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Healing Expressions: A Dance/Movement and Yoga Therapy Method for Emotional Sobriety

Capstone Thesis

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Abstract
Substance use disorder (SUD) affects 1 in 12 Americans aged 12 or older and brings with it devastating consequences to the individual, their family, and society as a whole (SAMHSA, 2016). Considered a chronic disease, over 85% of individuals in recovery from SUD relapse within their first year of sobriety (Sinha, 2011). Poor emotional regulation and stress tolerance are noted among the highest predictors of relapse (National Institute on Drug Abuse, 2020; Sinha, 2011). It is essential that these skills, termed “emotional sobriety”, be an integral element in the treatment process for those suffering from substance use disorder. This study explored the combination of dance/movement and yoga therapy, with their shared emphasis on interoception and self-awareness and their unique contributions of expression and regulation, to provide an effective intervention in addressing emotional sobriety in substance abuse treatment. The intervention was carried out at a residential treatment facility for adults with SUD over the course of two sessions. Results showed promising psychological and physical shifts within the participants and supports the validity of further research into the combination of dance/movement and yoga therapy for emotional sobriety.

Healing Expressions: A Dance/Movement and Yoga Therapy Method for Emotional Sobriety

Introduction
Emotional sobriety can be defined as the ability to effectively manage one’s emotional response to the world around them (Herbert, 2012). In the field of substance abuse treatment, emotional sobriety has become recognized as essential to living a healthy and fulfilling life as well as a key component of long-term sobriety (Herbert, 2012). The belief is that learning to
fully feel, tolerate, and process emotion in a healthy way decreases unhealthy expressions of emotion that may interfere with sobriety. Furthermore, emotional sobriety combats the urge to dissociate from the emotion itself via substance use (Dayton, 2008).

Emotions bring with them changes in physical sensations in the body, such as an increase in heart rate that accompanies anxiety (Dieterich-Hartwell, 2019). In this way, emotions bridge the mental and physical elements of being, thereby creating a direct link of body and mind (Freund, 1990). Interoception, or the ability to be aware of changing internal physiological states, including emotional and mood state awareness, contributes to emotional processing, recognition, and the ability to regulate our affect and have a clearer sense of self (Deiterich-Hartwell, 2019). To date, much research has been conducted on cognitive interventions for the management of emotion, yet aside from Dialectical Behavioral Therapy, little has been done to explore the physical and embodied experience and treatment of overwhelming or dysfunctional emotional states. While it is known that certain physiological changes can have an effect on emotional states and vice versa, such as muscle relaxation and a decrease in anxiety (Freund, 1990), there is little research into body-based treatments for emotional wellness (Barton, 2011).

Two therapeutic forms that share a focus on body-based treatment are dance/movement therapy (D/MT) and yoga therapy. There exists promising evidence that yoga therapy can aid as an adjunctive therapy in the treatment of substance abuse (Breslin et al., 2002). There are limited yet encouraging studies showing that dance/movement therapy is also an effective and necessary component to substance abuse treatment, especially due to the disembodied nature of ongoing addiction (Caldwell, 1996). Currently there is very little research exploring the connection between or combination of D/MT and yoga therapy (Barton, 2011). Borskey (2007) interviewed practitioners who utilize both dance/movement therapy and yoga in practice and found that
D/MT and yoga “both address the fact that emotions are dealt with in practice; they address the issue of knowing the body/body awareness, observation skills, and anatomy” (Borskey, 2007, p.91). It is clear that these modalities share a common goal of interoception and emotional sobriety and may be combined as a treatment method towards that gain.

In order to contribute to the limited exploration of dance/movement therapy and yoga therapy as a combined intervention, and to pioneer this type of research within the context of emotional sobriety, the focus of this capstone research was to develop a method which interweaves these two modalities for use in substance abuse treatment.

**Literature Review**

*Substance Use Disorder*

According to the National Survey on Drug Use and Health (NSDUH), 20.1 million Americans over the age of 12 (7.8 percent) have a substance use disorder (SAMHSA, 2016). The Substance Abuse and Mental Health Services Administration (SAMHSA) defined substance use disorder as “the recurrent use of alcohol and/or drugs [that] causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home” (2020). According to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) the essential feature of a substance use disorder is “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (American Psychiatric Association, 2013). The DSM-5 outlined eleven criteria of evaluation when diagnosing SUDs. These criteria fit within 4 overall groups of impaired control, social impairment, risky use, and pharmacological criteria and are as follows:
1. Substance is often taken in larger amounts and/or over a longer period than the individual intended.

2. Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from effects.

4. Craving or strong desire or urge to use the substance.

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued substance use despite having persistent or recurrent social or interpersonal problems causes or exacerbated by the effects of the substance.

7. Important social, occupational, or recreational activities given up or reduced because of the substance.

8. Recurrent substance use in situations in which it is physically hazardous.

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

10. A building of tolerance to the substance.


Costs of Substance Use Disorder

Substance use disorders take a high toll on the individual, their families, and the community as a whole. Societally, SUDs cost America more than $740 billion dollars annually
in lost workplace productivity, healthcare expenses, and crime-related costs (National Institute on Drug Abuse, 2017). Individually, those who suffer from a substance use disorder suffer greatly in almost all areas of their lives. As reflected in the DSM-5 criteria of SUD, people with SUDs often neglect other areas of their lives such as work, school, or home life (American Psychiatric Association, 2013). Oftentimes their ongoing substance use causes serious social and interpersonal problems and causes them to withdraw from their social, occupational, and recreational supports (American Psychiatric Association, 2013). Despite high rates of relapse, addiction is considered a highly treatable disease and there are numerous treatment centers in America specializing in substance use disorder treatment.

_The Twelve Steps of Alcoholics Anonymous_

The most prevalent and far-reaching treatment with the substance abuse population is the twelve-step program of Alcoholics Anonymous (Thomson, 1997). According to SAMSHA (2013), approximately 74% of substance treatment facilities utilize the Alcoholics Anonymous program. This program operates from a disease model, viewing addiction as chronic, unremitting, progressive, and potentially fatal (Thomson, 1997). Within this premise, an alcoholic or drug addict is never fully “recovered” but rather forever in an ongoing process of “recovery” (Thomson, 1997). The process of recovery within Alcoholics Anonymous consists of maintaining complete abstinence from all intoxicating substances, regularly attending AA meetings, obtaining a sponsor, working the steps, and spending time regularly in meditation and/or prayer (Thomson, 1997).

In the first step of the twelve-step process the addicted individual admits powerlessness over their substance of choice and that their life has become unmanageable because of ongoing use (Alcoholics Anonymous, 2017). Steps two through eleven encourage the individual to
honestly and humbly self-reflect on all facets of themselves and their lives, to make amends where needed, and to turn their will and their life over to the care of a Higher Power, whatever they may conceptualize that power to be (Alcoholics Anonymous, 2017). The final step in the program states, “Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs” (A.A., 2006, p.vi).

Relapse

Addiction is considered to be a chronic, relapsing disease, meaning that once diagnosed with a substance use disorder an individual is either sober or in a relapse. Rates for relapse among those in recovery from substance abuse are estimated to be between 40 and 60% (National Institute on Drug Abuse, 2020). This percentage jumps to more than 85% when observing individuals within the first year of sobriety (Sinha, 2011). Inability to manage stress, negative mood and anxiety are among the most common triggers for relapse (National Institute on Drug Abuse, 2020; Sinha, 2011). Studies show that those recovering from drug and alcohol abuse have higher basal ACTH levels and blunted stress and cortisol responses, which may in turn make them more susceptible to becoming overwhelmed by stressors (Sinha, 2011). Research suggested that these individuals also show decreased ability to regulate their impulses and emotions (Sinha, 2011). Without tools of self-regulation, those in recovery are at a higher rate for relapsing due to overwhelming emotions or life stress.

Emotional Sobriety

Wilson (1958), founder of Alcoholics Anonymous, first wrote about emotional sobriety in a letter to a sober friend struggling with depression. He stated that the emotional issues which he had experienced in sobriety resulted largely from insecure attachments and “dependencies” (Wilson, 1958). It is known that skills of self-regulation originate from the modeling of an
“external regulator” or caregiver (Dayton, 2008). These caregivers teach individuals how to bring themselves back into a state of balance when their emotions start to become overwhelming, and slowly, over time, through this modeled regulation, individuals become able to do this on their own accord.

When people do not learn adequate skills of self-regulation in childhood, they may look outside of themselves to provide that sense of calm or peace that cannot be created on their own (Dayton, 2008). In those struggling with substance abuse, the ability to self-regulate has either been underdeveloped, or has been lost due to leaning on the substance for a fraudulent sense of balance and control (Glidden-Tracey, 2015 & Thomson, 1997). When this happens, alcohol and/or drugs are utilized in service of avoiding the experience and acknowledgement of emotion, and to uphold a façade of being in control (Thomson, 1997).

