Spring 5-18-2024

Dance/Movement Therapy: A Novel Approach for Latino Males with Incarceration Histories in SUD Treatment

Aletia Egipciaco
aegipcia@lesley.edu

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Lesley University

April 23, 2024

Aletia G. Egipciaco

Specialization: Dance/Movement Therapy

Thesis Instructor: Raquel Stephenson

Abstract

This paper investigates how open clients would be to participating and engaging in Dance/Movement Therapy (DMT) sessions at a residential SUD facility. The questions asked were (1) What level of engagement would clients have and (2) How would they engage in DMT group sessions at a residential substance use disorder facility? A program lasting 8 weeks, aimed at facilitating DMT group sessions, was conducted at a residential SUD facility twice a week. The objective was to assess participant engagement levels and observe their involvement in the DMT sessions. Residents of the facility were invited voluntarily to attend the DMT groups. Some things to consider were the residents' social, cultural, and legal factors and the possibility of how they may affect their engagement. The clients consisted of all-male, mostly monolingual Spanish-speaking, were of Latino-Hispanic ethnicity, and the majority were legally mandated or had incarceration histories. Results indicated the DMT program had a high level of kinesthetic engagement, and most residents attended the group sessions. In addition, facilitator observations of the clients included – 1) gradually growing trust in the group process, 2) initially, concrete directives of experientials were easier to follow versus abstract ones, and 3) confidence and collaboration were built through peer support.

Keywords: dance/movement therapy, substance use disorder, substance use disorder residential facility, Latino males, incarceration, mandated

Dance/Movement Therapy:

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Introduction

Dance/Movement Therapy (DMT) can provide different opportunities of expression compared to conventional group settings with only verbal expression. Jacoby (1999) states, "The artistic work is always sensory. It has 'body' no matter which arts discipline…Thus being thrown into presence is one of the preconditions of therapy…we are challenged to become present in a new and different way" (pg. 63). Incorporating more DMT into SUD treatment can be of benefit allowing for a non-verbal form of expression. Will the participants be open to it? This is the question.

An 8-week DMT group facilitation was offered twice weekly at a residential SUD facility to determine engagement levels and observe how residents engaged in the DMT groups. The clients consisted of all-male, mostly monolingual Spanish-speaking, were of Latino-Hispanic ethnicity, and the majority were legally mandated or had incarceration histories. Residents' social, cultural, and legal factors were considered in evaluating their participation. This study investigates how clients engaged in dance/movement therapy (DMT) group sessions. The questions asked were - What level of engagement would clients have? How would they engage in DMT group sessions at a residential substance use disorder facility? Residents of the facility were invited voluntarily to attend the DMT groups. The following data was collected – attendance, level of engagement, kinesthetic observations, themes of discussion, and facilitator experience.

The need for SUD treatment is evident; according to the National Substance Use and Mental Health Services Survey 2022, Substance Use facilities have had a total of 111,083 designated beds with a utilization rate of 97%. 91% of the substance use disorder facilities are operated by private organizations, 48% by private non-profits, and 43% by private for-profits. This surpasses what the federal and state governments provide, which is approximately less than 10% (Substance Abuse and Mental Health Services Administration, 2023).

Most of the clients at this residential facility are formerly incarcerated or are legally mandated to attend the residential SUD program. Research demonstrates the need for SUD treatment with populations tied to the legal system. For example, post-incarcerated populations with diagnosed SUDs were found to be more prone to recidivism (Zgoba et al., 2020). In reviewing 36 months of post-release data of 10,000 inmates in New Jersey state, Zgoba et al. (2020) found inmates diagnosed with only substance use disorders had the highest rearrest rates. Providing SUD treatment could possibly contribute to the lowering of the recidivism rate of those formerly incarcerated individuals.

There is limited research on DMT and its application to SUD treatment exclusively, but there could be a place for Dance Movement Therapy to be incorporated into SUD treatment programming. This study endeavors to understand DMT applications and its benefits for being offered at an SUD residential facility considering the residents' social, cultural, and legal factors and the possibility of how they may affect their engagement.

