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Trauma Effects, Empathy, and Dance/Movement Therapy: A Literature Review

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Master's Thesis

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Abstract

Trauma exists at many levels, affecting people in various ways biologically and emotionally. Trauma and adverse experiences have been researched, suggesting effects on the whole individual including their psychological, physical, and social wellness (Cristobal, 2018; Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018; Levy, Goldstein, & Feldman, 2019; Olofsson, Iddli, Hoffart, Eielsen, & Vrabel, 2020). Similarly, empathy and empathic behaviors exist on a varying scale as well. Investigating the effects of trauma on empathy, themes of resilience emerge in survivors of trauma and provide insight into alternative healing modalities. Dance/movement therapy and other mindfulness-based treatments provide a method of trauma-informed care that accesses the body and mind of the individual. The goal of this literature review was to gain greater insight into how empathy may be affected by trauma while looking to finding effective healing methods, incorporating the body and mind, to benefit those who have had traumatic experiences.

Keywords: trauma, empathy, compassion, resilience, dance/movement therapy, mind & body therapies, mindfulness, trauma-informed care, trauma effects, trauma response

Trauma Effects, Empathy, and Dance/Movement Therapy: A Literature Review

Introduction

"After all, when a stone is dropped into a pond, the water continues quivering even after the stone has sunk to the bottom." – Arthur Golden, Memoirs of a Geisha

Trauma is a chameleon; it wears many different faces and colors. The way it looks and the damage it causes, no circumstance looks the same. Research regarding early childhood trauma has suggested effects on the individual's psychological, physical, and social wellness (Cristobal, 2018; Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018; Levy, Goldstein, & Feldman, 2019; Olofsson, Iddli, Hoffart, Eielsen, & Vrabel, 2020). While traumatic events exist on a spectrum, we are still trying to decipher the extent of how individuals are affected. Evidence suggested that trauma and maltreatment can lead to a variety of psychiatric conditions including major depression, bipolar disorders, and borderline personality disorder (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018). I am curious, are there potential benefits that emerge from experiencing such hardship? If humans are as resilient as I believe them to be, is there potential for us to find rebirth from our adversity? Are we able to find connections once more, despite having our trust in the world around us disrupted? Research findings across multiple samples found the severity of childhood trauma was positively linked to empathy levels (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Renfrow, 2018, pg. 7). It is also suggested that empathy may be an "end-product" of posttraumatic growth, including increased compassion and prosocial behavior (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 2). The presence of trauma in daily life is increasing as trauma exists in varying degrees. The effects of second-hand trauma and generational trauma are becoming more

prevalent as well, making it increasingly more important to investigate trauma-informed care strategies (Berger, 2020).

Trauma exists at many levels, affecting people in different ways. Similarly, empathy and empathic behaviors exist on a spectrum too. When I investigated the effects of trauma on empathy, themes of resilience emerged in survivors of trauma. I believe practicing clinicians, through accessing the resilience of individuals after the presence of trauma potentially help provide a strong foundation on which healing takes place. The human being's ability to be empathetic and resilient can be greater accessed by the body as it is becoming increasingly more understood that individuals hold trauma in the body. The imprints of traumatic experiences are not organized as logical narratives but in "fragmented sensory and emotional traces, images, sounds, and physical sensations" (Van Der Kolk, 2014, pg. 178). Accessing these sensations is important to finding progress in one's emotional healing.

Modalities of treatment have the potential to impact the effectiveness of healing. If trauma affects the physical body, shouldn't the physical body be used to treat it? Dance/movement therapy is, according to the American Dance Therapy Association, "a process-driven approach to psychotherapy that involves embodied experiences through dance and movement to promote healing, self-growth, and wellness in individuals and communities." (American Dance Therapy Association's Multicultural & Diversity Committee, 2021). Survivors of trauma may be a population best suited to benefit from this form of expressive therapy. The body is the key to reclaiming one's sense of empathy and one's sense of self. Considering a trauma-informed framework, this literature review focuses on the questions: what are the effects of trauma on empathy? What does trauma look like in the body? How can dance/movement

therapy help to access the healing of trauma? How can dance/movement therapy rebuild empathy after experiencing trauma? The goal of this literature review was to gain greater insight into how individuals are affected by trauma, specifically their ability to empathize with others. Another goal was to create a stronger foundation of understanding regarding how the healing of the mind through the body can benefit those who have had traumatic experiences.

Trauma

The following literature review is organized into three sections. The first section will explore trauma, its researched effects, and the influence of trauma-informed care. The second section will look at the relationship between experienced trauma and an individual's empathy, both emotionally and physically, and how that looks in the context of a survivor. The last section will explore successful treatment options for trauma, specifically examining dance/movement therapy interventions and themes of healing from the body. Trauma is such a widespread topic, so the articles I examined connected an overview of trauma with empathy. Work with dance/movement therapy was explored in relationship to trauma survivors. Each article was looked at based on their guiding questions and how they related to the topics of the research, the methods of each article with the treatment of the trauma population in mind, and the limitations of each article, noticing what aspects of the population were being left out. The literature documented covered the effects of trauma on the individual's empathy, physically and mentally, intending to look at dance/movement therapy interventions to better support healing.