Wilson (1958) argued for the necessity of the emotional content of the unconscious, akin to “the dumb, raging and hidden ‘Mr. Hyde’” to be brought into conscious awareness and in line with “what we actually believe, know and want” (A.A., 2006, p.3). For the substance abuser, feelings unknown to the individual are acted on impulsively, often creating significant destruction in their lives, for which they struggle to take accountability for (Thomson, 1997). This in turn creates more unmanageability in the individual’s life and further reinforces the cycle of addiction.

Emotional Sobriety and Substance Abuse Treatment

Emotional sobriety can be thought of as the ability to recognize our emotional states, as well as the physiological cues that accompany them, and through this awareness self-regulate to a state of balance and emotional control (Dayton, 2008). By understanding their somatic manifestations, individuals are able to utilize coping skills to move through unwanted or
overwhelming emotions rather than turning to drugs and/or alcohol (Lutz et al., 2019). For those suffering from SUD, “Affects are experienced as dangerous, because the substance abuser is unable to modulate internal distress” (Thomson, 1997, p. 66). Given the high rates of relapse within the first year of sobriety, and the correlation of stress, negative moods, and anxiety, it is imperative that treatment programs employ methods aimed at increasing client’s emotional resilience.

Yoga

Yoga is an ancient integrative mind-body practice rooted in Indian culture (Chong et al., 2011; Kuppili et al., 2018 &). It consists of eight limbs of practice aimed towards samadhi, or self-realization (Khanna & Greeson, 2013). In Western scientific literature, “yoga” is a more general term used to describe Hatha yoga practices of physical postures (asana), breathing practices (pranayama), and meditation (dhyana) (Chong et al., 2011; Khanna & Greeson, 2013). For centuries peoples have utilized the practice of yoga as a path towards decreasing physical and mental stress (Chong et al., 2011).

The International Association of Yoga Therapists (IAYT) defined yoga therapy as “the process of empowering individuals to progress towards improved health and well-being through the application of the philosophy and practice of yoga” (IAYT, 2012). The author of this capstone thesis was trained and certified as a yoga therapist through the IAYT. While the author of this thesis does not come from Indian cultural tradition, they have studied the teachings of Indian yogis in Hyderabad and Rishikesh, India and practitioners in the United States of America. Subsequently, this author has observed the shifts and adaptations in traditional Indian teachings which have integrated Western mind-body practices. This authors knowledge of
D/MT, yoga therapy, and cultural awareness creates a powerful lens for which to support individuals and communities.

Science now confirms that by utilizing top-down and bottom-up processes, yoga and other mind-body practices, such as D/MT, enhance bidirectional communication between the brain and body and serve to increase overall wellbeing (Chong et al., 2011; Taylor et al, 2010). Top-down processes such as regulation of attention have been shown to decrease overall stress (Kuppili et al., 2018; Taylor et al, 2010). Bottom-up processes, such as breathing techniques and movement, directly influence the nervous system and create change in overall emotional well-being (Taylor et al., 2010).

By utilizing both avenues of processing, yoga helps to regulate emotional and behavioral activation and supports an individual’s ability to adaptively respond to challenges (Dehghan, 2016; Lutz et al., 2019; Taylor et al., 2010). Interoception, or the ability to sense the internal state of the body, may be essential to bridging top-down and bottom-up processing (Sullivan et al., 2018) Self-regulation, the ability to adaptively respond to the ongoing demands of experience, is a product of an individual’s ability to accurately interpret and react to interoceptive information (Sullivan et al., 2018). Yoga therapy may be utilized to build both proprioception and interoception through top-down and bottom-up processes which in turn enhances emotional regulation.