Literature Review

DMT

Various DMT theoretical frameworks can be applied to SUD treatment. DMT provides an opportunity for non-verbal expression; below are the theoretical frameworks/concepts utilized during this study:

One of Marian Chace's core concepts is the concept of Rhythmic Group Activity (RGA). RGA is the concept that rhythm is inherent within our corporeality, and when grouped with others, emotions can become solidified and magnified and become "one" (Chaiklin & Schmais, 1993). Communal music and dance participation strengthens and influences a community (Chailklin & Schmais, 1993). The road to recovery can seem like a lonely one; when one relapses, it is their relapse and no one else's. Utilizing this core concept in DMT experientials can create solidarity, community, and security in a non-verbal way (Chaiklin & Schmais, 1993).

Another theoretical DMT concept is improvisation. Loran Mesika et al. (2020) comment on how experimenting, playing, and improvising are central elements of DMT; this becomes a natural part of the process and is no longer feared; as clients continue through repeated exposure to acceptance of emotion, these experientials can help them to develop adaptive coping responses. Improvisation comes from inner impulses; although the dancer/mover may not understand them, it has significance and takes on symbolic meaning (Chaiklin, 2016). Norma Canner's theoretical focus on play included improvisation, control-release-control (moving towards and away from releasing breath, voice, movement, and emotion), and mirroring (Beardall et al., 2014).

DMT and SUD Treatment

Expressive art therapeutic interventions have become more available within individuals' substance use treatment. Hinz (2009) comments that expressive therapies, such as art therapy, have been conceived more as a supplementary approach than a central treatment. DMT, although not a mainstream modality used within substance use treatment, is an opportunity to provide a physically creative and expressive approach to working with individuals diagnosed with SUDs. Dance/Movement Therapy as an intervention for SUD clients offers the opportunity to embody one's present state, which can be difficult for those suffering from chronic substance use (Kirane, 2018).

DMT requires individuals to be "in the moment" with themselves and ask for inner reflection. Kirane notes, "DMT provides a space in real-time for individuals to differentiate their actions, feelings, sensations, and thoughts" (2018, p.15). DMT can allow clients to become aware and acknowledge their current emotional states and learn how to regulate and cope with those emotions in a non-verbal expressive modality.

Milliken (2008) comments that addiction is not a stand-alone issue being addressed but trauma, anger, and shame as well. Many clients can feel alone on their road to recovery and find it challenging to trust and seek help from others. Milliken (2008) posits facilitating DMT groups with an incarcerated population that is participating in a jail addiction services program provides opportunities to connect with others and reduce isolation. Milliken (2008) facilitated weekly 70-minute group DMT sessions with female inmates, highlighting how one inmate, initially avoiding participation at the beginning of the group, had joined the other participants in the circle by the end. "T" was observed as visibly agitated and stated she had felt angry but now felt

needed by her fellow sisters and the need to connect. This is example demonstrates how DMT can create an environment of community and connection.

Latino Males Expected Masculine Norms

Walters & Valenzuela (2020) conducted a qualitative-quantitative study that focused on learning about Hispanic/Latino identifying men's perspectives on their beliefs of masculinity. They explored how Hispanic/Latino men conceptualized, created, and enacted masculinity. 20 cisgender and heterosexual-identifying men participated in the study; the focus was on interpretive analyses from autobiographical interviews. Their findings indicated Latino men's most desirable values and behaviors tied to caballerismo. *Caballerismo* – refers to positive and social traits and behaviors, such as humility, honor, and responsibility. Also, to the men in this study, the concept of affection was strongly related to their sense of masculinity; showing affection was considered a masculine trait (Walters & Valenzuela, 2020). It was found the men in this study also had a critical perception of the concept of *machismo* – a hypermasculine trait classically tied to archetypes such as the dominant husband, Latin lover, and the fighter; these qualities tied to being machismo were not seen as desirable qualities of masculinity.