Understanding Trauma

Trauma occurs deep in the core of the brain and the body. From a biological perspective, when one experiences a threat, part of the limbic system, the amygdala, sounds off an alarm

within the body (Duros & Crowley, 2014, pg. 238). Automatically following, the sympathetic nervous system lights up and fills the bloodstream with stress hormones that encourage the fear-based responses of fight, flight, or immobilization (Duros & Crowley, 2014, pg. 239; Gray, 2017, pg. 44). These bio-emotional reactions can create lasting states of traumatization for the individual, affecting the middle prefrontal cortex and altering the connections between the prefrontal cortex and limbic areas of the brain including the hippocampus (Gray, 2017, pg. 44; Levine, Land, Lizano, 2019, pg. 43). Traumatic experience and exposure cause this disruption in fundamental information travel within the brain's structure. When an individual experiences this over-stimulated amygdala in combination with the under-functioning hippocampus, the traumatic situation or threat is stored in their implicit memory (Duros & Crowley, 2014, pg. 238).

The effects of trauma do not discriminate and are examined in a variety of populations including socially oppressed groups or cultures, survivors of sexual and childhood abuse, and trauma researchers and health professionals (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 191; Cristobal, 2018, pg. 68; Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 1; Berger, 2020, pg. 1). Individuals of all backgrounds may be exposed to trauma and have the potential to be greatly affected. Studies have shown that women have a higher risk of Post-Traumatic Stress Disorder than men (Levine, Land, & Lizano, 2019, pg. 40). However, it is important to acknowledge that many traumatic experiences are not public and the spheres in which they take place should not determine the eligibility of treatment for survivors. While men often cope with traumas identified as masculine, such as from war, women often deal with trauma related to sexual abuse or assault that they may be less inclined to disclose (Levine, Land, & Lizano, 2019, pg. 42). Situations of sexual abuse can involve an intense violation of the individual's emotional, physical, cognitive, and familial integrity (Cristobal, 2018, pg. 70).

Trauma has been recognized as “contagious” in the intensive ongoing interactions with those whose lives have been affected by trauma. These experiences are known to generate indirect trauma responses, identifying themselves as forms of vicarious trauma, secondary traumatic stress, empathic strain, and compassion fatigue (Berger, 2020, pg. 1). Secondary traumatic stress describes a response to traumatic material, caused by repeated exposure such as when health care or mental health professionals work with their clients (Berger, 2020, pg. 2; Wharne, 2020, pg. 3).

Charles Figley investigates countertransference as "an emotional reaction to a client by the therapist—irrespective of empathy, the trauma, or suffering" and defines it as "the process of seeing oneself in the client, of over-identifying with the client, or of meeting needs through the client" (Figley, Ludick, 2017, pg. 574; Kanter, 2007, pg. 289). His definition suggests that social workers' past life experiences prompt emotional responses to current work experiences. When engaging in work with survivors of trauma, specific countertransference reactions may involve displacements of emotions from the therapist (Kanter, 2007, pg. 290). However, it is how these reactions are responded to by the clinician that impacts the trauma work and whether they can maintain providing the best care for the client.

Trauma Effects

Trauma manifests in different ways, creating diverse symptoms within survivors. Through qualitative research, in addition to quantitative research, there is a greater opportunity to obtain information from survivors of various traumas through the insight of individual perspectives, opinions, concepts, and experiences. Increasing the risk of depression, traumatic events in childhood can also impact psychosocial and biological development well into adult life

(Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 1). Childhood trauma, for example, is prevalent in the development of eating disorders later in life (Olofsson, Iddli, Hoffart, Eielsen, & Vrabel, 2020, pg. 52). Trauma and maltreatment can lead to psychiatric conditions in survivors such as borderline personality disorder, bipolar disorders, and major depression (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 2). Even in single traumatic events, the effects on the individual can impact their entire lives.

Guilt has been well-documented in the development of Post-Traumatic Stress Disorder as the individual experiences regret related to their decisions and behaviors concerning their traumatic experiences (Valdez & Lilly, 2019, pg. 830; Olofsson, Iddli, Hoffart, Eielson, & Vrabel, 2020, pg. 55). For many survivors of traumatic histories, fear of loss of control developed and negatively impacted their subsequent life choices and interpersonal relationships (Berger, 2020, pg. 3; Bernstein, 2019, pg. 203). The experience of powerlessness can be incredibly distressing for the survivor (Wharne, 2020, pg. 12). This sense of chaos may feel like a mental and physical sensation. Dissociation between the body and mind is a key aspect of trauma that most survivors suffered, used as a coping skill to separate the person from the traumatic exposure and the following memories of the traumatic events (Cristobal, 2018, pg. 68). Individuals became triggered into a fight-flight alarm state where stress chemicals shut down their frontal cortex and their limbic brain was left to work, creating an inability to regulate emotions or process somatic change (Cristobal, 2018, pg. 71). This has been examined in survivors in a range of dissociation symptoms from psychological disorders that continue beyond the circumstances of their trauma to the inability to describe physical sensations (Cristobal, 2018, pg. 68).

Trauma-Informed Care

Trauma leaves behind a trail of negative residue. However, survivors who seek healing also possess a unique opportunity for immense growth and transformation. Serlin (2020) mentions the theory of post-traumatic growth which states that the breakdown of trauma can lead to a breakthrough in further positive growth (pg. 180; Lev-Weisel & Amir, 2006; Rosner & Poswell, 2006). Treatment modalities frequently used for individuals diagnosed with Post-Traumatic Stress Disorder are cognitive processing therapy, cognitive-behavioral therapy, dialectical behavioral therapy, and exposure therapy (Levine, Land, & Lizano, 2019, pg. 42). The focus of treatment is to help survivors find a sense of control in their thoughts and emotions. The Substance Abuse and Mental Health Services Administration's, or SAMHSA's, Trauma-Informed Care Principles for treatment include the following six items: safety, peer support, empowerment, collaboration, trust, and multicultural considerations (2014, pg. 10). Through the therapeutic process, these themes are encouraged through different methods and techniques. Wharne (2020) found three similar themes in the clinical application of trauma treatment: not disengaging when participants experience ambivalence and staying with the emotions revealed, exercising the use of timing and role in the therapeutic relationship to explore collaboration and empowerment in a trusting relationship, and working to understand the life of the client through awareness of the world experienced by the client (pg. 1). The therapeutic bond and the coherence of the practitioner are found to be associated with growth, along with supportive social networks, in survivors of trauma (Serlin, 2020; Wharne, 2020).

