Spring 5-21-2022

The Role of Dance/Movement Therapy on Inmates After Restrictive Housing – A Literature Review

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Capstone Thesis

Lesley University

May 21, 2022

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Dance/Movement Therapy

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Abstract

The aim of this literature review is to highlight the impact dance/movement therapy has on individuals who have experienced segregated housing in a correctional facility and the mental health effects segregation may cause. The negative effects this housing may cause will be explored. This exploration will include related applications of dance/movement therapy (DMT), demonstrating how in past research it has been shown to improve different mental health symptoms. Though dance/movement therapy is not as readily available to the prison population, the intention of this thesis is to investigate expressive arts, specifically DMT, as a treatment modality for inmate mental health. Dance/movement therapy studies will show the effectiveness of DMT and the benefits, both physical and mental. Individuals in segregation have diagnosed mental health illness and dance/movement therapy is proven to increase positive symptoms of these illnesses. This thesis intends to find research supporting alternatives to segregation and the negative effects it can have on individuals, while advocating for expanded access to expressive arts therapies for this population.

Keywords: Prison; segregation; restrictive housing; mental health; dance/movement therapy

The author identifies as a straight, cis-gender female, from New England of mixed European ancestry.

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Introduction

> Do we really think it makes sense to lock so many people alone in tiny cells for 23 hours a day, sometimes for months or even years at a time? That is not going to make us safer. That's not going to make us stronger. And if those individuals are ultimately released, how are they ever going to adapt? It's not smart. (U.S. President Barack Obama, Remarks at the NAACP Conference, 2015).

Segregation in jails and prisons has existed since the 19th century, then known as a penitentiary, during which inmates would be both physically and socially isolated from other individuals (Labrecque, 2016). A penitentiary is meant to hold dangerous offenders who have committed serious crimes for long periods at a time. Within these institutions, "there were growing concerns that isolated confinement caused psychological damage and that despite its hype and promises, the penitentiary did not eradicate crime" (Kann, 2005, pg. 55). If crime was still occurring, even with isolated confinement, how can psychological harm be eliminated but still ensure safety? Throughout the 80's, an increase in incarcerated individuals created a larger safety concern for staff and individuals within prison facilities. This concern caused facilities to heavily rely on segregated housing as a safety method (Labrecque, 2016). It was established early on that management of segregation or confinement needed radical changes.

Segregation occurs when "individuals are confined within a cell for twenty-three hours a day for a determinate amount of time, often in isolation, and with a loss of amenities and privileges that are afforded to the general population" (Butler & Beatty, 2021, p. 233). This allotted amount of time in a cell can differ from facility to facility, making it difficult to make

changes for each institution. There are numerous types of segregation within facilities, but this literature review will mainly focus on disciplinary segregation only.

As mental health worsens in segregation, the use of different interventions and programming is needed for inmates. Being sent to segregation or confinement can cause an array of emotions for an individual, dependent upon the reason for restrictive housing. How do these emotions present in the body? Dance/movement therapy, a movement-based approach, focuses on the connection between body and mind (ADTA, 2014). As mental health symptoms can worsen, dance movement therapists continue to seek ways to intervene and treat mental health disorders, such as depression and anxiety disorders, through research and practice. Dance/movement therapy has not been widely researched within the prison population; however, focusing on past research of dance/movement therapy in correlation to mental health diagnoses can help provide future researchers with ways in which DMT (dance/movement therapy) can work with incarcerated populations.

The prison system in the United States was established in the 1700's and prison reform continues to be debated. Change is difficult, but reform of practices, such as segregated housing, would represent progress. Introducing and integrating newer interventions, such as the expressive arts, rather than solely relying on psychopharmacology, could benefit the prison population. The limited research of DMT in prisons highlights a decrease of mental health symptoms that is relevant in the prison population. This literature review is intended to offer evidence that dance/movement therapy has therapeutic applicability with prison populations, specifically, people who have experienced disciplinary segregation, showing that expressive arts can have a positive benefit on an individual's mental state.

Method

When writing my literature review, I accessed the Lesley University library resources, focusing on peer-reviewed academic publications in English. Keywords used to find journals and articles included “prison,” “mental health,” “effects,” “disciplinary segregation,” “policy,” “dance/movement,” and “mental health disorders.” Google Scholar was a secondary resource to find articles related to my keywords. My research extended to publicly available government information regarding the prison system. Articles included both qualitative and quantitative research for a variety of study methods and data results. To organize all data collected, a spreadsheet was used to separate all data into topics: prison reform, serious mental illness in jails/prisons, and lastly dance/movement therapy and its benefits. After organizing through a spreadsheet, a writing journal was used to take notes on each article. This journal allowed me to return to my data at any point to use it in my literature review where I saw fit.

