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Healing Trauma through Dance/Movement Therapy: Literature Review

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

Trauma comes in many ways, from car accidents, natural disasters, physical and emotional abuse, divorce, loss, and many more. Trauma and trauma responses have been studied for years, connecting how the human brain processes trauma events and how the body responds to the brain's information. This literature review surveys the different trauma responses through the brain, nervous system, PTSD, and dissociative responses. It highlights trauma-informed care and clinical dance/movement therapy interventions. Those interventions include mirroring techniques, empowerment-focused dance, movement work, and Movement Assessment and Treatment Manual for Trauma (MAMT), a tool to use as a guideline in treatment, mindfulness, and yoga. It is concluded that there is a positive response to the interventions, but further research is still needed.

Keywords: Dance/Movement Therapy, Neuro Response, PTSD, Dissociation, Trauma-Response, Mind-Body Connection, Mirroring, Empowerment-Focused, Yoga.

Introduction

Trauma is unique to every person in how they experience it; often, those who have trauma struggle with mental health throughout their lifetime. Trauma causes stress to the brain and the body, causing an individual not to be able to function appropriately in the trauma response(s). Bentzen stated, "when under extreme stress, or individuals with poorly developed regulatory skills, the flexible energy management zone is often minimal, and the individual falls into self-protective responses such as fight/flight, or freeze/collapse, daydreaming trances or manic state" (2015, p. 215). The mind-body connection is essential when looking at the treatment of trauma.

So why do many therapies only focus on healing the mind's portion of the trauma, not the body? Van Der Kolk (2015) stated that the body has muscle memory and will remember its response to traumatic memories just like it remembers its response to joyful/happy memories. Dance/Movement Therapy (DMT) could be an opportunity to allow someone who has experienced trauma to heal the mind and the body simultaneously and live a better and healthier life after treatment is complete. Dance and the arts offer a nonverbal way to work with trauma in a client (Serlin, 2020). Movement is a natural language that can be offered when a client struggles to verbalize their trauma but is open to treatment through movement.

This literature review is split into five sections on how to use movement and DMT interventions with the trauma population. The first section will provide a basic understanding of trauma, classifications of trauma, and a brief overview of the neuro response to trauma with the mind-body connection. The second section of this literature review discusses a few ways trauma impacts the body and responses. This section reads

more in-depth about the neuro response to trauma and the three primary nervous system trauma responses that affect the body. This leads to how dance/movement therapists apply interventions to the client by paying attention to their regulation and body language during the treatment process for their trauma. Then there is a discussion on Post-Traumatic Stress Disorder (PTSD), the criteria for PTSD, where PTSD originates from, and a brief overview of Eye Movement Desensitization and Reprocessing (EMDR). The last will be information on the trauma response of dissociation, what dissociation is, and how the mind and body use it as a trauma response. This leads to the question of how or what interventions are there for movement to increase the awareness around dissociation and help to reduce the amount a client dissociates.

The literature review gives an overview of trauma-informed care in the therapeutic setting. This section begins to question what some of the themes are coming up for therapists to be mindful of in treating a client with trauma. Safety, space holding, and environment are just a few of the things that clients look for in the treatment process in the therapeutic setting. The following section asks the question of what dance/movement therapy is and how it is used in the field for treatment. DMT is not traditional talk therapy and offers a holistic approach to treatment for those seeking therapy.

The final section is a dive into some DMT interventions used on the trauma population. Each intervention details what the intervention is, how it is used, and the benefits it has with the trauma population. There is a conclusion and discussion of the overall literature on how DMT benefits the trauma population.

Literature Review

Trauma

What is trauma? There are many ways to classify trauma. I learned during my internship at a mental health residential facility, there are two ways to classify trauma. An individual will experience trauma called Big T and Little T trauma. At my time at The Wave I learned that Big T trauma is the trauma is often thought of as a plane crash, sexual assault, domestic violence, or sudden loss of a loved one. It is a trauma that can often lead to someone feeling helpless and powerless. Big T trauma relates to clients meeting the criteria for Post-Traumatic Stress Disorder (PTSD). Big T trauma is the trauma that can cause some of the most severe trauma responses in a client due to being so overwhelmed and the brain not processing the event well.