Clinicians who practice with a trauma-informed lens wanted to highlight the strengths of the individual, understanding that the personal strengths and ingenuity in navigating threatening situations play a role in the fact they are still alive (Bernstein, 2019, pg. 198). Elements of determination, courage, intuition, and creative problem-solving were developed as part of

overcoming difficult personal circumstances and, without acknowledgment, may not be integrated into the survivor's self-concept (Bernstein, 2019, pg. 198).

The Collaborative Change Model (CCM) was developed as a strength-based framework, offering therapists an effective way to work with clients through three distinct stages: Creating a Context for Change, Challenging Patterns and Expanding Realities, and Consideration (Duros & Crowley, 2014, pg. 240). The first stage focused on creating a stable environment, engaging with the clients to establish the trauma-informed care principle of safety (Duros & Crowley, 2014, pg. 239; Substance Abuse and Mental Health Services Administration, 2014, pg. 10, Gray, 2017, pg. 44). Next, the client was encouraged to explore their current situation and potentially develop new skills, trying new ways of thinking and behaving to expand their worldview. Post-traumatic growth, here, included transforming old limiting patterns with strength-based practices. Finally, the Consolidation Stage took the time to highlight changes within the individual, looking toward short- and long-term goals and planning for how to maintain positive growth through adversity (Duros & Crowley, 2014, pg. 240). The CCM may be beneficial for individuals who find a sense of comfort in the predictability and structure of therapeutic care as the stages create a beginning, middle, and end.

Mindfulness-Based Stress Reduction (MBSR) has also been explored in the treatment of trauma survivors. MBSR focuses on the gaining of mindful awareness while loving-kindness is introduced during various meditations; it also looks at mindfulness skills designed to decrease emotional reactivity in the face of negative affect-producing stressors (Valdez & Lilly, 2019, pg. 824; Britton, Shahar, Szepsenwol, & Jacobs, 2011, pg. 365). Emotional reactivity to stressors underlies psychopathological processes that add to symptoms of trauma from working to cope with the added stress (Britton, Shahar, Szepsenwol, & Jacobs, 2011, pg. 365). Within these

meditations, a major theme of this framework is the development of self-compassion as a key for positive growth in trauma survivors. This kindness toward oneself when holding painful experiences has been associated with lower levels of posttraumatic stress severity and maintenance of positive results seen after six months (Valdez & Lilly, 2019, pg. 824). This treatment reflected a reduction in shame, guilt, and loneliness as effects of traumatic memory. Higher levels of mindfulness and self-kindness were highlighted as individuals processed their interpersonal trauma. Standalone mindfulness-based approaches for the treatment of trauma have been shown as effective and incorporating them into trauma-informed focused interventions may enhance treatment outcomes by reducing negative self-concepts (Valdez & Lilly, 2019, pg. 831; Duros & Crowley, 2014, pg. 242; Bernstein, 2019, pg. 200; Serlin, 2020, pg. 176; Cristobal, 2018, pg. 68; Gray, 2017, pg. 43; Britton, Shahar, Szepsenwol, & Jacobs, 2011, pg. 367).

Valdez and Lilly (2019) presented two studies examining the effectiveness of MBSR in group work for trauma survivors: one of a sample of adult community childhood sexual abuse survivors and the other, veterans seeking treatment at a Veteran's Affairs hospital (pg. 824). Both studies demonstrated a decrease in PTSD symptoms following the MBSR course and that the results were maintained after six months for both groups. Involving trauma-informed principles and the inclusion of mindfulness led to results containing higher levels of self-kindness, making the clients more able to index interpersonal trauma than clients induced to approach their healing more analytically (Valdez & Lilly, 2019, pg. 828). This proved the notion that increased compassion and trust in the therapeutic space may counteract negative emotions associated with the traumatic memory and presenting symptoms, reducing shame, guilt, and loneliness (Valdez & Lilly, 2019, pg. 825).

With mindfulness-based techniques, it is important to recognize the potential harm they may have on individuals with trauma. Especially in techniques that use closed-eye methods or meditation, it is valuable for trauma-sensitive practitioners to respect potential dissociation (Treleaven, 2018). Dissociation is a coping mechanism in which a trauma survivor may experience the feeling of leaving their body or witnessing themselves while having no control over the situation (Treleaven, 2018). Rather than shame someone for not being able to maintain the mindfulness meditation or force them back into the present moment, a trauma-informed practitioner may invite the client to become curious about how dissociation is affecting their practice and enter into a conversation around how they can be best supported (Treleaven, 2018). Trauma-sensitive modification to mindfulness techniques include maintaining choice for the clients, watching for signs of dissociation, and incorporating movements into meditation practices (Treleaven, 2018).

