthy interpersonal body image contributes not only to one’s psycho-social and socio-cultural identity, but also to secure interpersonal relationships.

Dance/ movement therapists are able to place emphasis on the physical qualities that relate to body image. They are able to apply their skill set during a session to remain aware of what the client is sharing and how their responding on a body level based on their movements. Through this, clients are able to bring awareness of what body image means to them and the ways that are present in their lives. Pylva¨na¨inen (2003) points out "when the concept of body image is differentiated into the aspects of image-properties, body-self, and body-memory, the psychological significance of the body and bodily experiences becomes clearer." (Pylva¨na¨inen, 2003, p.45). How people move and interpret themselves is informed by sensations in the body. The formation of these patterns allows the body to interpret the surrounding environment.

High levels of anxiety or fear leave people in a state of defense, searching for coping mechanisms for moment to moment stimuli. DMT can be utilized to teach movement exercise for relaxing the body in order to alleviate strong feelings of fear. At the same, time bring awareness into the body, allowing clients to explore their bodies and emotions at once. If identity stems from understanding one's body in relationship, it is logical that uncovering self-concept for people with BPD starts at a body level. Once a client gains understanding of their body they can start to see themself as, in connection with but separate to those around them. The inner self and interpersonal self are both vital to the formation of personal identity. (Pallaro 1996).

People are constantly taking in somatic cues that make our emotions and, in a way, this information is perceived to make up our feelings about them. The integration between the brain and the body allows information received from the external world to be translated into physical sensations. Individuals that experience complex trauma, like people with BPD, often have difficulties connecting to their own bodies. The receipt and interpretation of somatic cues typically happens unconsciously. DMT provides the space to increase awareness and emotional

regulation, allowing clients to explore their emotions, identity, and relationships with others through their bodies. It also gives individuals the opportunity to explore their ability to choose how they respond during complex situations as opposed to being run by emotions. (Homann, 2010).

Memories play a large role in the formation of how we see our past, present, and future selves. Implicit memories begin to form during infancy through the body from what can be seen, felt, and heard. Experiences that are emotionally charged get stored in the brain. Explicit memories are the memories that people are able to consciously narrate about themselves. Implicit memories are held in the body even when they are not expressed verbally. The implicit memories created during early childhood based on trauma are carried with the child throughout life. Instinctually human beings do whatever they can to avoid dangerous situations. This is why experiencing similar sensations connected to past trauma can cause a person to act as though they are in danger. (Homann, 2010). Connotation, implication, and context all happen in the right hemisphere of the brain. The right brain is connected to implicit, body-based, and emotional processes. These processes happen unconsciously but greatly impact the felt experience.

Homann (2010) identifies that “special roles of the right hemisphere in empathy, identification with others, intersubjective processes, autobiographical memories, perception of one’s own body, self-awareness, self-related cognition, as well as self-images that are not consciously perceived” (Homann, 2010, p.92). Right brain development is heavily impacted by early childhood experiences and “there is growing consensus that right brain affective regulation and integration provide the foundation for a secure and cohesive sense of self” (Pierce, n.d., p.9). People are able to perceive themselves both inwardly and outwardly because the body is interpreted simultaneously through the right and left sides of the brain. Where talk therapies

begin in subjective observation and moves to self-perception, DMT offers a direct avenue to implicit processing, starting from the body. (Homann, 2010).

A variety of perception components are involved in the organization of experiences. Homann (2010) states, "successful integration of experiences enables a cohesive yet flexible core self that can respond to the world in increasingly complex ways" (Homann, 2010, p.87). For individuals with BPD, there is a lack of connection to self and identity that is likely associated with early like events that interrupted the formation of memory consolidation and encoding processes. DMT can be utilized to reach and work with body-based memories, assisting clients to become aware of what is unconsciously being held in the body. A combination of movement and verbal processing can bring to light what is being held in the body generating internal safety. (Homann, 2010).