At my time at the residential facility I learned that Small/little T trauma is more interpersonal trauma, like divorce, pet loss, relationship breakups, legal trouble, or financial instability. Small/little T trauma is linked more to not regulating emotions, decreased activities of daily living, and feelings of depression, anxiety, anger, and guilt can be highly sensed in the client. This trauma does leave the client in states of emotion where they cannot function, thinking that it just impacts a tiny part of their brain, but they can still function well. Though if a client experiences several back-to-back little T traumas, that can create a large amount of distress for this person. This distress comes from their brain not being able to finish processing the first trauma they experienced.

Crowley and Duros (2014) stated trauma can come from any event and at any time, and it does not have to be the extremes of war, physical abuse, emotional abuse, sexual assault, or significant injury and illnesses. Van Der Kolk (2015) stated that trauma

does not have to be a direct experience for the individual, but if someone witnessed or is a friend or family member, they can experience and develop trauma from the event.

Trauma is the stress response of the brain that then sends signals to the body that can create an array of symptoms that an individual can develop (Crowley and Duros, 2014). Bentzen stated that “neglect or traumatic experiences can lead to underdeveloped, impaired or dissociated body sensations and vitality affects, which will cause these basic functions to be impaired and disturbed” (2015, p. 214). The essential functions of a human can be disturbed, and the trauma symptoms will arise when the brain sees the individual is overwhelmed. This creates the response the individual uses to cope with the event. The symptoms can be varied depending on how long the individual has been living with the trauma untreated or how severe the trauma is to the individual. Trauma is the connection of the mind and the body working together; whether stuck in the past or the future, the body responds to what the brain perceives as a threat in the current moment.

Trauma Impacts the Body

In this section of the literature review information will be about the different trauma responses and symptoms and their effects on the brain and body. There will be a brief overview of post-traumatic stress disorder criteria and symptoms. A review of the neuro responses from traumatic events and the roles the nervous system plays in the responses. Lastly there will be an overview of the trauma response and symptoms of dissociation, where it originates from, and how it affects the body. This section allows for a better understanding of the different symptoms and responses that it used to then help treat a client who has a trauma event they are wanting to work through.

Post-Traumatic Stress Disorder Responses

Clients who have had traumatic experiences and have symptoms can be diagnosed with Post-Traumatic Stress Disorder (PTSD) if they meet the criteria from the DSM-5. (APA, 2022) The DMS-5 criteria for PTSD has many components; I have only highlighted a few for this thesis.

B; the presence of one or more of the following symptoms taking place before or after the traumatic event; recurrent intrusive, distressing memories, recurrent distressing dreams, dissociative reactions/flashbacks, intense psychological distress from symbolic meanings of a traumatic event, marked psychological reactions to cues that symbol the traumatic event. C; avoidance of stimuli from the traumatic event; avoidance or effort of avoidance of distressful memories; avoidance or effort of avoidance of external reminders. E; marked alternations in arousal; irritable behavior or angry outbursts (with little to no provocation); self-destructive behavior; hypervigilance, exaggerated startle response; problems with concentration, sleep disturbance (APA, 2022, 301-303).

How does PTSD work? Azizah and Mintarsh (2020) stated PTSD shows abnormalities in the brain structure that regulates stress and responses to fear. When a person is exposed to trauma, they will have increased and decreased nerve activity simultaneously in the amygdala and prefrontal cortex. PTSD is the response that the individual's brain is telling us that the individual is in danger without having taken in the surroundings around us to show that the individual is no longer currently in the environment of the event. Baumann et al. (2020) stated that those with PTSD and the symptoms can have a higher chance of developing other mental disorders like depression,

anxiety, development of physical pain, and many more. Duvvury and Forde stated that when “PTSD mind splits mind and body, implicitly remembered images, emotions, somatic sensations, and behaviors become disengaged from explicitly store facts and meanings about the traumatic event(s)- whether they are consciously remembered or not” (2020, p. 634).

The symptoms of PTSD are different for each person diagnosed with PTSD, but they all develop from the same place in the brain.

PTSD symptoms originate from a permanent overreaction of the innate stress system due to the overwhelming character of the traumatic event. In a traumatic situation, people are unable to complete the initiated psychological and physiological defense reaction (e.g., prolonged freeze instead of flight or flight.) This leads to a persistent somatic and emotional dysregulation of the nervous system and results in the chronically increased stress reaction that is observed in clients with PTSD (Baumann et al., 2021, p. 2).

When therapists are treating a client suffering from PTSD symptoms determining the defense mechanism to know which stress response is the highest is important. This helps the therapist to teach the client how to balance the nervous systems out to manage the trauma response.