Cultural contexts cannot be ignored, especially in trauma-informed practice. It is critical to explore what roles power, privilege, and oppression play in a survivor's experience (Cristobal, 2018, pg. 84). The practice of, and the research of, trauma-informed care is limited by inherent bias within the professional history of psychotherapy practice and accessibility (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 195). Much of the research analyzed within this literature review acknowledged potential limitations based on many principles of the mental health field being founded on western European ideologies (Gray, 2017, pg. 44; Levine, Land, & Lizano, 2019, pg. 42; Cantrick, Anderson, Leighton, & Warning, 2018, pg. 196; Bernstein, 2019, pg. 196). Ongoing communication with clients was the best educator in broadening the understanding of their unique values, beliefs, lifestyles, and culture (Bernstein, 2019, pg. 196). Without this interaction, access to genuine expression, human connection, and healing was

negated by furthering isolation and oppression (Cantrick, 2018, pg. 196). Cantrick et al. (2018) highlighted the clinician's intentionality to use anti-oppressive frameworks within their therapeutic interventions to seek a greater understanding of the client (pg. 197).

Trauma and Empathy

Trauma Effects on Empathy

For the exploration of this literature, empathy was defined by Merriam-Webster as:

> the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner. (2011)

Empathy is often demonstrated by the ability to recognize the thoughts and feelings of others and the ability to respond with appropriate emotions (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 1). Cognitive empathy and affective empathy are facets that describe the ability to place oneself in the perspective of another's mental and emotional state. The following studies examined the effects of trauma on empathy. Starting with the journal by Greenberg et al., the effects of childhood trauma on the individual's empathy levels during their adult life were explored after stating that there was little research describing the relationship between trauma and empathy specifically. They claimed that research has yet to confirm if empathy in adulthood is linked to traumatic events, particularly in childhood (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 1).

However, it was known that trauma increases emotional attention due to the increase in amygdala responsiveness (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 2). The increase in emotional awareness could potentially improve the ability to recognize, understand, and react to emotional states in others in comparison to individuals who have not experienced trauma. In this journal, two studies were conducted to examine if empathy is altered in adults who have experienced childhood trauma (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 2). The results of the first study showed that the group who had experienced trauma scored higher on Affective Empathy than the no-trauma group, suggesting that this affective component of empathy is strongly linked to empathy scores in adulthood. The second study noticed the effect of childhood trauma significantly impacted Global Empathy, the ability for individuals to take alternative perspectives and have empathic concerns (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 6).

Each study considered the severity of trauma experienced and found positive correlations between the severity of experiences and empathy scores. However, there were no significant effects of age during trauma on empathy scores (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 5). While the general findings showed, on average, elevated empathy levels in adults who reported experiencing traumatic events in childhood, the population examined was not highly diverse. The population was mostly White, with 69.5% female and 30.2% male, and the questionnaires used to measure the presence of childhood traumatic events and adulthood empathy levels were self-reported by the participants. Greater diversity in the sample explored would have provided a greater potential application for the findings. Future research studies would benefit from measurement instruments more consistent throughout the whole sample. While there was a link found between empathy levels and trauma, there may have

been psychological mechanisms nurturing empathy that have yet to be identified (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 8). I want to note that this may include social support following the traumatic experience or biological and environmental factors, as interpersonal relationships present may provide greater opportunity for empathic understanding and experiencing.

However, the concept of empathy is a form of experiencing and the mode of perception for experiences is vulnerable to the disruption of traumatic events. Wilde (2019) pursued understanding to what extent PTSD can be understood as intersubjective psychopathology to view the implications this might have for treatment (pg. 141). Proposing that trauma disrupts the ability to empathize, the article looked at trauma's ability to severely impact how an individual perceives others, themselves, and the world. Empathy dictates that one can directly access another's mental and emotional states based on assumptions that humans are psychophysical beings (Wilde, 2019, pg. 143). Through directly experiencing other bodies as lived bodies, compared to object bodies, empathy is a means of accessing another subjectivity. Every potentially traumatic event does not have long-lasting psychophysical effects on the affected individual, but an individual suffering from PTSD may feel no one can understand their situation and experience an inability to connect with others (Wilde, 2019, pg. 144). Another individual may be experienced as a source of threat and incite a fight-or-flight response instead of an opportunity of connection. Wilde argues that traumatized individuals are unable to perceive the affordances others may offer because their ability to experience empathy is impacted. This relationship between trauma and empathy highlights a lack of trust or sense of safety in the world, causing feelings of detachment commonly described by survivors of trauma (Wilde, 2019, pg. 145).

The next study accumulated evidence surrounding social neuroscience to suggest that mature human empathy relies on two types of processes potentially impacted by the effects of chronic trauma (Levy, Goldstein, & Feldman, 2019, pg. 1). The samples were taken from a population of Israeli families either from Sderot, a town that has suffered decades of rocket and missile attacks, wars, and military operations for a trauma-exposed group and other areas in the center of Israel as a control group. By examining neuroimaging results and behavioral results, researchers noticed that chronic stress impacted the mother's empathic ability and indirectly affects the neural basis of empathy by disrupting the coherence of brain and behavior (Levy, Goldstein, & Feldman, 2019, pg. 1). Looking into the effects of chronic trauma exposure on the behavior of Israeli mothers in showing empathy for their children, empathy was understood as a multifaceted psychological construct that plays a key role in interpersonal relationships. This study did not test directly for clinical interventions but demonstrated that chronic stress- and trauma-exposed mothers do not display typical empathic brain activity and behavior (Levy, Goldstein, & Feldman, 2019, pg. 7). The research concluded with both agreements and disagreements to their original hypotheses, maintaining a critical lens on potential future research.