Current Research: Yoga and Substance Use Treatment

Currently, there is limited but promising research supporting the efficacy of yoga as an adjunctive treatment for those recovering from substance abuse (Kuppili et al., 2018; Lutz et al., 2019). In a narrative review on the role of yoga in substance use management, Kuppili et al (2018) found that fewer than 20 studies were reliable enough to interpret as evidence, of which
only twelve were randomized controlled trials. Considering the strong evidence that yoga assists in emotional regulation, a key component of long-term sobriety, it is essential that the use of yoga in substance abuse treatment continues to be explored (Dehghan, 2016; Lutz et al., 2019; Kuppili et al., 2018; Taylor et al., 2010)

Dance/Movement Therapy

The American Dance Therapy Association (ADTA) defined dance/movement therapy as “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (2020). One of the foundational constructs of dance/movement therapy (D/MT) is the mind and body are a gestalt and a change in one will result in a change in the other and vice versa (Berrol, 1992). Dance/movement therapist Wallock (1981) stated, “There is a reciprocal interaction between the psyche and the soma and just as the body changes in the course of working with the psyche so the psyche changes in the course of working with the body” (p. 50). Through elements of synchrony, expression, rhythm and more, the body becomes a conduit for emotional expression and integration (Berrol, 1992; Schmais, 1985).

Dance/movement therapy provides an opportunity for individuals to attend to the body, movement, and inner sensations. This process provides an avenue for deepened self-awareness of an individual’s present experience as well as inner resources (Wallock, 1981.) In sessions, the “here and now” is stressed, providing avenues of increased mindfulness and self-reflection as well as affect tolerance and expression (Barton, 2011; Kirane, 2018; Wallock, 1981). By practicing physical stability in the body, individuals are able to achieve a sense of emotional stability in the mind (de Tord & Bräuninger, 2015). Through diverse modes of expression, D/MT creates space for integration of body and feelings, experience of proper affect, healthy emotional expression, and social connection (Adedoyin et al., 2014; Schmais, 1985)
Throughout the D/MT process, individuals are given opportunities to identify a range of feelings and triggers and, once identified, creatively move through this emotional content while learning to confront, tolerate, or manage unpleasant emotional states (Kirane, 2018). “By mirroring the body, D/MT provides real space in real time for individuals to identify and differentiate their actions, feelings, sensations, and thoughts” (Kirane, 2018, p. 15). Allowing individuals an exploration of inner emotions through the physical body assists in creating the mind-body connection that is essential for emotional self-regulation.

When moving, we can express a wide range of emotions nonverbally (Levy, 1998). Dance/movement therapy acknowledges the body and emotions as inseparable and uses movement to connect to as well as communicate powerful emotions that may not otherwise have rose to consciousness (Dieterich-Hartwell, 2019). Laban Movement Analysis, an observation and assessment standard in D/MT, brings into awareness the close relationship between the external manifestation of internal states (Dieterich-Hartwell, 2019). Laban Movement Analysis identified eight qualities of movement, termed the “Efforts”, and studied their relation to internal states and drives. By observing and working with the movement Efforts, individuals can nonverbally display and sometimes change their inner emotional states (Dieterich-Hartwell, 2019). As Whitehouse (cited in Thomson, 1997) proposed, “dance/movement therapy not only facilitates insight into unconscious feelings, but also helps clients discover unused qualities of movement, which can provide the feeling of another dimension of the self” (p. 75). For instance, an individual who feels depressed and passive may be given the opportunity to experience joy, assertiveness, and self-efficacy (Thomson, 1997).

Current Research: D/MT and Substance Use Treatment
Fewer than ten studies examining the use of dance/movement therapy in substance abuse treatment currently exist, with the majority of them being primarily qualitative in nature. Fisher (1990) examined the integration of D/MT within the 12-step framework of a substance abuse program and found it to be complimentary. However, it is unclear in what capacity D/MT was being used within the program and findings are based select individuals’ direct experiences. Milliken (1990) spoke to the challenges as well as the rewards of integrating D/MT into substance use treatment. Thomson (1997) proposed the application of D/MT within the dually diagnosed population and provided a valuable outline, however their findings are not backed up by qualitative or quantitative data. Kirane (2018) focused on D/MT as a necessary modality to combat the opioid crisis but speaks more to the why than the how. Several graduate theses proposed methods of D/MT within the addiction recovery. Clearly there is a need for more studies on D/MT and the substance abuse population utilizing both quantitative and qualitative data to emerge. As to date, there are no studies on dance/movement therapy and specifically emotional sobriety within addiction recovery.