Literature Review

The following literature review will be in three sections, exploring restrictive housing, mental health effects this housing can cause, and the possibility of incorporating dance/movement therapy into rehabilitation. The first section will explore alternative safety measures for staff and inmates, and research on policy reform. The second section will focus on mental health diagnoses and the effects, psychologically and socially, caused by segregated housing. Lastly, this review will explore expressive arts, specifically dance/movement therapy, and how it could be a positive support for inmates in restrictive housing.

Policy Reform

Historically, two different behavioral models, the dispersal and consolidation models, were used to establish how to treat those in segregated housing. Dispersion model allowed for a

“divide and conquer” method, not allowing an individual to stay in one place too long to cause disruption, while the consolidation model put disruptive inmates in a restricted housing unit in one larger prison (Frost & Monteiro, 2016). Between the 1970s-1980s, researchers saw an increase in violence within prisons, removing the dispersal method in an effort to decrease violence. Discontinuing this method led to the opening of the United States Penitentiary of Marion Illinois, where the most dangerous individuals were held. At that time, staff believed in order to prohibit or decrease the risk of psychological damage, allowing inmates in Marion to only gather for meals and recreation could both decrease danger and risk of their psychological health.

In 1983, segregation changed forever when two officers and several inmates were killed in Marion, which led to the country’s first ever super maximum prison (Labrecque, 2016). This gathering for meals and recreation was discontinued effective immediately. Frost & Monteiro (2016) believed that “the primary purpose of this practice is to separate and isolate an inmate, or certain groups of inmates, from the general population for reasons mainly centered on security and safety within the facility or across the correctional system” (p. 5).

Each facility's rules and regulations differ, whether it is a jail, penitentiary, federal prison, etc., making it difficult to create specific policy change in regards to segregation and how it affects mental health. Massachusetts is among one of nine states to put limits on restrictive housing. Massachusetts requires that all data collected by staff during inmate contact while in restrictive housing be reported (Friedman, 2021). Documenting the effects on inmates can help researchers collect and analyze data, showing the negative effects of segregation.

A 2021 study, using mail-based surveys, worked towards educating the public regarding conditions for inmates in restrictive housing, and discovering unique insights towards restrictive

housing within U.S. jails and prisons (Montagnet et al., 2021). Research has shown jails and prisons differ in administration, population, and length of care. Prisons are either federally or state run and systemically uniform, while jails are run locally or by county government (Montagnet et al., 2021). In 2019, there were over 10 million admissions to jail, while only an estimate of 550,000 admissions in prisons. However, prisons are long-term and can contain more inmates than jails. Because inmates may be admitted to jail more times than one long sentence in prison, "the use of restrictive housing in jails potentially impacts a far higher number of people, albeit often for shorter periods" (Montagnet et al., 2021, p. 10). This study found that jails have a higher usage of segregation due to limited staffing availability in the facility. Jails provide limited training to officers, limited programming for inmates, as well as fewer mental health professionals readily available to the inmates, which perpetuates the stigma of insufficient mental health care (Montagnet et al., 2021).

The US Department of Justice published a book referencing the different types of segregation, all of which are in place for different reasons. Labrecque (2016) wrote that disciplinary segregation is for those inmates who go against an institution policy and rules, allowing for a board to decide the punishment. Regulations regarding how long an individual spends in segregation differ and are related to major issues with segregation related to mental health. Administrative segregation is when staff finds an inmate to be a disruption, causing climate control issues within the general population. Mears & Bales (2010) stated, "for those inmates considered to be a continued threat to the safety and security of the facility, segregation can be imposed for very long periods." Third would be protective segregation, also known as the protective custody unit. These individuals are placed there for their own protection, not for the

safety of others. This may be related to inmate charges such as sexual charges, gang related affiliations, or if they were former correctional staff (Labrecque, 2016).

The Government Accountability Office ran a report in 2013 and "found that the Federal Bureau of Prisons has never assessed whether the practice contributed to the safety of prison populations or prison staff" (Government Accountability Office [GAO], 2013, p. 54). Continued research is necessary to establish how to confine individuals while allowing them basic rights and access to appropriate care. In the 2002 Survey of Inmates in Local Jails (BJS, 2012a), about 50% of prison inmates and 16% of jail inmates engaged in misconduct during their incarceration. In 2015, the Department of Justice wrote a report when President Obama suggested a reform to solitary confinement and how it is used. This report consisted of approximately 50 principles to guide how segregation was to be used. One of these principles stated, "inmates should be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other inmates, and the public" (DeAmicis, 2017, p. 15). This principle follows what correctional facilities advocate for: care, custody, and control, used to ensure safety of staffing as well as inmates. (DeAmicis, 2017).