Trauma, Empathy, and Resilience

Within the literature, the connection between trauma and empathy is associated with a discussion surrounding resilience. Experiencing a traumatic event provided an opportunity for personal growth and exploration. Recovery and resilience that follow a trauma have been observed in the general public, resulting in factors such as self-enhancement, coping styles, and adapted personality traits (Greenberg, Baron-Cohen, Rosenberg, Fonagy, & Rentfrow, 2018, pg. 2). The emotional processes involved in experiences of resilience, trauma, and empathy provide insight

into these connections and potential treatment methods in the mental health field. Resilience, the ability to become stronger and successful after the traumatic experience, is a key piece of a client's healing and is also an important aspect of the clinician's work (Campbell, 2019, pg. 221).

Posttraumatic growth, as it is conceptualized, is a form of resilience. It is attained when the individual is strengthened by their difficult life experiences. However, promoting this resilience potentially raises an expectation that mental health professionals should toughen up, disconnecting from any empathic feelings understood with their client's trauma, or even their own (Wharne, 2020, pg. 2). Values of resilience associated with posttraumatic growth penalize the potential for empathy. In clinicians who work with trauma survivors, the fostering of empathy is an important piece of their practice. Therefore, the therapist's empathy in the therapeutic bond is associated with growth in the client regarding their ability to connect in a supportive social network (Wharne, 2020, pg. 4).

In examining an account of empathy, Stein observed an instrumental role of emotions in the social processes of human beings (Wharne, 2020, pg. 15). According to Edith Stein's exploration of empathy, there are three levels to help individuals better understand others and themselves. The first was the sensual awareness of the emotional state of others and how it was felt in the body (Wharne, 2020, pg. 4). The awareness resonated, creating opportunities to move to the next level of attempting to explicate what another person experiences. In this second level, one became aware of their personal feelings in this felt sensation of which another's experience happens to them. The third level required the practitioner to return to a concerned understanding of the other person, in response to their lived experience. When working with individuals who have lived through trauma, the emotions developed are beyond a reaction to the distress but are

because their world is not how they thought it would be (Wharne, 2020, pg. 5). The felt experience encompasses the missed expectations, the disappointment and frustration, and the embodied sensation of the trauma experienced by the other individual.

For a trauma survivor, resilience played a major role in the healing process. As uncovered previously, "embodiment" is an important piece in resilience and acquired empathy (Wharne, 2020, pg. 5). With that, Serlin (2020) explored a Whole Person approach to working with trauma, building resilience, and developing individual and community improvement (pg. 176). From destruction to reconstruction, trauma survivors created their path of resilience. In this context, resilience was measured by the capacity to recover after trauma and rebuild a life of growth despite the experience (Serlin, 2020, pg. 178). These developments of resilience were seen in physical, psychological, and social domains. The work of a clinician was finding ways to facilitate resilience in the client, building optimism and self-efficacy, to assist posttraumatic growth in the various domains. Art has the potential to bring about this type of healing and growth by developing creativity to access these characteristics of growth (Serlin, 2020, pg. 176). Through the arts, the trauma survivor has access to various types of thinking, communicating, problem-solving, as well as connecting with themselves, their imagination, and others (Serlin, 2020, pg. 178). When considering the accessibility of treatment, an arts-based Whole Person approach to the work provides alternative ways of healing.

A final element in this category I would like to give attention to is compassion as there is a potential link between empathy and compassion in work with trauma survivors. From the perspective of the clinician, empathy is the connection one makes with the client. Compassion, on the other hand, is how the clinician takes care of their own needs when faced with repetitive exposure to secondary trauma. The constructs of secondary trauma and compassion fatigue from

social workers bring about an awareness of the stressors present in their work (Kanter, 2007, pg. 289). Compassion is the tool by which clinicians protect themselves from burn-out and vicarious trauma as they continue their work with survivors.

Implementing DMT for Trauma Treatment

The Mind/Body Connection and Trauma Treatment

Understanding that trauma reactions occur at a biological level, we understood that trauma survivor symptoms manifest both physically and emotionally. By exploring the connection between the body, the mind, and the brain in individuals who have experienced traumatic events, researchers highlighted how multifaceted treatment methods that target these areas are potentially more effective in treatment (Levine, Land, & Lizano, 2019, pg. 40). The brain's structure and basic processing system hinted at the value of involving the body in a PTSD treatment process. When traumatic events affected the connection between the limbic areas and the prefrontal cortex in an individual with PTSD, the disruption created a dissociation of the body sensation from consciousness (Levine, Land, & Lizano, 2019, pg. 44).

It was useful to consider the body's relationship to power and privilege as I integrated a multicultural lens into the therapeutic work. Oppression is viewed as a form of collective trauma, perpetrated between groups, as it drives a rift between the body and the perceived sense of self (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 193). Joy DeGruy's Post Traumatic Slave Syndrome (PTSS) is a theory the investigates the etiology of many of the survival behaviors in African American communities throughout the United States. It acknowledges the conditions that exist as a consequence of multigenerational oppression of Africans and their descendants through centuries of slavery (Campbell, 2019, pg. 215). Assaults varying from microaggressions,

a term coined by Derald Wing Sue, to macroaggressions asserted a sever in the mind-body connection (Sue & Sue, 2015). This body-based lens must be included in the understanding of how trauma is kept and then healed. From there, this understanding of oppression provided a medium in which practitioners worked to reduce the harmful effects of this trauma on the body. The mind-body connection was disrupted, yet the body was still a vehicle for interpreting how oppression and trauma exist in both a marginalized and dominant group (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 193). As research regarding the impact of society on the body grows, it also becomes clearer that individuals who hold multiple marginalized identities are at a greater risk of perceiving their bodies as separate from their sense of self (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 193).