_Fusion of Dance/Movement Therapy and Yoga Therapy_

Emotions are not limited to occurring in the mind but rather are a multidimensional whole-body phenomenon (Dieterich-Hartwell, 2019). Becoming aware of the physiological sensations that accompany emotions can help us to regulate our emotional states as well as gain greater self-insight (Dieterish-Hartwell, 2019). Together, yoga and dance/movement therapy provide a safe outlet for individuals to experience the physical sensations of emotion as well as express these emotions both verbally and nonverbally. A unique element of both yoga and dance/movement therapy is that they require active participation. For the substance abuser who may have been allowing the drug to “do the work” of emotional regulation for them, it is vital
that individuals are given the opportunity to actively participate in their treatment and recovery on a whole-body level (Thomson, 1997). Through embodied practice, individuals are able to recognize automatic emotional responses and adapt more mindfully chosen and adaptive reactions.

*Current research: Combining Yoga and Dance/Movement Therapy*

Currently, there is extremely limited literature on the combination of dance/movement therapy and yoga therapy. Fewer than a dozen research studies exist, with the majority being graduate theses (Barton, 2011). Despite limited research, there are a growing number of therapists being trained in both dance/movement and yoga (Borskey, 2007). Borskey (2007) utilized questionnaires given to therapists who actively implement both modalities. From this, data was analyzed to examine the complementary qualities of these two modalities. According to Borskey (2007) the collected data revealed the following:

[Yoga and dance/movement therapy] both address the fact that emotions are dealt with in practice; they address the issue of knowing the body/body awareness, observation skills, and anatomy; dance/movement therapy speaks to the issue of verbalizing the emotional process; and yoga therapy provides a method for self-care for the therapist as well as a way to bring more people to the movement experience (p.102).

Barton (2011) explored the effectiveness of yoga and dance movement therapy within an outpatient psychosocial rehabilitation facility. The findings confirmed that the combination of these methods aided participants in achieving better emotional regulation, stress management, and an overall increased sense of relation (Barton, 2011). Furthermore, participants reported an increased capacity to identify and shift their emotional states (Barton, 2011).
Conclusion

It is clear that dance/movement therapy and yoga therapy offer an integrated approach to recognizing emotions, feeling their manifestation in the body, and regulating that manifestation through awareness, verbalization, and movement. As this is often lacking within the substance abuse population, a combined approach would be of significant value for those in substance abuse recovery that are trying to establish emotional sobriety. My goal in the following research is to synthesize current knowledge on these two modalities to create a dance/movement yoga therapy method specifically aimed at emotional sobriety.

Methods

*Healing Expressions* was designed as a semi-structured 60-minute group experiential blending *asana*, *pranayama*, and *dhyana* of yoga and dance/movement therapy practices with the aim of increasing the experience of emotional sobriety. Inspired by the work of Barton (2011) and in order to build comfort in the vulnerability of experiencing and expressing emotions, *Healing Expressions* began with basic, structured yoga activities and built towards more expressive and less directive experiences. All groups began with a discussion of the mind-body connection which led into a warm-up phase, theme development, cool-down phase, verbal processing and finally closure. Due to time constraints, only two, 60-minute sessions were carried out over the course of two weeks, although the program initially was designed to be conducted at a rate of one 60-minute session per week for 8 weeks.

Setting and Demographics

*Healing Expressions* was carried out at a residential treatment facility located in Southern California for adults suffering with substance abuse. The facility offers 30–90-day residential treatment including individual therapy, group therapy, recreational therapy, and Alcoholics
Anonymous engagement. The overarching mission of the facility is to provide client-centered, solution focused treatment that results in stabilization and recovery from alcohol and drug addiction. Adults frequently presented with a lack emotional regulation skills and were collectively engaged in the process of working towards emotional sobriety. In total, nine participants engaged in the two groups, with five of those participants engaging in both groups. Four did not participate in both sessions due to being pulled from the session for conflicting appointments. Of these participants, four identified as male and five identified as female and all had a diagnosis of a severe substance use disorder. The ages ranged from 22-38 years with a median age of 23. The group was largely Caucasian with two participants identified as Arabic.

*Materials*

*Healing Expressions* was designed to be modifiable to require more or less materials depending on site specific availability. In this iteration, a small wireless Bluetooth speaker and an iPod were used to provide musical accompaniment. In one of the sessions, scarves were used to facilitate greater and varied movement potential as well as to encourage increased participation from participants who may be less comfortable with movement. There are numerous props which could be incorporated into a *Healing Expressions* session; however, it is recommended to at minimum always have some basic art materials and paper available to assist clients with alternative ways of processing.