Neuro Response

Trauma affects the individual’s human body and brain in a deep-rooted way. When a client has trauma, it affects the nervous systems; the Sympathetic Nervous System (SNS) and the Parasympathetic Nervous System (PNS) (Crowley and Duros, 2014). It is essential in the body-based work to understand what happens during a client's

trauma response and what makes the nervous systems create a somatic response. The brain perceives the response of the threat to the amygdala; the amygdala sends a signal to the nervous systems, creating an automatic response to the different nervous systems that control the humans' stress response. The SNS is the one part of the nervous system that sends a signal to the body so that the body can prepare for the stress response, which can differ in each client. Azizah and Mintarsih stated, "It affects the body like trembling, sweating, fast-beating heart, or fainting due to triggers of abnormal stress hormone levels such as catecholamine, cortisol, and adrenaline" (2020, p. 133). This is one of many examples of a response in a client; others can shut down entirely and isolate and not move their bodies as much, representing the freeze stress response. A lot depends on the client's experience and how their bodies remember the response when the event happened.

It is important to note that the ANS combines the SNS and the PNS; the SNS is the system responsible for stress signals to the body to prepare for fight, flight, or freeze response (Crowley and Duros, 2014). In contrast, the PNS is responsible for sending signals to the heart, lungs, and digestive systems to begin to relax. The problem is when the client has an overactive SNS and cannot use the PNS to begin regulating the body. Crowley and Duros stated "the goal for traumatized clients is not to learn to shut down the SNS. The goal is to help them develop the capacity to bring balance to their ANS" (2014, p. 129). This shows that both sides of the nervous system and the stress response are needed. It is a pivotal part of human function, but too much of the stress response shuts down parts of the brain. The body and the brain are constantly hyperactive because the PNS signals are weaker than the SNS. "Prolonged exposure to trauma has long been

known to increase psychopathology and suicidal behavior, reduce social adaptation and impair brain functioning" (Levy et al., 2019, p. 2). Trauma responses start from the brain, so the longer the exposure to the trauma, there can be cognitive effects on the trauma survivor. The mind and body connection could then become weaker and cause many physical symptoms for the trauma survivor. The use of therapy to help the mind and the body regulate themselves during the trauma responses will help reduce severe symptoms.

Dissociation

Another way trauma impacts the body and the mind is that the client can dissociate from their bodies. This could have happened during the client's event, and that is what the mind and body are remembering to do as its response. "Dissociation is a coping skill used to separate the person from the traumatic event(s) and later from the memory of the traumatic event(s)" (Cristobal, 2018, p. 70). Van der Kolk (2015) stated that dissociation is the stress response in the mind becoming so overwhelmed that the mind begins to split off and break up the memory, sounds, smells, emotions, and physical sensations so that the mind and body can have a break. When trauma survivors dissociate, it shows they are still reliving what has happened to them. However, cannot see that they are no longer in the past. Dissociation can also develop after the event, say that a client was physically tortured in some way and developed hate around their body, or they were accidentally touched and developed a trauma response, and their response is to dissociate. Dissociation can also happen during the event if the mind's stress response is too overwhelmed and is trying to protect the person in the traumatic event. Bernstein (2019) stated that trauma survivors that had a physical experience of any kind, abuse, sexual

violence, or rape, can have a higher chance of dissociating and forming negative thoughts about their body image due to the extreme stress endured.

The dissociation is the mind breaking from taking in more information. Often, the client will have gaps in memory and feel disconnected from the world and their bodies, serving as a mental mechanism or as a mental shutdown to the trauma response (Green and Myrick, 2014). There is no time frame for a client dissociating; it can be anywhere from five minutes to lasting up to or longer than an hour, depending on the event's severity and how long the client's brain and nervous system have been overstimulated.

The dissociation between body and mind is a key aspect of the trauma that survivors suffer; there is a range of body-mind dissociation for survivors from the inability to describe physical sensations to severe psychological disorders that may continue beyond the actual circumstances of their trauma. (Cristobal, 2018, p. 70)

Van Der Kolk (2015) stated that as long as a trauma survivor has unresolved trauma, the stress response and hormones will keep moving throughout the body. This then allows the client to dissociate at any point, even if something has not caused a trauma response to happen. "Traumatic dissociation results in profound and lasting changes in physiological arousal, emotion, cognition, and memory, often severing their interconnections" (Duvvury and Forde, 2020, p. 634). Unresolved trauma can lead to dissociation getting worse and lingering longer in the body, causing the symptoms of mental gaps, loss of sensations, and psychological disorders.