As researchers and clinicians, exploring this work requires care and an awareness of one's limitations, inherent biases, and history in addition to the socio-cultural circumstances of the individual in treatment. When looking at the mind-body connection in an anti-oppressive framework, assessment of movement must look to understand the client's movement repertoire within their cultural context (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 197). Truly incorporating trauma-informed principles with the mind-body connection in healing requires the ability to accommodate the complexities of intersectionality (Cantrick, Anderson, Leighton, & Warning, 2018, pg. 192). Understanding the multifaceted repercussion of trauma, the presence of trauma symptoms highlights that the most effective treatment options integrate alternative approaches to calming the nervous system in addition to traditional therapy modalities (Duros & Crowley, 2014, pg. 237). One form of treatment for this population, emphasizing the mind-body connection, was dance/movement therapy.

Dance/Movement Therapy as Trauma Treatment

Therapies that engage the mind and body may be the most effective in healing enduring symptoms of trauma. Movement is seen as having beneficial effects on improving mood states and has the potential to add dimensions of positive social interaction (Mala, Karkou, & Meekums, 2012, pg. 289). Dance/movement therapy is a treatment that invites the body to tell the story words cannot. One way this can be done is through the use of movement metaphors. These are a form of nonverbal communication that may provide insights into the individual's patterns of behavior, beliefs, and relationship (Meekums, 2002, pg. 28). Metaphor is a powerful medium for exploration in therapy due to its capacity to hold many layers of complex meaning (Meekums, 2002, pg. 29). In trauma treatment, movement metaphors offer a tool to create and manipulate meanings without directly discussing adverse experiences.

Levine, Land, and Lizano (2019) explored the use of dance/movement therapy to specifically treat women suffering from Post-Traumatic Stress Disorder (pg.40). By engaging the body as part of the therapeutic process, individuals with PTSD were more able to access fragmented memories of their traumatic experiences (Levine, Land, & Lizano, 2019, pg. 44). Standard treatment modalities for women diagnosed with PTSD are cognitive-behavioral therapy, cognitive processing therapy, dialectical behavioral therapy, exposure therapy, and eye movement desensitization and reprocessing; none of which focus on engaging the limbic system, the hippocampus, or on the body as a whole in treatment (Levine, Land & Lizano, 2019, pg. 43; Duros & Crowley, 2014, pg. 243). The incorporation of dance/movement therapy into traditional trauma treatment highlighted the beneficial use of structure, artistic interventions, and the power of working in groups.

At this time, I would like to talk about the themes that were mentioned in the therapeutic space, the use of DMT to uncover these themes, and the benefit of them with this population of

women who suffer from PTSD. The beginning of the session emphasized a time for the therapist to assess movement qualities that would be explored within the session as well as build rapport and trust in the DMT setting (Levine, Land, & Lizano, 2019, pg. 48). This provides the therapist with an opportunity to guide the client into experiencing movement in an environment that feels supportive. Establishing trust and a positive sense of self within this space may encourage the individual to welcome other people into their space too. I like to refer to the middle of a DMT session as the “theme development.” Within this portion of a session, the therapist works with the survivor of trauma on a variety of themes that may best suit the client’s healing process. Metaphors were found to be useful as opposing themes can be integrated to help the client investigate the expression of feelings (Levine, Land, & Lizano, 2019, pg. 49). Knowing the previous discussion about the body holding onto trauma, involving the body in accessing stored memories may be a key component in trauma treatment. Strengthening the mind-body connection, bringing awareness into the physical self, works towards helping the individual be aware of their experiences in their bodies once more (Levine, Land, & Lizano, 2019, pg. 50). They found that DMT helped individuals become aware of their body in space and how they related to others around them. From there, work around empowerment and decreasing self-identification as a victim may decrease felt shame or guilt often experiences by survivors of trauma (Levine, Land, & Lizano, 2019, pg. 51).

Multicultural and Trauma-Informed DMT

Continuing to explore the potential of DMT in the treatment of trauma survivors, cultural applicability is increased with the incorporation of polyvagal theory. Polyvagal-informed DMT supports embodiment (Gray, 2017, pg. 44). It targets the psychological and emotional symptoms of trauma through the physiological state shifts, which occur through experiencing the body.

This opens dance/movement therapy, a practice with foundations in western theories, to be more multiculturally inclusive. Gray (2017) discussed the intersections of science and DMT, applying what is known about biochemistry to deepen clinical work by accessing neurological underpinnings of the client's healing (pg. 44). The use of movement, dance, music, and rhythm within dance/movement therapy are resources for the body's physiological state. These tools, when used in a space honoring the relationships and safety of individuals, promote expression. This promoted expression creates opportunities for connection, fostering empathy on a worldwide stage. Through her global Polyvagal DMT, Gray created the "Kind Faces Campaign." The Kind Faces Campaign encourages the awareness of individuals who may appear sad, afraid, or disconnected to be followed by the action of reaching out through offering kindness: in one's eyes, facial expressions, or gestures (Gray, 2017, pg. 46). This research came with a perception that empathy and compassion, similar to the possession of a body, are universal and therefore, functional and welcome.

Another researcher and practitioner, David Alan Harris, described his application of dance/movement therapy in post-conflict Sierra Leone with former child combatants (American Dance Therapy Association, 2014). This group of boys who had witnessed the deaths of their families and then forced to join the organization that had done so exhibited great difficulty in recognizing their feelings about the experiences. Their ability to express empathy was damaged as they were unable to express concern for anyone, not even themselves (American Dance Therapy Association, 2014). Harris noticed a severe mind-body split in the boys and aimed to foster recovery despite the terrors that they lived and the resulting alienation from their communities. Establishing trust and safety, the boys named themselves Poimboi Veeyah Koindu, Orphan Boys of Koindu in their tribal language (American Dance Therapy Association, 2014).