Friedman (2021) completed a study that showed there is no federal legislation limiting the use of restrictive housing for adults. According to Friedman, restrictive housing is mainly used to create safety for staff and individuals in general population. Though safety is offered by segregating those who offend facility policies, there are still negative effects to segregated housing. If research shows there is no limitation to restrictive housing and there is no assessment stating it is creating safety, are segregated units causing more harm? In 2016, the Federal Bureau of Prisons reduced the maximum punishments for disciplinary sanctions and eliminated juveniles from being placed in restrictive housing (Labrecque, 2016).

European models of restrictive housing and policies show that using alternatives to segregation have decreased numbers in recidivism, well-being, and prison safety. For example, in Germany, jails with "demonstrated rehabilitative programs in open-prison settings improved the ability of incarcerated individuals to successfully reintegrate into society and find meaning in their incarceration after release" (Friedman, 2021, p. 58). Friedman's research showed an overall goal of honoring the rights of the individual, while decreasing the negative health effects segregation may cause.

In the state of New York in 2019, a transgender women died at Rikers Correctional Facility while in solitary confinement. This death caused the then-mayor de Blasio to entirely eliminate segregation. In 2011, when de Blasio took office, his plan was to limit solitary as much as he could. In 2015, "his administration eliminated isolation for inmates under 22 and for people with "serious" mental illness, as well as, "adult inmates can no longer spend more than 30 days in solitary at a stretch" (Blau, 2021, p. 1). Though de Blasio wanted to eliminate solitary confinement altogether, the City Council never followed through. As of present day, the current mayor of New York, Mayor Adams, who is also a former police officer, vowed to bring back solitary confinement, working against anything past mayor de Blasio had worked towards. The Legal Aid Society, the city's largest public defender organization, said Adams' proposal to bring back solitary "throws away years of progress undoing the physical and mental harms caused by solitary confinement" (Blau, 2021, p. 1).

Mental Health in Segregation

Mental health conditions are seen as "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (National Institute of Mental Health, 2022). Research has shown that segregated

housing within a jail can cause negative effects on an individual's mental health (Salernoa & Zgoba, 2020). Bronson & Berzofsky (2017) gathered research on mental health diagnoses present in jail and prison. Statistics between 2011 and 2012 state that 37% of prisoners and 44% of jail inmates have been told they had mental health diagnoses. This same study showed that "the largest percentage of prisoners (24%) and jail inmates (31%) reported they had a major depressive disorder" while, "the second most common disorder reported by prisoners was bipolar disorder (18%) (Bronson & Berzofsky, 2017, p. 3). Swanson et al., (2015) showed jails and prisons housed an estimated 356,268 inmates with multiple mental illnesses in 2012. This statistic is more than 10 times the number of mentally ill patients in state psychiatric hospitals in the same year (Swanson, 2015).

Throughout restrictive housing, mental health effects and specific disorders come to light on an individual basis. Past research has shown that segregation can cause "depression, negative attitudes, emotional dysregulation, psychotic illness, abnormal sleep cycles, panic disorders, post-traumatic stress disorder, and increased risk of suicidal ideation and completion" (Friedman, 2021, p. 54). For individuals diagnosed with mental health disorders, segregation can worsen these symptoms. Mental health is unique to each individual, as is an individual's reaction to being sent to segregated housing units. Research has shown that prisoners in segregation have higher rates of diagnosed mental disorders, as well as psychiatric symptoms, more severe than inmates in the general prison population (Kapoor & Trestman, 2016). With worsening mental health symptoms while in segregation, there is little to no data on how facilities offer mental health services to those in need (Bastini et al., 2021).

Past research has shown that those with a history of past incarcerations, versus those who have not been incarcerated, are more likely to have greater life dissatisfaction, depression, and

mood disorders (Massoglia & Pridemore, 2015). Using the Fragile Families and Child Wellbeing Study (FFCWS), a survey was done to gather data on current incarcerated fathers and their mental health diagnoses. This particular study was done for three reasons: reviewing an individual's past, focusing on life prior to incarceration, how many sentences they have served, and specifically focusing on inmates who are parents (Yi et al., 2016). Results compared fathers in jail versus fathers in the community. The researchers concluded that "incarcerated fathers had five times higher odds of depression and more than three times higher odds of life dissatisfaction and illicit drug use" (Yi et al., 2016, p. 905). Results such as these show that incarcerated individuals need additional mental health attention, which may not be as readily available as in the community. A study in Wales and England showed the suicide rate is 8 times higher for males being released from prison, than males in the community. Results show, "the assessment of suicide risk must be rigorous, and the relationship between psychiatric services in prison and community-based services should be strengthened" (Fovet et al., 2015), such as support programing in the community.