How men can change their attitudes towards masculinity was explored by Choi & Sabey (2024), conducting a quantitative study with 14 men enrolled in a 6-week, they investigated how interactions within men's groups enabled men to shift their attitude on what is traditionally defined as the classic masculine archetype of - stoic, self-reliant and invulnerable. As men were interviewed about their initial perspective and expectation of masculinity, similar responses highlighted the expected common characteristics placed on men, for example, "boys don't cry" having emotions would be going against the masculine norm. When interviewed after participating in the 6-week group session, some responses highlighted a shift in their attitude of

what masculinity was, some commented feeling a stronger sense of belonging, they valued the supportive community of the group. The repeated experiences of acceptance of self-disclosure, demonstrated to them that others have similar emotions. This created validation within the clients, demonstrating they were not alone. Choi & Sabey (2024) argue their findings support masculine attitudes become flexible when sharing vulnerability is met with positive outcomes such as a promise of connection rather than with negative consequences being imposed upon them due to deviating from expected traditional social gender norms.

Incarcerated Population and Drug /Alcohol Dependence

Most of the clients entering the SUD residential facility are legally mandated to participate in the program in lieu of jail/prison time, reducing a sentence or dismissing charges. Research demonstrates there is a need for SUD treatment for the incarcerated population. Fazel et al (2006), reviewed 13 studies with a total of 7,563 prisoners and found upon reception into prison, the prevalence of drug abuse and dependence to be 10-48%, and for alcohol abuse and dependence to be 18-30% of male prisoners. According to data collected from National Inmate Surveys (NIS) between 2007-2009, 58% of state prisoners and 68% of jail inmates met the criteria for drug dependence or abuse (Bronson et al, 2017).

Incarceration Histories and SUD Treatment

NIS also showed for state prisoners and sentenced jail inmates, who met the drug dependence or abuse criteria, and who had been incarcerated for less than six months, 17-19% participated in drug treatment programs. For those that had served more than six months, the range of participation was from 28-30% (Bronson et al, 2017).

When looking at post-release data from Ohio and Texas prisons, it was found participation in substance abuse treatment services went from 3 in 10 men and women who

participated and then fell to 2 in 10 over of the first post-release (Malik & Vischer, 2008). Tsai & Gu (2019) found individuals with SUDs and incarceration histories only 18% had used drug use disorder treatment. Their finding also showed those individuals were more than likely to use SUD treatment compared to those with no incarceration history.

Systemic Distrust Among Minority Groups

According to Stern et al. (2021), the level of systemic distrust was prevalent within minority groups during the height of the COVID-19 pandemic when vaccines were initially being administered. Stern et al. (2021) conducted a quantitative study on the willingness of incarcerated and detained persons to receive the COVID-19 vaccination. Residents in three prisons and 13 jails within four states were surveyed. Survey results indicated that among the 4,081 men who participated, 44% said they would receive the vaccine, 8.8% said they would hesitate to receive it, and 47.2% said they would refuse it. Among the 1,011 (20.3%) Hispanic/Latino men surveyed, 39.1% said they would refuse the vaccine. Among the 1,390 (27.9%) Black/African American surveyed, 57% percent said they would refuse the vaccine.

The most common reason for refusal of the vaccine was distrust of the health care, correctional or government institutions. Stern et al. (2021) comment racial and ethnic minority groups, individuals with unstable housing situations, substance use disorders, and mental illness are disproportionately incarcerated. The study highlights the need for culturally relevant interventions to increase confidence among the incarcerated and detained (Stern et al., 2021).

Recidivism

Studies have shown that treatment of mental health and SUD in addition to social services can reduce recidivism among those who were formerly incarcerated (Tsai & Gu, 2019). Zgoba et al. (2020), reviewing 36 months of post-release data of 10,000 inmates in New Jersey

state, found that inmates were diagnosed with only substance use disorders had the highest rearrest rates. Inmates diagnosed with SUD, were at a higher risk of recidivism compared to other inmates not diagnosed with substance use disorders; those diagnosed with an SUD recidivate at a higher rate (Zgoba et al, 2020). A contributing factor to recidivism is the lack of resources or connection to resources that assist in the prisoners' positive integration into the community (Community Policing Dispatch, 2022). Nellis & Bishop's (2021) finding indicates that individuals leaving long-term incarceration require enhanced support upon reentry into society. While many of these individuals pose a low risk of committing crimes, they face significant psychological, financial, and vocational challenges that have been exacerbated by their prolonged time incarcerated.