*Program Design*

Following a traditional D/MT format, both 60-minute sessions began with a warm-up phase which was followed by theme development, a cool-down phase, verbal/visual processing, and closure. The group was organized in a circular formation during the warm-up and cool-down phase as well as during processing. Inspired by the work of both Milliken (1990) and
Barton (2011), all *Healing Expressions* sessions began with a discussion of group rules and expectations as well as an explanation of the structure of the session in order to create an atmosphere of safety and to prepare individuals for the vulnerability of self-expression within a group. This was followed by brief psychoeducation on the mind-body connection as it related to sobriety overall and emotional sobriety in specific.

To begin to build interoception, mindfulness and emotional pacing, all sessions began with a simple breath to movement *asana and pranayama* sequence. This entailed inhaling and exhaling in unison with lifting and lowering the arms in different directions. Following this, participants were invited to do a “movement check in” wherein each individual utilized either a hand gesture, posture, or movement to represent their current feeling state to the group. This was reflected to them by their peers to support group cohesion and the creation of empathy.

During the warm-up phase of both groups a head-to-toe movement experience was offered to release muscular tension and promote comfort with spontaneous movement expression. The facilitator opened the warm-up starting with the muscles of the face/head. Participants then took turns in a clockwise rotation offering a movement to the group until the entire body had been moved in a sequential way. As the participants moved, the facilitator encouraged participants to remain aware of their breath and to notice how it moved throughout the body and where it felt stagnant. Once all body parts had been moved independently, whole body movements were encouraged as well as movements that left the circular formation of the warm-up ritual.

In the first session, participants were reluctant to stray from their circular formation, and as such the facilitator invited everyone to remain in their initial position in the room. To provide an embodied experience of mind-body connection participants were led through a brief guided
meditation where they were invited to think of an experience within the past week that had elicited an emotion that they felt was overwhelming or negative. Once they had a specific experience and corresponding emotion, the facilitator asked them to embody this emotion with a physical posture. Participants then took turns sharing their posture while the group mirrored them and verbalized the associations they felt in their own body. Once everyone had shared their emotions and postures the facilitator asked participants to embody the opposite physicality of their original posture (for example, if they had been rolled into a ball, they might stand with their arms and legs wide). Again, the group mirrored the individual postures and offered their associations. The cool-down phase consisted of embodying the second pose and taking three deep breaths as a group. Verbal processing followed which included discussion about how we carry emotions and how much power we have in shifting our emotional states.

In the second session, movements led to an exploration of Laban’s “Efforts” which included light, strong, sustained, quick, free, bound, and indirect and direct. Representational music accompanied each effort. Participants were offered scarves in order to expand movement potential and to build tolerance with public expressive movement. As participants moved, the facilitator offered verbal explorations of metaphors and visualizations that spontaneously occurred. Once all Efforts had been explored, participants were invited to move spontaneously and observe the movement qualities that arose. The cool-down phase consisted of reuniting in the circle formation and using the movement of scarves up and down to support deep breathing. Verbal processing followed on Effort preferences and how they related to the emotional life of each individual.

Closure of both groups consisted again of participants bringing forth a movement, gesture, or posture to represent their current emotional state. This provided a cyclic, ritualistic
framework with which to contain the more expressive work. Art materials and paper were provided as an option for individuals who chose to also process visually. After the completion of both groups, this researcher engaged in spontaneous movement in the space, trying on movements which had been witnessed throughout the sessions. This was followed by a detailed written account of what had been witnessed within the participants as well as within self. Themes that emerged in verbal processing were also recorded and reflected upon.

Results

Participant feedback and responses indicated feelings of validation and acceptance that accompanied embodied expression within the social support of group yoga/movement therapy. Although most participants reported feeling initially anxious and uneasy at the thought of moving in front of others, all reported a sense of relief at having allowed themselves to be vulnerable and connect to themselves and others in an authentic way. The more structured asana warm-ups allowed individuals the space to build confidence in movement within a less threatening experience than improvised or expressive movement. This paved the way for increased expressivity in words and movement.

For those who attended both sessions, the ability to recognize and identify feelings and their corresponding physical manifestation (interoception) visibly increased, as did the capacity to use movement and verbal language to express and navigate emotional feeling states. Having feeling states mirrored provided a physical reflection of an internal experience, thereby increasing awareness of other as well as self. As movements were mirrored, this writer witnessed an increase in expressivity, suggesting increased awareness, comfort, and confidence.