Quanbeck et al (2005) did a study of 66 imprisoned patients with bipolar disorder that showed approximately 75% had manic symptoms at the time of the offense. The research shows continuation of care within the jail facility and after release can decrease the likelihood of reoffending (Quanbeck et al., 2005). For people with bipolar disorder in jail, manic episodes may cause an elevated mood, resulting in altercations, verbally or physically, with either staff or other individuals. Fovet et al., (2015) stated that prison staff, who are not mental health clinicians, may see this behavior as defensive and aggressive, not a psychiatric disorder. These assumptions delay care, due to lack of staffing in correctional facilities. This delay of care can lead to suicidal ideation, or suicide. The study has shown that "the risk of suicide in prison increases for patients

with bipolar disorder," 20 to 30 times higher than individuals in the community not diagnosed with bipolar disorder (Fovet et al., 2015, p. 350).

People with serious mental illness may feel vulnerable while incarcerated. An international consensus—included in United Nations standards—agreed those with mental illness should not be placed in restrictive housing (Montagnet et al., 2021). Despite the recommendation, the study showed that 5.4% of men in restrictive housing were diagnosed with mental illness (Montagnet et al., 2021). The Bureau of Justice Statistics showed that 29% of prison inmates and 22% of jail inmates with current symptoms of serious psychological distress (SPD) had spent time in restrictive housing units in the past 12 months (Beck, 2015). Using the Kessler-6, a psychological distress scale, inmates were screened for serious psychological distress. The Kessler-6 consists of asking individuals if the following emotions were present within the last 30 days: nervousness, hopelessness, restlessness, depressing feelings, worthlessness, and whether everything was an effort to do (Bronson & Berzofsky, 2017). Each emotion was listed on a scale of 1-5, five indicating it is not likely to happen, one indicating it happened all the time. Those who scored 13 or higher were considered to have SPD. Results showed 14% of prison inmates and 26% of jail inmates who took the survey qualified for SPD. This is three to five times higher than the U.S. general population, not incarcerated at the time (Bronson & Berzofsky, 2017). Two limitations existed within the study: the time period between the diagnosis and when taking the survey, and how often the individual met with mental health professionals, making it hard to see exact statistics of mental health diagnoses in the facility.

People with a mental health diagnosis are overrepresented in restrictive housing. Past research shows 28% of people living in restrictive housing are diagnosed with a mental health disorder, while only 17% of general population individuals have similar diagnoses (Montagnet,

et al., 2015). The Kansas DOC (Department of Corrections) compared general population inmates whose psychological functioning improved over time, while those placed in segregation remained largely the same over time (Chadick et al., 2018). This lack of improvement psychologically can lead to harm for the individual once released. A study done in North Carolina, between 2000 and 2015, showed that 24% of inmates were more likely to die within their first year after being released back in the community (Brinkley-Rubinstein, 2019). Brinkley-Rubinstein et al., (2019) stated "people held in restrictive housing were 78% more likely to die from suicide, 54% more likely to die from homicide, and 127% more likely to die from an opioid overdose in the first two weeks after their release" (p. 1). Though segregation is primarily used for the safety of staffing and general population individuals, restrictive housing can put inmates with mental health diagnoses at higher risk for worsening symptoms. Segregation has lasting effects once people are released into the community. A study by the Minnesota Department of Corrections stated "those released directly from state-level segregation units to the community were found to reoffend more quickly than those released from general population" (Clark & Duwe, 2018, p. 302).

According to the National Institute of Drug Abuse, 85% of the prison population has an active substance use disorder, or were incarcerated for a crime involving drugs or drug use (NIDA, 2020). Substance abuse disorder is often found with a co-occurring mental health diagnosis. Research has shown "prevalence rates of mental disorders are high for untreated substance-involved persons, higher for persons in substance abuse treatment programs, and even higher for offenders with substance use disorders" (Peters et al., 2015, p 2). Those with both mental health disorder and substance use disorder are said to be more likely to reoffend and end up in jail one year after being released than those without co-occurring disorders (COD) (Peters

et al., 2015). There is minimal to no research that shows substance abuse programs specializing with co-occurring disorders, such as depression or bipolar disorder. COD can result in behavioral issues, an increase in use of force by unit officers, or have compromised functioning, resulting in victimization by other inmates (Peters et al., 2015). Individuals with COD can be "more likely to be subjected to the use of force by correctional staff and placed in isolation or administrative segregation" (e.g., solitary confinement) (Peters et al., 2015, p. 3).

In Canada, a study was done focusing on four different groupings: individuals with mental health disorder, substance abuse disorder, co-occurring disorders, and individuals with neither disorder. These mental health diagnoses included depression, anxiety, bipolar, and schizophrenia. Thirty percent of the correctional population had a co-occurring disorder (Wilton & Stewart, 2017). Research showed there was no significant difference in behavior or misconduct between those with a diagnosed mental health disorder versus those without an SMI (serious mental illness). (Wilton & Stewart, 2017). On the contrary, "the group with co-occurring disorders had the highest rates of placement in both types of segregation", involuntarily or voluntarily (Wilton & Stewart, 2017, p. 707). Those with co-occurring disorders were twice as likely to be reconvicted than those individuals with no mental health or substance use diagnoses (Wilton & Stewart, 2017).