Dancing together reprogrammed the ex-boy-soldier's traumatized nervous systems and fostered resilience and recovery as the youths moved with rigor and purpose (American Dance Therapy Association, 2014). Over time, the boys in the group began to portray their experience with conscious movement choices, depicting their dual identities as both perpetrators and targets of violence. Organizing their experiences, the group navigated paradoxical needs for acceptance and accountability. Through dance/movement therapy, the ex-boy-soldiers were able to connect socially, rebuilding their empathy, and then culminating in being embraced back into their communities (American Dance Therapy Association, 2014).

Dance/movement therapy provides an emphasis on movement, interpersonal connection, and creative expression that may hold benefits for individuals of various ethnic identities including African Americans in the United States (Campbell, 2019, pg. 215). Intergenerational trauma is the passing of trauma down from one generation to the next. The connections between slavery and oppression are perpetuated in the bodies of Black individuals through the impact of intergenerational trauma as well as current oppressive systems (Campbell, 2019, pg. 216). Dance/movement therapy looks into the physical manifestation of this oppression and the influences of individuals, family systems, and communities to take steps moving forward in the healing process of trauma (Campbell, 2019, pg. 221).

Trauma-Informed DMT: Reclaiming Empathy and the Body

Using what we know about trauma's relationship to the body, engaging the body as part of the treatment leads to more efficient, effective, and long-lasting results. The use of DMT allows the potential to shift a client's embodied narrative from one of hardship to one of empowerment as they can rewrite their body stories (Cantrick, Anderson, Leighton, & Warning,

2018, pg. 199). Here, I wanted to look at empowerment-focused dance/movement therapy with trauma recovery. This approach's overall objective is to free the survivor from the physical and emotional impacts of trauma that may persist in their body, mind, and spirit (Bernstein, 2019, pg. 194). From the practicing clinician's perspective, broadening the understanding of the values, cultures, beliefs, and lifestyles of the clients is an important focus. There is ongoing communication between the therapist and the client that deepens the development of emotional safety in the process of accessing trauma-related memories or feelings (Bernstein, 2019, pg. 194). With the DMT component of this work, the body is an ally for recovery. In this way, dance/movement therapy interventions focus on building emotional strengths and providing opportunities to bring in more empowered psycho-physical states to replace negative muscle memories (Bernstein, 2019, pg. 198). Understanding that the verbal focus on therapeutic themes may be emotionally overwhelming, movement is offered in the space as a way to address the themes while feeling safe and supported. Overall, the work of dance/movement therapy looks at the capacity to reshape the way trauma has inhabited the body.

Dance and movement possess the power of imagery and symbolic expression. The use of metaphor through movement provides pathways for approaching difficult topics. It is first important to ensure creative dance imagery incorporates symbols that are understood and familiar to the culture of the populations. From there, these metaphoric themes and narratives let the client externalize thoughts and feelings without having to directly immerse themselves into vulnerable content (Bernstein, 2019, pg. 200; Cantrick, Anderson, Leighton, & Warning, 2018, pg. 199; Duros & Crowley, 2014, pg. 242). This cultivation of imagination through movement expands opportunities for changes in self-image. Bernstein (2019) mentioned that the process of using metaphoric movement nurtured injured aspects of self-concept while it supports building

non-verbal support within the client's community. Building confidence in vocal expression evoked a sense of agency, dignity, and clarity (pg. 206). "Dancing Stories" become an improvisational process that looks at the survivor's narrative, deleting self-judgments and encouraging important shifts of perception. I believe it is valuable to include empowerment of the self in trauma treatment because the perception of self is critical when engaging or empathizing with others.

Levine, Land, and Lizano (2019) talk about the need for improved interventions for PTSD and empathy, including the use of mirroring (pg. 50; Cristobal, 2018, pg. 82). Through mirroring, the therapist can pinpoint and exaggerate movements that the client may not notice within themselves for exploration. At the same time, the survivor is provided an opportunity to bring focus and care into a working partnership. Attuning to personal thoughts, feelings, and movement patterns is amplified as they are also bringing the same attention to another person in the shared space (Cristobal, 2018, pg. 82). This awareness ties practices of mindfulness to the processing of trauma recovery. By engaging clients in the mind-body approach with the heightened level of mindfulness, the client can work to develop skills for managing their psychophysiological and emotional dysregulation (Duros & Crowley, 2014, pg. 237). Once it is understood that the mind and body are related to each other in the experience and healing of trauma, the work can include the physical self to look for answers on how to best serve the client. Other interventions that include a mind-body integration are mindfulness practices and yoga, offering a structure for building body awareness that a client may lack or fear while experimenting with noticing their inner experience of the present (Duros & Crowley, 2014, pg. 242).

Touch

I intentionally looked at the use of touch separately from other interventions and themes in dance/movement therapy work with trauma survivors and empathy. Touch, as an experience for individuals, may have sensitive connotations, especially for individuals who are survivors of sexual abuse. Touch provides critical information throughout one's life, playing an important role in the development of relationships and providing physiological input about an environment one is in (Cristobal, 2018, pg. 69). Acknowledging that touch may be a healing component in reclaiming the body, touch can address productive elements of therapeutic goals in working with survivors. At the same time, touch may be a triggering stimulus for the individual. The survivor's experience of touch must be understood from the perspectives of power, privilege, and oppression (Cristobal, 2018, pg. 84). As I mentioned earlier, the separation between body and mind is common in trauma survivors and is often a coping skill to help separate the person from the traumatic event. If a clinician is to include touch within this trauma-informed DMT framework, they must continuously attune to the survivor's level of arousal, distress, and resilience. Touch integration, with appropriate and ethical use, can support the survivor's ability to find healing from their trauma experiences (Cristobal, 2018, pg.75). DMT interventions with touch are understood as a way to bring in different, creative perspectives to the healing process and bringing tactile awareness to the body in the treatment of trauma. The use of touch in this therapeutic context is to benefit the individual by acting as an added stimulus, promoting an increase in feeling and sensation (Cristobal, 2018, pg. 73).