Utilizing Effort qualities, postures, and gestures, participants were able to manifest emotional states, experience them on a somatic level, and verbally process the experience of
moving from one state to another. This top-down and bottom-up processing of emotions provided an integrative experience wherein participants verbalized feeling “connected” when previously they had felt “overwhelmed”. Through the shifting of physical posture in the first session, all participants verbalized positive feeling states associated with their second (opposite) posture. This allowed a direct experience of utilizing the mind-body connection for empowerment, self-confidence, and a sense of joy.

For individuals that attended both groups, this researcher witnessed an increased willingness to take risks within movement, expression, and self-disclosure. Interestingly, those individuals who only attended the second group collectively displayed restricted movement in the arms and torso. During processing, the participants attributed this to feeling less comfortable in self-expression and viewing the arms as more expressive than other parts of the body. Other themes that emerged during processing included freedom, trust, and personal control.

This researcher observed shifts in participants affective states throughout each session, with participants becoming noticeably less muscicularly tense and breathing with more ease and fluidity. As the sessions progressed, this researcher observed a greater willingness in many of the participants to take movement risks in employing full body movements, movements that took up space or that moved the individual throughout the room. Increased verbalizations that accompanied movement were also observed. This suggested a greater degree of self-awareness within participants, as well as an elevated level of comfort with feeling and expressing their emotional states. During the cool-down phase of both sessions, this researcher felt an intense sense of cohesion, trust, and relaxation within the group.

Discussion
The results above are based on this writer’s experience implementing two 60-minute Healing Expressions sessions in a residential treatment facility for adults recovering from substance use disorder. There is limited research on the combination of dance/movement and yoga therapy as a treatment method, although it is a topic that appears to be growing in exploration among master’s theses. This research study is the first of its kind looking at the combination of these modalities specifically in substance use treatment as well as aimed at emotional sobriety.

The results of this study support that the combination of the expressive and creative elements of dance/movement therapy with the structured, physical, and regulatory practices of yoga may help to assist individuals in replacing maladaptive automatic emotional reactions with more mindfully chosen responses (Barton, 2011). Direct experience indicated that starting with the structure of yoga asana and pranayama provided a container within which individuals could begin to explore their internal and external body in a nonthreatening way. By opening in this manner, individuals reported feeling a sense of cohesion with their peers. This level of interpersonal comfort facilitated a willingness to shift from functional to expressive movement.

According to Thomson (1997), the majority of individuals [in the substance abuse treatment group] presented with “little or no understanding that experiencing affect is an evolutionary process with a beginning, middle, and end stages which when endured, can lead to self-knowledge” (Thomson, 1997, p. 73). This may help explain why distressing and overwhelming emotional and stress states are stated to be amongst the highest trigger for substance use relapse. Knowing this, it is imperative that when treating substance use disorders, practitioners employ methods aimed at teaching emotional awareness, tolerance, and expression. Mind-body integrative practices provide the tools necessary to build top-down and bottom-up
integrative practices aimed at interoception and awareness, while dance/movement therapy offers a unique experience of contained emotional expression.

*Future Research*

This study was limited by many factors, including small and homogenous population sample as well as short duration and the absence of quantitative measures. The absence of a control group was also a limiting factor of this study. Considering this method was employed within a larger treatment program, exploration into the co-occurring treatment methods and outcomes would serve to bolster the validity of this and future studies in conjunction to other forms of treatment. The increase in emotional expressiveness as well as affect tolerance found in this study support the efficacy of *Healing Expressions* as a treatment method for emotional sobriety. Further research into the combination of dance/movement and yoga therapy in service of emotional sobriety is needed as their combination offers unique blends of structure and creativity while staying focused on the immediate experience of emotion regulation. Emotions are housed in the body. To teach individuals adaptive emotional regulation skills, it is imperative that experiences are provided where individuals can feel the physiological as well as psychological experience of emotion and move through it both figuratively and literally. Future research that incorporates larger and more diverse sample sizes, quantitative methods, and control groups may serve to further validate the success of mind-body practices in achieving a sense of emotional sobriety and lead to the incorporation of body-based treatments in substance use treatment as a whole.
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https://www.adta.org/FAQ.


https://doi.org/10.1007/bf00844132


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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

Student’s Name:  Cathryn Kruger

Type of Project: Thesis

Title:

Healing Expressions: A Dance/Movement and Yoga Therapy Method for Emotional Sobriety

Date of Graduation:

05/22/2021

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

Thesis Advisor:  Dr. Kelvin Ramirez