Batastini et al. (2021) created a survey for both incarcerated individuals and staff to identify mental health practices in 24 state prisons. This survey showed most of these prisons offered mental health services, but what and how much was offered differed by facility. The most prevalent survey response from this study was that 71% of facilities gave mental health services through the cell door, with 85% of facilities allowing segregation inmates to receive self-help materials (Batastini, et al., 2021). The surveys revealed that staff remained concerned

about the prevalence of mental illness and lack of services for those with mental illness while placed in segregation. Some staff mentioned step down programs to rehabilitate inmates from restrictive housing back to general population.

Additional Programming

In New York, a treatment unit known as the Clinical Alternative to Punitive Segregation (CAPS) was created for individuals with mental illness who violated rules (Glowa-Kollisch et al., 2016). This unit was an alternative to sending individuals to restrictive housing. Research states, "CAPS is designed to offer a full range of therapeutic activities and interventions for these patients, including individual and group therapy, art therapy, medication counseling and community meetings" (Glowa-Kollisch et al., 2016, p. 1). Another significant difference between segregation and CAPS is this alternative unit is known as a 'lock-out unit," encouraging those on the unit to spend as much time out of their cell as possible. According to research from Glowa-Kollisch et al. (2016), some inmates experienced both restrictive housing and the clinical alternative unit. The outcome of CAPS decreased self-injurious behavior for those with mental illness. While Batastini et al. (2021) focused on not having secondary options due to lack of staffing on restrictive housing units, CAPS units are fully staffed. These alternative units consisted of social workers (4), psychologist (1), nurse (1), psychiatrist (0.5) and mental health treatment aides (4), more staffing than most facilities (Glowa-Kollisch et al., 2016). A limitation to a unit such as CAPS would be the cost; CAPS requires an additional $1.5 million investment.

Other units exist for inmates who experience greater harm from restrictive housing units and need additional mental health treatment. At the State Correctional Institution of Pittsburgh, the superintendent answered questions as to how his facility managed mental health issues among inmates. All inmates underwent a "mental health roster status" which identified if they

are mental health clients, showing a serious mental health diagnosis or not. Those individuals with SMI were categorized with a “D” next to their name. If an individual goes against policy or poses a danger to general population inmates, rather than going to restrictive housing, this correctional facility offers a diversionary treatment unit (DTU). DeAmicis (2017) stated:

> DTUs are a secure unit placement where the inmates are offered a minimum of 20 hours out-of-cell activity per week. Of these hours, a minimum of 10 hours are structured (staff facilitated) and a minimum of 10 are unstructured (yard/dayroom) (p. 16)

If behavior worsens on the DTU, that inmate may be moved to what is known as the secure residential treatment unit (SRTU). The SRTU is a longer-term unit for those needing both mental health services and an increase in security (DeAmicis, 2017). Another positive to such units are individualized recovery plans for inmates, which identify behaviors associated with increased risk for staff such as anger management, impulsive behavior, etc.

Dance/Movement Therapy

As step down programs and out-of-cell activity are possible in some facilities, how can expressive arts become more readily available? Dance/movement therapy's roots be traced back to the early 1900s. During this time, psychology focused on “the use of verbalization as a medium for the expression of the unconscious” (Levy, 2005, p. 5). Dance therapy and the nonverbal treatment approach it offered helped to lay the foundation for the development of nonverbal approaches (Levy, 2005).This study has stated, “Dance movement therapy (DMT) has become an increasingly recognized and used treatment, though primarily implemented to target psychological and physical well-being in individuals with physical, medical or neurological illnesses” (Millman et al., 2020, p. 1). Though as stated prior, dance/movement therapy research

with the incarcerated population is limited, it has shown benefits for individuals with diagnoses such as depression, anxiety, or bipolar disorder and other mental health diagnoses.