These symptoms all have a mind and body connection. PTSD can develop in someone after having a traumatic event, but the good news is this is not a permanent

diagnosis. From my time at The Wave, I learned that with proper treatment, they can learn to respond to their stress responses appropriately and no longer meet the criteria for PTSD. As well as, if a client were to go through a traumatic event, they do not automatically have PTSD from the event either. It depends on the type of trauma that the person has gone through and if they have built the proper tools of coping. If there is a lack of those supports, creating a need to retrain the human brain and body.

Understanding the neuro response and how the brain processes trauma and sends signals to the body becomes important in body work. The SNS and PNS are the nervous systems that send the signals to the body to either prepare for the trauma response using fight, flight, or freeze (Crowley and Duros, 2014). The PNS is responsible for allowing the body to relax. The key for treatment is to find the balance to not let the SNS response become too high or low and the same with the PNS, this creates a time where the individual is able to process the response in a healthy way (Crowley and Duros, 2014).

Dissociation is a trauma response that happens when the mind and the body are overwhelmed and need to shut down to allow time for the nervous systems to relax.

Dissociation can be dangerous often an individual does not feel connected to the world and loses track of time (Cristobal, 2018). This can cause gaps in memory and these responses can happen at any moment in time, which can make it dangerous for an individual. The part of dissociation is the mind and body split but there are responses in the body that an individual can become aware of to know they are about to dissociate.

When the individual becomes aware of those symptoms before the dissociation, they could use a coping skill or grounding skill to help minimize the dissociation or avoid it completely.

Trauma Informed Care

When clients seek treatment for their trauma, therapists must be mindful of many factors when treating them. Therapists want the client to be able to work through the trauma to begin to heal with it, but part of that comes with the client becoming comfortable with when they want to start that process in the therapeutic setting (Hartwell, 2017). There is no right or wrong time when the client is ready to start the process and find ways to make the client comfortable with that part of treatment.

When looking at the client's history of trauma, Duvvury and Forde (2020) note that survivors are stuck in the past or fearful of the future. When a client has a trauma response finding the way the brain and body are responding to the event and being able to have the client learn how to cope in the moment rather than focusing on the story.

Trauma survivors already have a sensitive trauma response, and how therapists lead the client through the experience should be mindful of that. Duvvury and Forde (2020) stated that trauma survivors do not need to recount the trauma story because it can re-traumatize the client. If a client were to get re-traumatized, it could cause the client to lose progress within the treatment itself. Colace (2017) stated that reliving the trauma can cause dysregulation of expression, implicit communication, and a lack of emotional awareness.

There is no handbook for treatment in a client healing from their trauma. Every client is different because their trauma is their event and how their brain and body is responding to it. When treating a client, going at the pace the client is comfortable with is essential, so they have time to sit and process their emotions. Duvvury and Forde (2020) got information from their research that trauma survivors responded well to being given space in the session to sit and process the emotions at their own pace. If the client were to

feel rushed and not be given space, it could lead the client to suppress the parts or feelings of the rising trauma and have more symptoms develop.

Trauma informed care is important in a therapy setting, becoming mindful of what trauma responses the individual has. Collaborating with the client to make the space as comfortable it can be for them to become open and vulnerable (Hartwell, 2017). When the client begins to feel they are in a safe environment the therapeutic relationship can begin to grow more. In the therapeutic relationship the therapist is gaining the clients trust and guiding them through the treatment at the pace the client is willing to go (Durvvury and Forde, 2020). Re-traumatizing a client can cause there to be a setback in treatment because their brains and body are now responding to the event happening again in the present moment rather than it is reprocessing it and creating new meaning behind it (Federman et al, 2019). It is not an ideal situation but if it does happen finding the ways to ground the client and try to bring them back in the present moment and then determining what the client needs is an approach to go to.

Eye Movement Desensitization and Reprocessing

Some psychotherapies have been studied to help treat PTSD, and one of the main ones is Eye Movement Desensitization and Reprocessing (EMDR). Van Der Kolk (2015) describes EMDR as the therapist having the client follow their finger while the therapist asks the clients to begin to think about the memory of the event, using all the sensations to engage in the memory to develop desensitization to it fully. The therapist holds the session and leads the client through the events trying to keep the focus on one memory at a time; the therapist gives the clients a break when they feel it is essential to stop and allow the client to use interventions to begin to calm the mind and body down after

reliving the event(s). EMDR can have its benefits in helping a client to reprocess the trauma in the brain to let the brain and body see that it is no longer in the event anymore, but of course, there can be risks with EMDR. The process of EMDR is fully letting the client relive the event. It can cause further re-traumatization in the client, which would require an even more extended period in therapy to learn how to regulate and reprocess the event(s) that have happened to them.