Through movement analysis, physical patterns related to communication and social interactions can be assessed. Feniger-Schaal & Lotan's (2017) study aimed to determine whether movement patterns are connected to attachment. Information was gathered through an interviewing process and movement patterns were assessed through participation in a mirroring game. Results showed that movement parameters are connected to attachment orientation. There were differences in the way that securely attached individuals moved in comparison to those who were attachment avoidant or anxious. These findings tie back to early attachment experiences where securely attached individuals are more likely to be motivated to explore new environments and connections. (Feniger-Schaal & Lotan, 2017)

Mirroring is often associated with DMT. The use of mirroring within DMT facilitates a variety of outcomes for clients. Through mirroring dance/movement therapists are able to attune to clients, clients are able to understand the body language of others, and gain confidence that

they are seen. Self in relation to others is a huge aspect of existing in this world. We are constantly sensing and responding based on what is happening in our minds and what we perceive is happening in the minds of others. The capacity to relate and empathizes with others is developed during early attachments through the mirror neuron system. This system is the bases for empathy, love, and human interaction. “Mirror neurons provide an inner simulation of the observed facial expression or action” (Homann, 2010, p.89). They allow movements and expressions of others to be interpreted. Early relationships shape the development of this system, with mirroring between child and caregivers being its onset. Mirroring shapes how we are seen and effects how one sees their present and future self. (Homann, 2010). Mirroring activities may be particularly useful for people with BPD, given the knowledge that they often experienced insecure attachments.

The dance/movement therapist’s ability to interpret and attune to the clients through embodied movement can activate the mirror neuron system. These interventions might address symptoms commonly associated with BPD, such as a lack of connection to others and self and feelings of being misunderstood. DMT has a history of working with survivors of trauma. A strong therapeutic rapport that establishes safety and trust is important when working with clients who have experienced trauma. The flexibility in DMT to meet the client where they are at any given moment provides a sense of control over the therapeutic work that is being done. This generates an environment where the connection between mind and body can be explored through the use of mirroring, Kinesthetic empathy, and nonverbal reflection (Pierce, n.d.).

Pierce (n.d.) separates DMT interventions into three phases in order to showcase how it might be implemented in work with trauma survivors. The first phase focuses on establishing trust and stability. Interacting with someone that is seen as safe is both stimulating and soothing

for people. This state is optimal for learning and exploring new information (Homann, 2010). Dance/movement therapists are trained to recognize verbal and nonverbal cues. This ability allows them to respond to their clients in nonverbal ways, like shifting their posture or mirroring their clients. The attunement that is built through movement fosters a sense of feeling felt for the client. Phase one works to create a balance between arousal and emotion, where the client is able to generate body awareness, emotion recognition, and memory recall without re-exposure to trauma. If a client is hyper aroused, they may experience dissociation or splitting, which is why DMT teaches movement skills for grounding and present moment orientation. (Pierce, n.d.)

Phase two aims to cultivate as a secure inner sense of safety and skills for self-regulation. Reconciling with the effects of trauma can bring up emotions such as grief, mourning, shame, and rage. Mirroring can be a useful tool in this phase, "just as infants learn about themselves through the reflection of a caregiver, clients can also learn self-awareness by being mirrored in the therapeutic relationship" (Pierce, n.d., p.13). DMT techniques such as creative expression can support clients with the physical and emotional sensations that come up while they deal with their traumatic past. Clients learn to access, handle, and regulate internal experiences without using defensive subsystems. Relationship to self is developed through creative interventions that "address developmental deficits through movement will support psychological integration and aid in developing a coherent sense of self" (Pierce, n.d., p.13). The use of mindful self-awareness is able to foster emotion regulation, prosocial skills, empathy, and emotional intelligence.

In phase three, a safe space for exploring self and self in relation to others is the focus. This phase is about integrating back into community and relationship. A large aspect of DMT is interpersonal connection. This is particularly seen within DMT groups, where healing happens in a communal space that provides opportunities to express, be seen, and be in relationship. The

movements observed in a group space allow individuals to interact and revisit what was explored in the first two phases. The involvement of multiple people provides many opportunities for connection and rupture between participants making this environment one where a client's ability to regulate arousal and emotions gets tested (Pierce, n.d). Group settings can be beneficial for people who struggle with feelings of emptiness and loneliness.

Manford (2014) provides insight into DMT a treatment for BPD. Although this article presents the experience of only one therapist-client relationship, the findings are consistent with what is known about BPD and DMT through other research. It highlights the effectiveness of using movement analysis, mirroring, props, the therapeutic relationship, and more for people experiencing BPD. The DMT approach creates a container for kinesthetic empathy and embodied attunement to reach emotional and physical aspects of self. Trust is developed between therapist and client, creating a safe space for the client to explore their emotions. In the example given by Manford (2014), through the use of imagery, play, and props such as a large sheet and buddy band, the client was able to stay in the present moment during sessions by engaging her body. She also became more aware of her emotions and was able to express and explore her feelings. The therapist did express difficulties initiating the relationship and stated that forming trust takes time with individuals who have BPD (Manford, 2014)