Dance/Movement Therapy and Depression

Implementing dance/movement therapy could have an impact on the significant mental health disorders that occur in jail and prisons. Depression is the most prevalent mental health diagnosis seen within this population (Bronson & Berzofsky, 2017). Research states, "depression is a debilitating condition affecting more than 350 million people worldwide (WHO 2012) with a limited number of evidence based treatments" (Meekums et al., 2016, p. 1). Common features among depressive disorders consist of: presence of sad, empty, or irritable mood, and somatic and cognitive changes that affect an individual's capacity to function (American Psychiatric Association, 2013). Meekums et al., (2016) completed research of three studies focusing on both men and women with depression from both hospital and outpatient settings, as well as female adolescents in a middle school setting. Data was collected using the Hamilton Depression Rating Scale (HAM-D) and the Symptom Checklist-90-R (SCL-90-R). The HAM-D consisted of 24 items, with scores ranging from 0-7 meaning normal, up to > 23, indicating very severe depression. Seventy-four participants went through a dance/movement therapy intervention, with seventy-three participants in a separate controlled group. Key therapeutic outcomes for the DMT groups were: increased self-awareness, processed negative impulses, supported self-regulation, and body-based work focused on the individual and possible traumas (Meekums et al., 2016). After the study ended, those who were in the dance/movement therapy group saw a 9.9 point difference than those in the control group. Quality of evidence was low, resulting in inconclusive results for outcomes such as quality of life and self-esteem (Meekums et al., 2016).

Research has shown that “DMT (Dance/Movement Therapy) consistently and with a high homogeneity improved affect-related psychological conditions by decreasing anxiety and depression levels, and increased quality of life and cognitive skills” (Koch et al., 2019, p. 24). Koch et al. (2019) evaluated the effectiveness of dance/movement therapy for psychological health outcomes, such as depression or anxiety. Forty-one individuals underwent a series of questionnaires focusing on: quality of life, clinical outcomes of specific diagnoses, interpersonal skills, cognitive skills, and (psycho-)motor skills. These controlled studies were from 2012 until March 2018. According to this study, dance and DMT interventions can create hedonism (pleasure and play), aesthetic experience, non-verbal meaning making such as social interaction, enactive transitional space, and creation (Koch et al., 2019). Evidence showed DMT was effective with clinical outcomes focusing on the depressive diagnoses, quality of life, cognitive skills, and interpersonal skills. Little evidence was found for the other focuses of the study. Koch et al. (2019) had a research question that could lead to future continuation of research: “What do DMT/dance interventions and mindfulness-based interventions have in common?” (p. 20). Mindfulness, in connection with dance/movement therapy promotes embodied connection to sensations, images, emotions and memories, and overall improved physical, mental and emotional well-being (Tantia, 2013).

A 2019 study, using dance/movement therapy, involved individuals with depression that resulted in a reduction of symptoms after the DMT intervention. The more severe the depression, the more dance/movement sessions were made available to the participants in order to meet their needs (Karkou, 2019). Though this study was not focused on incarcerated individuals, the results show that dance/movement therapy can positively affect individuals diagnosed with depression. Additionally, inmates may be vulnerable to internalized oppression and trauma, and

dance/movement therapy can facilitate a nonverbal body-based focus on trauma (Cantrick et al., 2018).

Dance/Movement Therapy and Bipolar

Bipolar disorder, as stated earlier, is the second most prevalent mental health disorder within jails and prison facilities. Bipolar disorder has two primary presentations. Bipolar I disorder represents manic-depressive disorder or affective psychosis where neither psychosis nor the lifetime experience of a major depressive episode is a requirement. Bipolar II disorder diagnosis is characterized by at least one episode of major depression and at least one hypomanic episode, resulting in serious impairment with social and work functioning (American Psychiatric Association, 2013). Röcricht (2015) conducted research that showed evidence in regards to serious mental illness and body psychotherapy. Bipolar disorder was categorized under a disembodied disorder, meaning the individual is dissociated from the body (Röcricht, 2015), linking it to DMT and how the body is affected. Röcricht (2015) stated that limited research is available using body movement with bipolar disorder.

Dance/movement therapy is described as being an embodied, movement-based approach, using both the mind and body, with movement as a language and movement as the intervention and assessment tool (ADTA, 2014). Because this is an understudied intervention, Millman et al., (2020) reviewed 15 DMT studies to assess the strengths and weaknesses and how it can be combined with cognitive neuroscience. This research states, “this cumulative set of studies provides support for the use of DMT for health-related psychological outcomes and well-being of patients in the context of physical treatment or recovery from physical illness”(Millman et al., 2020, p. 8).

Dance/Movement Therapy and Schizophrenia

Dance/movement therapy led to a decrease in negative symptoms for people with schizophrenia. Negative symptoms of schizophrenia consist of: blunted affect, alogia (decrease in verbal output or verbal expressiveness), asociality, reduction in interests, desires, and goals, and anhedonia (inability to experience pleasure from positive stimuli) (Mitra et al., 2016). Though less than 1 in 10 (9%) prisoners said they were told they had schizophrenia (Bronson & Berzofsky, 2017), research shows that DMT decreased some of these negative symptoms such as antisocial activity, avolition (total lack of motivation) and distress, as well as increased improvement in mobility, self-care and cognition (Millman et al, 2020).