EMDR has many great benefits to it as therapy and helping a client to reprocess the trauma event in the brain. After the reprocessing it can help a client to manage their other trauma responses. EMDR even though can have great benefits it can also pose the risk of re-traumatizing the client to the traumatic event (Durvvury and Forde, 2020). If a client is not ready to proceed with EMDR it can make the symptoms and responses worse, leaving them in a more vulnerable state than before they started the treatment.

Dance/Movement Therapy

Dance/Movement Therapy is defined by the American Dance Therapy Association (ADTA) "as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" (ADTA, 2020). DMTs look at enhancing the view of therapy from a somatic/body viewpoint. Looking at emotions in the body, regulation of the body, behavioral treatments, reducing feelings of anxiety and depression, enhancing communication skills, developing body and self-awareness, and improving self-control are just some things that can be targeted in a DMT setting. DMT has no limitation for age. Using movement and body language as "holistic approach to healing, based on the empirically supported assertion that mind, body, and spirit are inseparable and

interconnected; changes in the body reflect changes in the mind and vice versa" (ADTA, 2020).

DMT can be used with a wide range of populations as well. A few are addiction, eating disorders, trauma, anxiety, depression, grief and loss, and behavior correction. Movement is often viewed as the first form of communication. Utilizing movement in a therapeutic approach allows clients to make sense of their bodies and develop healthy coping skills with a greater understanding of their mind, body, and spirit connection. Federman et al., stated that "In DMT, assessment and therapy can proceed entirely nonverbally through movement, touch, rhythm, and spatial intervention" (2016, p. 76). DMT is an approach that can allow for flexibility in a therapy setting with the client, "using the body as the physical instrument or symbol for feeling and thoughts that can serve as an approach in the therapy setting" (Monteiro and Wall, 2011, p. 238). Everything will be different for each client based on their needs, and the therapist becomes aware of the client's strengths and struggles and adapts the interventions to fit the client's needs.

DMT Interventions for the Trauma Population

DMT interventions can be used with the trauma population. The DMT interventions are focused on helping a client to become aware of their trauma responses in the body, learning how to regulate trauma symptoms, processing the trauma event through their bodies, and creating new movement in response to the traumatic event. These interventions help to strengthen the mind-body connection to allow for the client to develop an awareness of what is happening in the brain and body at the same time. The regulation portion starts with becoming aware of the responses and learning techniques to

benefit the client in calming the trauma response but not become re-traumatized in the process. When the processing of the trauma response happens in the brain it then sends the signals to the body to prepare for the event that is happening. These interventions focus on the body and allowing it to relax so that it can retrain the brain that the response is not as harmful as it thinks.

Movement Assessment and Treatment Manual for Trauma

The Movement Assessment and Treatment Manual for Trauma (MAMT) is an intervention that DMTs can be used to assess the client's body due to trauma. (Federmann et al., 2016) MAMT is also an intervention and technique that allows traumatic memories in the body to come to the surface to give the natural responses shape and new meaning. This technique and intervention would give therapists a guide while working with a trauma client. (Federmann et al., 2016) This guide has four phases: warm-up, relaxation, search for inner bodily and emotional resources, and attentive listening to the body. The overall goal of the MAMT is to acknowledge the traumatic experience and reduce the symptoms arising in the current moment. Treating in the current moment will be better than having the client relive the trauma, risk re-traumatizing them, and create a more extended healing experience. Therapists must find the balance between action, containing, and releasing emotions, which, appropriately done at the client's pace, will reduce the client's bodily lived traumatic experience (Federmann et al., 2016). When using the MAMT on a client as a guide, there is no structure for a time until moving the client to the next stage; going at the client's pace and progress while in the stage will lead up to determining when the client is ready for the next stage for further treatment of their trauma.

The first phase, the warm-up phase, is the start of creating a supportive and safe space with the client (Federmann et al., 2016). The client will begin moving their body in space, becoming aware of body sensations, getting to know their physical environment, and working on the therapeutic relationship, seeing this phase as the connection between the client and the therapist. The therapist will gently guide the client to become comfortable with moving in their bodies while becoming aware of them.