Introducing touch in the psychotherapy and DMT models exists on a continuum. With goals of understanding boundaries, re-establishing intimacy with oneself and others, the expression of feelings, and learning to regulate one's emotions and thoughts about the body, touch can be involved in the process. The inclusion of touch varies from touch metaphors and

touch by proxy with props or music to direct physical contact experienced from the self or others (Cristobal, 2018, pg. 74). With understanding boundaries, waking up the skin with touch strengthens the understanding of a natural boundary which may empower the individual's embodied identity. Allowing the self to fully access their body with touch helps them to dissolve the distance between themselves and others, furthering potential intimacy that can be experienced (Cristobal, 2018, pg. 81). Nurturing touch extends the work in restoring the survivor's ability to understand their boundaries and how they may interact, intersect, and react to others. In other words, therapeutic touch offers restoration of lost empathy.

Discussion

Trauma weaves into one's identity, involving itself in every aspect of an individual. I am thankful for the breadth of research regarding trauma that is available and found value in the connections of experienced trauma and empathy. Symptoms of trauma manifest both psychologically and physically. An individual's limbic system lights up, creating lasting trauma reactions even long after the individual has reached safety. This literature worked to also emphasize the social implications of trauma effects. Distrust of the self and others was notedly common in survivors of trauma, regardless of the form they may have experienced. The effects of trauma are more intricate than being solely changes in emotional processing. In looking to rebuild broken connections, therapeutic interventions must include core themes of trauma-informed care. This provides the ability to understand the self and others as entities built on processes of emotional availability and exploration (Wharne, 2020, pg. 12). The physical and biological elements that have been researched throughout the literature hint at alternate treatment modalities. If trauma's effects are found to be rooted in the body, the treatment should begin at the same place. Empathy and the intentionality of experiencing another's emotions may best

benefit from treatment that looks at the lived experience of the body as well (Wilde, 2019, pg. 142).

Dance/movement therapy with a trauma-informed lens noted that emotional and psychological changes and healing cannot have long-term effectiveness without physiological adjustments (Gray, 2017, pg. 43). The best way to do this is to work directly with experiencing the body. Throughout my understanding of DMT and the literature reviewed, the practice offers themes of safety, trust, compassion, and collaboration that are required in work with trauma survivors. Both trauma and empathy are felt experiences. Dance/movement therapy and other mindfulness strategies involving the body aim to address tension in the physical space to encourage a letting go and release (Gray, 2017, pg. 207). Movement, then, provides an opportunity to build empowerment of the self and connections with others. However, considerations of the client's experiences and their relationship to their body must be taken to ensure safe, deep explorations of conscious and unconscious feelings. Physical touch, although a great tool, may not be beneficial for every survivor and it may take time to prepare them for tactile sensations. At the same time, touch by proxy through props and music may hold power and value. The emotional and psychological ability to take up space in a room and space in relationships with others all begins in the body.

There is a plethora of information regarding the intersection of trauma and empathy. In my attempt to include trauma as a broad topic, I missed the opportunities to dive deep into specific types of trauma experiences and how they shape resulting empathy abilities. For example, trauma associated with individuals of addiction was not explored throughout this round of literature. However, this broad scope allowed me to approach the literature with an open mind of what trauma may present as for different individuals. I believe we can assume that every

client has experienced some degree of trauma and the client's perspective of the experiences are what should guide the clinician in creating a treatment plan. Moving forward, it would be valuable to investigate trauma in association with the biological effects of long-term substance use. Further research would benefit from focusing on specific populations within the scope of trauma and how specific experiences may shape their access to treatment, level of dissociation from their body, and social repercussions. It may also benefit exploring the role of empathy in relationship with other social behaviors observed after trauma. The benefits of exploring trauma in a broad context are paired with less opportunity to pursue literature that covered more prosocial behaviors following trauma such as diving into self-compassion with more detail. Since trauma can severely impact an individual and the way they perceive themselves and others, a wide variety of prosocial behaviors may want to be worked on in treatment for interpersonal goals (Wilde, 2019, pg. 145).

Overall, the compilation of this literature review can bring attention to the power of using movement and the body to foster interpersonal connections, specifically empathic experiences, for individuals who have experienced a wide variety of traumatic events or environments. Dance/movement therapy makes nonverbal treatment accessible and manageable, targeting the physiological hold trauma may have on the individual.

Conclusion

I understand trauma to be a complicated area of mental health. Symptoms of trauma manifest differently in different people. A traumatic experience for one individual may elicit a unique response in another. Regardless of how it presents, there are both emotional and biological responses to traumatic incidences and adverse experiences. Empathy is a tool in the

healing process as well as a potential casualty. Reading through the literature, I found that there is growing research that looks at the healing of trauma. Mindfulness techniques, including elements of dance/movement therapy, can be a beneficial tool in this process. It also requires trust and compassion from the therapeutic relationship. I am interested in the themes and interventions within DMT that work to assist the trauma survivor in reclaiming their sense of self, their body, and their ability to demonstrate empathy for themselves and those around them. Through this literature review, I have increased my understanding of treatment methods for this population, highlighting the importance of treating the whole self in therapy: physical and mental.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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