In a second study, individuals with acute schizophrenia underwent 14 dance/movement therapy sessions. These DMT sessions consisted of: warm-up, thematic development, cool down, and verbal discussion (Biondo & Gerber, 2020). The reason for choosing DMT as the intervention was that it “adopts a non-verbal, strengths, and body-based approach to treatment” and allows people to “navigate these communication difficulties such as internal stimuli, delusional thoughts, suspicion towards others, and loosening of associations" (Biondo & Gerber, 2020, p. 278). Since 1988, Marian Chace, one of the first dance/movement therapist, understood that symptoms of schizophrenia not only affected movements, but inhibited verbal expression and human relationships (Levy, 1988). This verbal expression turned into storytelling, which increased metacognition and decreased presenting symptoms of schizophrenia. Results showed the cool down phase, the third part of Chace’s DMT sessions, allowed individuals to revisit peers, improving the human connection and fostering interpersonal skills. Among positive findings, limitations included limited confirmability and a lack of multicultural diversity (Biondo & Gerber, 2020).

Limitations of dance/movement therapy still exist, specifically a "more limited scope of DMT research in the area of specific mental illnesses in comparison with well-being and mood in the context of physical illness, medical condition or neurological condition" (Millman et al., 2020, p. 9). Future research could focus more on psychiatric disorders and the positive therapeutic benefits dance/movement can bring.

Dance Movement Therapy with Incarcerated Individuals

Though the studies are limited, in the past individuals have facilitated expressive arts, specifically dance/movement, in jails or prisons. According to Greenwood (2019), "art offers ways of knowing the world that involve sensory perceptions and emotion as well as intellectual responses" (p. 1). Expression through arts-based modalities can lead to a release of negative emotions and an increase in positivity. In 2006, a study in the Netherlands using a multi-modal approach, between dance and art therapy, in a forensic setting focused on topics such as tension regulation, impulse control, aggression regulation, empathy, interaction, and the strengthening of boundaries. This multi-modal study showed dance/movement is a different way for expressing and controlling anger within the body (Smeijsters & Cleven, 2006).

In 2017, Mortimer conducted a study and worked with three dance facilitators, helping them to navigate how to teach movement to a challenging population, people who are incarcerated. Mortimer (2017) conducted interviews with the dance facilitators to determine how classes were led and where challenges emerged. All classes were based in a prison environment on different units: a women's unit, a remand unit, and youth residence unit. The teachers utilized art "through the delivery of programs that provide a positive and often rehabilitative learning experience for the prisoners" (Mortimer, 2017, p. 125). Each teacher had an individualized dance/movement background and a variety of experience with inmates. Throughout this study,

the teachers focused on three themes: safety and security requirements in the facilities, relationships, and social dynamics.

Mortimer's (2017) study provided information about the challenges that these teachers experienced and the successful outcomes that they witnessed. For safety reasons, cameras must exist in correctional facilities. However, having cameras and knowing that staff is watching can make inmates feel silly and decrease in confidence. The interviewers from Mortimer's (2017) study conveyed that, "these elements of routine and control...may therefore inflict challenges and unexpected circumstances when teaching a dance class" (p. 127). In one instance an officer joined the group, normalizing the relationship between staff and the incarcerated individuals, evoking laughter and a sense of humanity; "The possibility for officers to join in the teaching artists' classes could be a positive experience within the prison for both the prisoners and the officers, perhaps establishing positive relationships" (Mortimer, 2017, p. 127). Lastly, one dance teacher allowed the participants to choose music for class. This allowed the inmates to feel a sense of decision-making and equality. The teachers suggested that "talking with the prisoners can build relationships and trust" (Mortimer, 2017, p. 130), while maintaining that professional boundary.

Past research has explored how artists such as poets, writers, dancers, and actors have worked towards bringing their craft into prisons, "engaging in the creative process is a deeply healing experience, one that can lead the individual toward new and profoundly different ways of expressing their innermost feelings of rage, frustration, confusion and alienation" (Milliken, 2002, p. 203). Milliken offered a dance/movement therapy group for incarcerated individuals who deal with addiction, which includes violence, trauma, shame, and needed recovery support. Past research has shown that using expressive arts in the forensic setting can have positive

effects such as "reduction in tension, enhancement of personal and vocational skills and expansion of range of options in dealing with the outside world" (Dunphy, 1999, p. 35).

When Milliken (2008) first proposed a dance/movement group, staffing had no experience with therapy groups including physical benefits. The main goal was to increase awareness of the physical components of recovery— awareness to increase one's ability to organize, focus, and make contact with others, as well as release of tension and anger (Milliken, 2008). The group started as co-ed with 15-20 members at a time, but after two years, the program switched to non- co-ed groups, focusing on female inmates, meeting once a week for 70 minutes. Within the groups, a verbal check-in, movement, and a processing of themes occurred. Through these three steps, “group members have the opportunity to release the toxic feelings and, in doing so, regain a healthier sense of responsibility in their lives as well as a sense of themselves as creative, functional members of society” (Milliken, 2008, p. 20).