The second phase is the relaxation phase which is the phase that gets used when the client begins to have a high-stress response, is overwhelmed, or needs a break from the treatment to focus on grounding and relaxing the body's response (Federmann et al., 2016). This phase uses "techniques that use breathing, grounding, and body awareness to achieve a sense of a safe place" (Federmann et al., 2016, p. 80). Using these techniques does not mean the client is avoiding the response; instead, they are learning and practicing techniques to prevent them from returning to the past or present and focusing the body and mind on the here and now. During this phase, the client could have a moment of a higher stress response or have increased emotions of helplessness or lack of control. The DMT therapist would be there to help guide the client through the breathing and focus on the technique, not the intrusive thought.

The third phase is the search for the inner body and emotional responses (Federmann et al., 2016). This phase is to help the client gain a sense of control and empowerment both in the body and emotionally. This is achieved by physically grounding and movements that feel powerful to the client. This phase also allows the client to explore their movement patterns and increase their sense of body safety and strength.

The fourth phase is attentively listening to the body; this phase is where the client starts to integrate their sense of safety, support, their regulation skills and apply them back to the trauma memory in the body (Federmann et al., 2016). The clients begin to become more aware of their bodies and the sensations they feel. Applying the techniques, they found worked best for them to the moments in time of the stress response in the body. This is the final phase of creating the new response they want their bodies to feel when the memory arises. The trauma survivors will never be able to take away the memory of the event but can apply a new response on how the body and brain react.

Federmann et al. noted that the MAMT allows for reclaiming movements that were manifested in the traumatic event as healing movements” (2016, p. 77). The MAMT is an excellent tool for therapists to use for DMT that involves less risk of re-traumatizing the client. Still, it allows the client to work through their trauma by learning breathing techniques and grounding techniques for the body, exploring the movement in a new space, learning different types of movement as an intervention for the trauma memories, and lastly, creating a new outcome of the traumatic memories. Allowing the clients to create a release and learn emotional and body regulation.

Mirroring Techniques

Mirroring is a technique used in DMT for various reasons and can also be used in trauma populations. "Mirroring techniques in dance/movement therapy are used so that clients are focused on increasing self-understanding due to the trauma they experience and improve the ability to establish relationships with others since the process of mirroring techniques involves other people" (Azizah and Mintarsih, 2020, p.132). Mirroring is a technique where it can be an individual with a therapist or done in a group

setting. Mirroring is done by one person doing a movement based on the prompt that the therapist gives them while the others copy the movement that the client leading is doing. Azizah and Mintarsih (2020) had clients create movement with expressions of emotions or stories about their traumatic experiences. The group of clients would then embody the response from the leading client the best they could in their bodies. Whether done in an individual setting or a group setting, there can be a time when a client struggles to come up with movement based on the feeling or memory because of their stress response; the fight, flight, freeze is their defense mechanism to that specific memory. How does mirroring help benefit the trauma population by helping to create body awareness for the individuals, emotional empathy, build trust in relationships, and create self-empowerment.

Body awareness becomes essential, especially for those who have a symptom of dissociation from the body, lose track of time, and have gaps in memory. "Body awareness aims to understand what happens in their body and mind" (Azizah and Mintarsih, 2020, p. 134). This can allow those with that symptom to start seeing what is happening in their bodies leading up to the dissociation. Body awareness in mirroring also helps clients get feedback and insight into their movements and symptoms, which can lead them to accept that trauma memory in a positive way and setting.

Emotional empathy is also a benefit that can come from mirroring techniques. "When observing others, a person needs to activate the mirror nervous system to empathize with other people's emotions, sensations, and movements" (Azizah and Mintarsih, 2020, p. 134). While the mirror nervous system is activated, it allows those participating to enhance their understanding of emotions and create emotional

connections. Feeling the emotions and the movement and showing to that client leading that they are understood and supported while those are doing are creating an emotional connection to someone.

Azizah and Mintarsih stated, "Mirroring techniques in DMT can foster trust, create social closeness, enhance social interaction ability, help them collaborate or provide social support, and demonstrate predictable actions" (2020, p. 135). In cases of those who have been physically abused, this can help to create trust in relationships that were ruptured during their traumatic event. As the client in the group begins to share and respond more, they can feel safe, supported, and accepted to continue their healing journey. When a client goes through this part of the treatment, it is essential to offer but only push once they feel ready to open up to the individual therapist or the group.

Self-Empowerment through mirroring happens when the client leading feels the sense of security to overcome the traumatic events that happened in the past (Azizah and Mintarsih, 2020). Empowerment from one client in the group can create and affect the rest of the group to feel a sense of security from the individual. Empowerment in this phase focuses again on feeling supported to continue the healing journey coming from their session.