Method

Participants

The participants consisted of the clients residing at an in-patient SUD residential facility. The facility census varied depending on when a client completed the program and then transitioned out or when clients left as an unplanned discharge. During the 8-week group sessions facilitated, the census of the residents started at 11 and decreased to 8 clients. Attending groups was voluntary; thus, the range in the number of participants varied during every group. The population consisted of formerly incarcerated, legally mandated, and community-referred clients. The clients were all cis-gender males, and nine were of Latino or Mexican heritage; the remaining two clients were White non-Latino/Hispanic. The majority of the clients were monolingual Spanish speakers.

The 8-week DMT groups facilitated were to explore clients' attendance, level of engagement, facilitator observations of kinesthetic engagement, themes discussed, and facilitator experience throughout the 8 weeks.

Procedure

The DMT group consisted of 16 sessions within 8 weeks. 60-minute sessions were offered twice a week. Each session was structured to include an initial verbal check-in, a warm-up with meditation and small movements, the DMT experiential, the processing and sharing of client experiences, and a conclusion inviting final thoughts. Participants were informed their attendance was voluntary and welcomed. The objective of this series of sessions was to provide a kinesthetic modality as a creative outlet that offered a different way of processing and expressing clients SUD recovery experience versus the conventional talk therapy offered during group sessions. I wanted to help clients build awareness of emotional embodiment through the physical body, the hope is for clients to recognize how their body reacts and feels when encountering different emotions, reliving past trauma, or processing present experiences and how to cope. The DMT experientials consisted of the following themes: creating gestures, free movement, structured movement, group mirroring, line dances, creating choreography, synchronizing rhythms, improvisation, movement games with props, and leading/following movement.

Data

The data collected consisted of attendance, recording the level of engagement, facilitator observations of kinesthetic engagement, themes of discussion and facilitator experience.

Attendance was recorded by requesting clients to sign-in (this was a programmatic requirement). The participants' engagement level was categorized into levels from 1 through 4. The levels are defined as follows:

- Level 1 = observed and left during group
- Level 2 = observed only
- Level 3 = partially observed and engaged
- Level 4 = fully engaged in all activities

The level of engagement was annotated by observations made by me, the facilitator. I recorded kinesthetic observations in a journal after each session. The themes of discussion were topics highlighted by clients about their experiences with the experientials and their application to their substance use recovery. After each group, I annotated their observations of the themes discussed in a journal. The facilitator experience was my direct experience when working with the clients in the DMT group. I recorded their and my experiences in a personal journal after every group.

Results

Attendance & Level of Engagement

The results collected indicated 64% of all residents at the facility attended the DMT groups. Most of the participants who attended the DMT group sessions engaged at a Level 4 engagement level. Approximately 59% of attendees engaged fully throughout the 16 sessions. The following levels of engagement results are below:

- Level 4 (fully engaged in all activities) = 59%
- Level 3 (partially observed and engaged) = 22%
- Level 2 (observed only)= 13%
- Level 1 (observed and left during group) = 5%.

Session	# of residents	# of participants	% if participants who attended DMT session	# of participants Engagement Level 1	% L 1	# of participants Engagement Level 2	% L 2	# of participants Engagement Level 3	% L 3	# of participants Engagement Level 4	% L 4
1	11	11	100%	1	9%		0%		0%	10	91%
2	11	7	64%		0%		0%	2	29%	5	71%
3	11	7	64%		0%	1	14%	1	14%	5	71%
4	10	6	60%		0%	1	17%		0%	5	83%
5	10	7	70%	1	14%	1	14%	1	14%	4	57%
6	10	7	70%	1	14%	2	29%	1	14%	3	43%
7	10	7	70%	1	14%	1	14%	1	14%	4	57%
8	8	2	25%		0%		0%	1	50%	1	50%
9	8	8	100%	1	13%	2	25%	1	13%	4	50%
10	8	6	75%		0%	1	17%	1	17%	4	67%
11	8	4	50%		0%	1	25%	1	25%	2	50%
12	8	3	38%		0%		0%	2	67%	1	33%
13	8	4	50%		0%	1	25%		0%	3	75%
14	8	4	50%		0%		0%	2	50%	2	50%
15	8	6	75%	1	17%	1	17%	2	33%	2	33%
16	8	5	63%		0%	1	20%	1	20%	3	60%
Average	9	6	64%		5%		14%		22%		59%