Discussion

People with serious mental illness may be vulnerable when it comes to their disorder, so an international consensus has agreed that those with mental illness should not be placed in restrictive housing (Montagnet et al., 2021). This literature review focused on alternatives and programming research, such as incorporating dance/movement therapy as an intervention for incarcerated individuals with serious mental illness (DeAmicis, 2017; Milliken, 2008; Mortimer, 2017). As the research shows, segregated housing units are a continued controversial topic (Blau, 2021; Bastini et al., 2021). The ongoing debate about discontinuing segregation and confinement is well-represented in current day research.

The intent of this literature review was to offer evidence that dance/movement therapy can be used as an alternative intervention for mental health treatment for individuals housed in

segregation. This idea was supported through past research regarding mental health effects of segregated housing on individuals, and how dance/movement therapy has been an effective treatment for mental health diagnoses. Research regarding alternative interventions to segregated housing should continue in the future until an evidence-based resolution to restrictive housing can be developed for the entirety of the correctional population. Looking at research for alternative options, such as programming like CAPS, suggests there are approaches that support inmate mental health (Glowa-Kollisch et al., 2016). Decreasing symptoms of mental illness is a benefit that can decrease the possibility of reoffending and returning to jail or prison (Clark & Duwe, 2018).

Due to the lack of research and data focusing on dance/movement specifically with incarcerated individuals, this literature review included DMT findings related to mental health diagnoses. The diagnoses chosen were those most prominent with incarcerated individuals: depression, bipolar, and substance abuse (Karkou, 2019; Wilton & Stewart, 2017). This research shows the positive effects dance/movement therapy can have (Millman et al., 2020). If dance/movement therapy can be used with individuals diagnosed with SMI, DMT with people in jails and prisons is a next step. Alternative interventions, such as DMT, may lessen misconduct and behavioral issues, as it focuses on the psychological and physical well-being of individuals, potentially decreasing the number of inmates in segregation (Millman et al., 2020). It should be noted that correctional facilities can see a wide range of diagnoses, therefore treatment would need to be individualized (Bronson & Berzofsky, 2017).

This literature review had several limitations. As the research showed, prisons are either federally or state run and systemically uniform, while jails are run by local or county government (Montagnet et al., 2021). These facility differences can lead to staffing, policy, and specifically

segregation differences. These differences make it difficult for state or nationwide reform to work similarly in each facility. This literature review briefly touched upon the different kinds of segregated housing facilities may have, but the research, in reference to mental health findings, focused on segregation from a general standpoint (Labrecque, 2016). While segregation remained a broad topic of this literature review, future implications could include more specificity around segregated housing units and a wide range of mental health interventions specific to the restrictions on those units. Dance/movement therapy is not widely used in correctional facilities, meaning there is limited research conveying the impact of DMT within corrections.

Future implications would include DMT being a more widely used intervention so that future researchers, including correctional clinicians, staffing, and psychiatrists can encounter DMT and other expressive therapy experiences with incarcerated individuals. If other clinicians and staff are able to engage with dance/movement therapy alongside the clients, it can help build rapport and allow staff to further understand individuals from a mental health perspective.

Overall, this literature review has shed light on the importance of finding alternatives to restrictive housing. Individuals with diagnosed mental illnesses need alternative interventions rather than minimum interaction with mental health clinicians through the cell door (Batastini, et al., 2021). Alternative interventions, such as dance/movement therapy, could support healing of individuals with emotional pain, without solely relying on psychopharmacology and being locked away for 23 hours at a time. Dance/movement therapy programming is currently limited in corrections and forensic settings. The reason for choosing this topic is to educate future mental health professionals and dance/movement therapists, in hopes they continue the path of introducing DMT to the correctional setting. Dance can help create a routine enhancing their

control, expression of emotions, and a release of negative emotions and an increase in positivity (Greenwood, 2019).

The goal of this literature review was to outline the psychological harm that restrictive housing units may cause, and highlight the potential benefits of reducing that harm. Throughout this research, it is clear that continued exploration of segregated housing and highlighting alternative interventions with possible reform could lead to a time where segregated housing is limited and programming is more readily available. This focus on past research of dance/movement therapy in correlation to mental health diagnoses can help provide future researchers with ways in which DMT can work with incarcerated populations.

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THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences

Expressive Therapies Division

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

Student's Name: Savannah Melo

Type of Project: Thesis

Title: The Role of Dance/Movement Therapy on Inmates After Restrictive Housing – A Literature Review

Date of Graduation: May, 21 2022

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

Thesis Advisor: Dr. Lee Ann Thill, PhD, LPC, ATR-BC