Mirroring techniques allow clients to feel supported while telling their stories and emotions through movement. It can allow them to build trust in relationships with people again, with themselves, and create a better understanding of how their bodies work when in the stress response of trauma memory. Bentzen stated that mirroring also helps by "helping another person come from self-protection to emotional self-regulation must generally go through marked mirroring and a dance of miss-attunement" (2015, p. 219).

Mirroring can activate the PNS nervous system to bring relaxation to mind and body and reduce the trauma response.

Empowerment-Focused DMT

Bernstein explained empowerment-focused DMT as "trauma recovery approach that mobilizes the full potential of expressive dance in the healing process. The overall objective is to free the trauma survivor from the emotional and physical impacts of trauma that often persist in the body, emotion, and spirit" (2015, p. 194). This intervention was created to help survivors heal from their trauma without re-traumatizing or fully reliving the traumatic memory, as it can prolong the healing journey even longer. Empowerment-focused DMT aims to help the survivor heal by strengthening psycho-physical capacities and safely addressing and transforming the negative impact of trauma. This specific intervention uses a variety of movement interventions for the healing process using the mind-body connection. Bernstein stated "Dance experiences in the present day are newly stored in the muscles, nerves, and embodied memory. Thus, dance interventions focused on building emotional strengths provide opportunities to replace negative muscle memory with new, more empowered psycho-physical states" (2015, p. 198). In this DMT intervention, the clients will get led through the sessions using imagery and symbolic expression as a safe way to challenge clients' feelings without being directly on the topic. This touches on trauma-informed care in thinking that letting a client relive the moment can be more harmful than if they were to approach it indirectly for healing purposes. Using imagery and metaphors can show parts of a person that are not easily seen, for example, strengths of courage, dignity, and grace. Once uncovered, they can begin exploring those feelings in a safe space. Imagery connected with dance

creates a pallet that can allow trauma survivors to become vulnerable and express how they feel and process that through movement in a setting where they are supported.

Used in empowerment-focused DMT is improvisation with themes so that there is no direct focus on the traumatic memory. The themes start slowly and in small amounts to not overwhelm the client with the traumatic symptoms they feel and have an overwhelming stress response. The therapist focuses in the beginning on grounding techniques versus immediately slowly working through the trauma. However, once a client has progressed more in treatment and when determined, appropriate direct improvisation themes can be more beneficial to the client in their healing process, addressing how traumas are stored in the body and show up in behavior. Improvisation with the proper themes and guidance behind them can help clients regain control over their bodies and relationships and explore boundaries.

Whether the traumatic event happened at a young age or an adult age, depending on the symptom, there can be developmental gaps resulting from the event.

"Empowerment-focused DMT, the process addresses developmental gaps through ongoing engagement in creative self-expression, mastering dance skills, and engaging the body in externalizing feelings into action" (Bernstein, 2015, p. 203). This goal is achieved by nurturing self-awareness, building confidence through rhythm, setting boundaries, and using balance techniques for building confidence.

Empowerment Focused DMT trauma survivors can begin to make them feel a new sense of confidence and understanding that was limited in the moment of the event. This technique is carefully formed to focus on the present moment but retrain the body's response to the traumatic event to something positive for the client. They limit the

number of negative feelings they receive from the event. Depending on how open and comfortable the client is with treatment progress, this technique can be used in individual and group work settings. Bernstein stated, "DMT cannot erase life experiences but can reframe their emotional weight and impact through a shift in perspective that can develop from new, broadening experiences" (2015, p. 198).

Mindfulness and Yoga

Yoga is an intervention that includes becoming aware of the body, incorporates breath work, and helps to become more mindful of the present moment. Yoga is used as an intervention that can be helpful to a client if they need help with the movement portion. It can be more guided and focus on regulation and mindfulness of the body while doing poses. Dick et al. stated that "yoga practice has been associated with reduced cortisol and catecholamine secretion, decreased sympathetic and increased parasympathetic activity, and salutary effects on cognitive activity and cerebral neurophysiology" (2014, p. 122). Showing that through breathwork and becoming mindful of the body and body responses, trauma survivors can use the techniques to bring up the PNS to reduce the body's current trauma response. Dick et al. (2014) stated in the study that yoga could help increase mind-body awareness and help the individual in treatment to adjust behaviors and cognitions associated with their trauma response. Dick et al. (2014) stated that yoga and mindfulness can help reduce the trauma response, increase mind-body awareness, help the trauma survivor accept their emotions, and improve regulation skills to reduce avoiding symptoms and behaviors.