Observations

The observations below are based on what I, the facilitator, observed kinesthetically from the clients. It is important to note that the residents voluntarily attended the DMT groups offered. I chose to highlight four of the 16 sessions – the 1st, 5th, 12th and 16th. I chose these sessions because I wanted to make comparisons of sessions evenly divided through time as the sessions progressed during the eight weeks.

Group Session 1

In the first group, I invited clients to join in a rhythmic unification. The objective of this intervention was to create unity amongst the group members by having each participant create a rhythm with their hands on the table, and everyone follow along. In addition, since this was the group's first experience with DMT, I wanted to create an opportunity for movement that was attainable and not so vulnerable compared to other experientials that may explore more movement.

Participants sat around a long rectangular table, and each member around the table created their own rhythm. Others matched their rhythm, creating a synchronous rhythm. Some clients created softer, slower rhythms, while others created louder and faster ones. Their eyes were focused on the leader as they listened and watched to then be able to follow successfully. At the end, once everyone had finished, the group naturally started to create a quick and loud

pounding on the table of no particular rhythm, more of a drumroll, and then added in vocalizations to finish at the end. Clients were leaning forward, hitting the table, watching the lead person, and following along.

Participants commented on the challenge of listening, watching, and matching who the group leader was. The experience also made them feel like this was a team effort to make one unifying sound. When they reflected on how this related to their recovery, they commented that it can sometimes be difficult to "follow along." However, they make an effort and try, just as in their journey through recovery, it can be hard to "stick to it." They sometimes relapse but then have to try again.

Group Session 5

During the 5th session, I invited clients to participate in dancing a quinceañera choreography. A quinceañera is a Latino birthday tradition usually, 15-year-old female adolescents have a large celebration with a court of male and female dancers paired together called *chambelanes* and *damas* dancing a formal dance such as a Waltz and a surprise dance that could be any genre. I wanted to honor and celebrate the residents' culture by highlighting this traditional rite of passage. The objective was also to have them create part of the choreography and work as a team to create a cohesive dance with their fellow residents.

I choreographed the first eight measures of the song and had the participants follow and memorize the choreography to a specific song. After rehearsing the choreography, I invited each participant to add to the choreography. As each participant added their own movement, discussions were had about switching places and level changes. Participants helped one another by providing feedback on what direction would work best and what next movement would complement the flow of the rest of the choreography.

Participants shared how the experiential took them back to a time when they were younger and had to participate in quinceañeras for family members. Their families obligated them to participate in it because it was their tradition. Although they may have been required to do so, they spoke of the time with nostalgia, and it brought forth fun, enjoyable memories and made them feel confident in executing and creating the choreography. It also made some think about their daughters and how they hope to see them when it is their time to have a quinceañera. It reminded them about some of the participants' external motivations for successfully working through their recovery.

Group Session 12

During the twelfth group session, I offered a mirroring experiential. I invited clients to participate in dyad work to observe their engagement when working with only one person. This was of interest because of the population at the facility, at least half of which were coming from incarceration and were mandated to be at the program. Mirroring can be a potentially intimate experiential due to the one-on-one dynamic requiring partners to be open to engaging. Clients commented about their awareness of space, among others, and the importance of respecting each other's space. The culture of the population that has experienced incarceration has provided feedback about how they can be highly sensitive to others who are within their space or unwittingly crossing boundaries. I surmised this point may be an appropriate, safe opportunity now that group members have been attending regularly and the group has established an overall rapport.