Discussion

Through the process of better understanding, BPD it became clear the symptoms associated with it not only influences an individual's day to day life but also the type of treatment they receive. The stigma surrounding BPD has resulted in a lack or delay of diagnosis and treatment of people with BPD. Ng et al. (2019) identified that the large gap between the onset of symptoms and diagnosis for many patients might be due to clinician's lack of knowledge or the

stigma surrounding personality disorders (Ng et al., 2019). As in all therapy, the therapeutic relationship plays a large role in the success of therapeutic treatment for individuals with BPD. Most therapists label people with BPD as challenging, hard to reach, and difficult to treat (Agnew et al., 2016; Luyten et al., n.d). When reflecting on the therapeutic relationship Strehlow (n.d.) points out that "symptoms of BPD, such as the inability to be alone, emotional instability, identity disturbances, and impulsivity, arise in interpersonal relationships, so it can be assumed that they will also emerge in the interaction and musical activity with the therapist" (Strehlow, & Lindner, n.d. p.138).

Therapists being aware of transference and countertransference throughout their sessions with BPD clients is important to the maintenance of both their mental state and the quality of care they can provide to clients. Therapists have reported experiencing feeling anxious, tense, inadequate, helpless, and more during and after sessions with their BPD clients (Manford, 2014; Strehlow & Lindner, n.d.). It is undeniable that treating BPD has its challenges; however, it seems that the stigma around BPD is clouding therapist judgment and impeding client care.

As stated throughout this paper, the experience of persistent complex trauma can shift the developmental trajectory of an individual, impacting their behaviors and perceptions of themselves, their relationships, and their surrounding environments. The personality attributes that are seen as difficult to manage when working with people who have BPD should be viewed as adaptive reactions (Luyten, et al n.d). Splitting, projective identifications, and dissociations are coping mechanisms developed during early childhood to deal with conflicting thoughts of others and oneself. Without a caregiver to provide the infant with examples of care and emotion regulation, they will not perceive the world in the same way as others (Manford, 2014). It is important to remember that the shifts in development caused by early traumatic experiences are

carried into adulthood resulting in BPD symptoms. Although difficult and complex, these elements are the basis of therapeutic work for individuals with BPD.

DMT work focuses on the strong connection between the mind and body that is constantly at play. All human beings' experiences and communication in the world start with movement before becoming verbal. The body is continuously taking in stimuli and storing it in the body. DMT interventions use similar movement patterns that typically occur during the early stages of life to reestablish attachment patterns. Dance/movement therapists are rooted in their ability to meet clients where they are at any given moment. Being able to notice physical as well as verbal cues gives dance/movement therapists insight into how the client is feeling during a session. This body-oriented approach allows the client to feel seen and build therapeutic connection with their therapist. For individuals with BPD, trust within therapy is curtail because they often feel misunderstood and have difficulties forming and sustaining relationships. DMT is adaptable at any given moment, shifts happen throughout sessions all the time. A therapist may give the client the option to choose the prop or music that will be used or alter the course of the session if they notice changes in their client's body language. Where people with BPD often feel they are not in control of their lives, the flexibility in DMT can give them a sense of autonomy of the trajectory of their therapeutic journey.

DMT assists clients in bringing awareness of their felt experience and access the emotions that are held in the body. It gives a person the space to use creativity, play, and imagery to explore emotion awareness, expression, and response. For people with BPD trauma, early in life effects implicit memories and other right brain functions. Using movement in therapy is a more direct way to connect the right brain and bring awareness to unconscious emotions, feelings, and

actions. DMT can give individuals with BPD movement skills to help them stay grounded in the present moment and regulate their emotions.

The findings of this review suggest that DMT interventions combine a myriad of elements that might be useful in the future treatment of BPD. Through the intentional use of the body, the movement relationship, creative expression, imagination, and props, DMT provides a flexible environment for individuals with BPD to tackle healing work. Future research about the use of DMT as treatment for BPD is needed in order to fully uncover how DMT should be implemented with this population. It is my hope that this paper provides a deeper understanding of BPD that allows for future research and treatment to be approached through a more compassionate lens. Particularly, that dance/movement therapists begin to utilize both individual and group interventions as treatment for BPD. I believe that this would broaden the field of DMT as well as provide individuals with BPD with a wider scope of care, which is much needed.

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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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