In yoga, there is breathwork, learning how to breathe properly in stretches and poses to begin to allow the body to relax. Breathwork and deep breathing can also be

taken out of the context of applying it to yoga, like when the individuals are in a stressful state, they can utilize deep breathing to begin to calm down the nervous system and body response. The body of an individual is a unit that moves together as one and makes everything function properly to survive in daily life. Colace stated, "In the breathing process, the air that enters the body and is then expelled from it imprints the body itself, the muscles, the cells, the skin and in the skeleton, a movement initially of amplification and then contraction" (2017, p. 38). The breath makes all the muscles move in the body on every inhale and exhale, depending on how the person is breathing and how the muscles respond to the nervous system to prepare to fight, flee, freeze, or remain relaxed. Deveraux (2008) noted that the breath can be used to increase body awareness in victims, where they can learn about the breath and how to manage it, techniques to help slow down the breath, not increase the SNS, and see the past from the present. Colace stated that "Breathing is deeply connected to whom we are, our emotions, and the way we can regulate them, the way we relate to others" (2017, p. 38). Breath is essential when looking at it through the lenses of an intervention because when the trauma response happens and how the person responds in their breath helps to create a body response. The breath can get held; the breath can go fast, causing other responses in the body. Helping trauma survivors to see that and help them learn how to regulate their breaths will help with their PNS and SNS responses to their trauma response.

Yoga, breathwork, and mindfulness are other tools for trauma survivors to use to "help them to become attuned to the emotions that rise, slowing things down and guiding them to understand how trauma manifests in their bodies" (Durvvury and Forde, 2020, p. 638). Trauma is an individual's mind and body experience to their individual event, in the

breath and yoga treatment it is used to help guide the survivor to see and begin to understand what helps in their treatment goals and achievement.

Discussion

Trauma comes in a variety of ways, Big T trauma, Little T trauma and those types of traumas impact survivors in different ways and the individual can have a trauma response in most of their lives until they seek treatment for it. Trauma affects the human mind and the body creating trauma responses in individuals that can look different in everyone. Trauma responses will be different for each person experiencing trauma, but they originate from the same place and target the same nervous systems. Trauma is different for everyone, and each experience is different if the survivor has gone through many traumatic events. Suppose trauma is different every time; the approach for treatment needs to be appropriate for that one experience.

Current therapies like EMDR have shown benefits in helping a client reprocess the trauma through their brain, but it does hold a risk that they can re-traumatize the client. When a client becomes re-traumatized, it can cause the client to have symptoms resurface again and lose their progress in management from their trauma responses. Whereas using an approach like DMT can be tailored to fit the client on working on their current symptoms with their trauma response.

Hartwell stated that “dance and movement, being one of the most primary modes of communication and acting as vessels for symbolism and imagination, cannot only unlock memories but can also “access the imaginations that support a restoration of well-being” (2017, p. 41). DMT offers many different interventions to help treat a trauma survivor. These interventions focus on the individual and what they want from treatment.

Duvvury and Forde noted that an important aspect that is held in a DMT approach for trauma treatment is “focusing on releasing trapped emotions or blocked energy, which in turn, affects emotion, cognition and behavior” (2020, p. 634)

There are many different interventions for trauma treatment and creating an environment where one feels safe to explore. Duvvury and Forde (2020) see a benefit in breathing work and visualization to help manage symptoms of trauma responses like panic attacks and intrusive thoughts and feelings. Mirroring techniques help support telling the story through movement, creating a connection with empathy and attunement with the group and individual. Empowerment helps individuals understand and reclaim the control over their bodies they have lost since their trauma event. All interventions are aimed at helping the client to understand their body and body response to their trauma response. When the understanding happens, the work can begin in the healing process on a movement base.

DMT can treat trauma and trauma responses that have developed in the body. Research and interventions are still happening to gain a better understanding as more people become open to treatment with movement. DMT allows the strengthening of the mind and body connection to reprocess the trauma and trauma responses. Serlin stated that “DMT and art help us to us transcend and individuals stuck places and imagine a future or a different situation” (2020, p. 177). There are still many questions that come up for further research that fall under the treatment of specific trauma populations. This literature review was just the start of understanding the basis of trauma and DMT being used as a treatment. The overview of this literature allows for further research into

treatment with trauma-specific populations like domestic violence, human trafficking survivors, natural disasters, and political and cultural trauma as well.

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