Group members were paired in dyads and asked to sit side-by-side; side-by-side mirroring, instead of face-to-face, was directed to provide a less invasive experiential experience that might be more comfortable for the clients. Clients were asked to mirror each other by

drawing numbers, shapes, and an object. When the clients had to draw an object, part of the experiential included the other partner mirroring the object being drawn and to guess what the object was. Clients were observed initially starting side-by-side, but as the experiential continued, they turned towards one another, and some even touched one another's hand to follow their drawing in the air to figure out what the item was.

Participants shared how they had fun with this experiential; it reminded them of childhood games. For some participants, deciphering what object was being drawn by their partners was easy. Others had a different experience commenting how they had difficulty figuring out their partner's drawing and would have drawn it differently. When reflecting on how this related to their recovery, clients mentioned how everyone's recovery experience differs. Even though the commonality is in the use of drugs, they all have different relationships and experiences, and it is not good to assume that they are all going through the same thing. Some have strong support systems, while others have partners who they don't talk to, and children they are not allowed to see. The experiential was a reminder of the range of different experiences everyone has in recovery.

Group Session 16

During the final group session, I invited participants to engage in a trust-building exercise of falling back and being caught by their fellow group members. Since this was their last session, I wanted to offer an opportunity of vulnerability among the clients. Since some clients regularly attended, a rapport was built within the group.

The clients were directed and guided on creating a safe position by interlocking their arms so that the person would fall back. Three attempts were offered to each client. The first attempt was a very short fall back, just leaning on their heels, then falling back and being caught

immediately. The second fall progressed with a more prolonged fall; the third was the longest fall back. Clients talked with their partner as they interlocked arms to ensure a safe catch for the participant falling back. They were also observed shifting their braced arms to ensure a firm hold and mirroring one another in the flexion of their knees to provide an even level hold. The clients who were falling back were naturally hesitant; as they crossed their arms, they kept trying to close their eyes but would then look back at their partners with hesitation; they made joking remarks with the partners that they weren't sure they would be caught. The other clients would then verbally encourage them and remind them jokingly that they would have their turn and want to ensure they didn't let them fall through. Some clients embraced falling back for all three levels of the falls, while others attempted it once and decided the shortest length of falling was enough for them.

Participants shared how hard it was for some of them to trust someone to catch them. It can be difficult because the path to recovery is one where one is alone; only they can ensure their success in recovering from their addiction. However, clients also acknowledged that there have been people along the way who have supported them and whom they trusted.

Themes of Discussion

After the experientials were conducted, I provided time for clients to share their experiences and how they relate to their recovery. Four repeating themes came up during the sessions: play, presence, support and adaptability.

Play

For the clients, play was a recurring theme. There were multiple comments about having fun during the experientials, and it reminded them of their childhoods. They commented that it was an enjoyable experience, especially at this point in their lives during their recovery;

everything can feel so weighted and serious, so the DMT activities helped bring more levity to the situation.

Feelings of levity and presence were expressed about engaging in the experientials. It allowed them to experience and remember better times and be optimistic in looking forward to good times to come. The feeling of not doing something "wrong" can feel liberating. Most of the people that come to the facility have experienced a very strict structure to their corporeality in prison and so this is a new feeling for them.

Presence

Clients frequently mentioned they liked how the experientials took their minds off their current situation. It allowed them to "escape" for a moment, providing a release for them. The clients must navigate various challenges while in residence, such as securing housing for when they leave and ensuring funding for that housing. This provides a moment for them not to think about such things that concern them daily.

Support

Clients commented on how they felt their fellow group members provided support during experientials. When they engaged in an experiential and were unsure what to do, other clients would become vocal and encourage the participant to create a movement. The supporters would then mirror the other's movement. This support was tied to the experiential and came up in group discussions as an essential part of their recovery. Having fellow residents support and providing encouragement and guidance has been helpful during their recovery process.

Adaptability

The clients noted that they had to improvise and adapt during experientials. They commented how some of the experientials made them have to think on their feet and create

something in the moment. This could be a challenge for them at times, but they felt it was helpful, especially when considering how they would also need to be able to adapt and improvise once they left the program. An example provided was how getting ready for a job interview can feel unpredictable and uneasy because they are unsure what questions might be asked and how they might answer them.

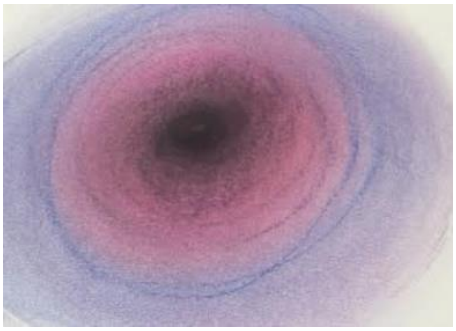
Facilitator Experience

I took into consideration the participants' background of diagnosed substance use disorders, gender, age, culture, and status within the legal system and initially expected that there would be a high level of resistance toward engaging in experientials. On the contrary, most clients did engage at a high level, which could be related to the fact that attending groups is voluntary within the program. This higher level of engagement by attendees gave me more confidence to explore different experientials and ensure that all engagement requests were in an invitation form to the participants.

I initially felt tentative about what experientials to offer and decided to introduce ones independent of partner work to see how the participants accepted them. As I saw participants become engaged in each session, I continued to build on the experientials by creating dyadic, triadic, and entire group work. I was unsure of how accepting the clients would be of partner work. As I observed, it was surprising how fully engaged those clients were with the other clients. Some would even hold on to one another while engaging in partner work such as mirroring. The clients' acceptance of the experientials was surprising to me. Where I thought there would be resistance, there was not from most of the participants.

I also had assumed experientials should take up most of the hour but realized that the length of the experientials did not require a pre-determined amount of time. Most of them, on

average, were approximately 20 minutes in length. The short non-verbal exercises brought about a surprising breadth of commentary from the clients that would sometimes take up the rest of the remaining hour of the group session. I expressed my experience of bearing witness to the abundance of how much was shared through this post-session artistic reflection below. The orb represents the expansion of the sharing by the participants simply starting off from a short experiential, which is what the densely concentrated center represents. During the post-experiential part of the session, I invited clients to share about their experience. Initially, I witnessed a more reserved discussion; sometimes, someone would just say a few words, but then another would add to the other's comment on their experience. Soon it became a communal discussion, with clients contributing a little more than they initially did; it magnified, as the orb below symbolizes.



I also experienced a strong desire for all to talk about their experience. This was due to the goal of having all clients share how the experientials related to the participants' substance use recovery. Although most clients did share the applicability of the experientials to their recovery, some would state that they had fun but not elaborate any further. The range in sharing demonstrated to me that the processing of experientials and requesting that they talk about the process may be expressed differently. Rather than focusing on the applicability of recovery, some clients' process was that of reflecting the enjoyment of it. It reminded me to honor where the client is with respect to what they want to share. The focus is not to have clients adhere to a

facilitator's agenda but to allow the natural process of sharing to evolve organically for each client at their own pace. Below is my artistic representation symbolizing the various levels of sharing from the clients. The different levels indicate how unreservedly some clients were when talking about their experience with the experientials and how that related to the experience of their work toward their sobriety. Some clients were more reserved relative to others. The higher the levels symbolized they shared more, the lower levels symbolized they shared less and gave shorter answers that did not relate as much to their sobriety, for example, they might say, "this was fun," "I enjoyed it," but not delve deeper into the applicability of the experiential to their recovery.

Discussion

The inquiry of this paper was to examine the level of engagement clients have and how they would engage in DMT group sessions at a residential substance use disorder facility. The results are based on my observations, impressions, and experiences. The following data was gathered – attendance, level of engagement, kinesthetic observations, common themes discussed and facilitator experience. The participants were of Latino/Hispanic ethnicity, cis-gender males, mostly monolingual Spanish-speaking and mostly coming in mandated from the legal system or had former incarceration histories. Considering these legal, social, and cultural factors, I hypothesized that the engagement level would be low and there would be hesitation in

participating in experientials and expressing themselves about their experience. The data opposed my hypothesis; 59% of those who attended the group DMT sessions were fully engaged (see appendix for additional results).

Three findings emerged from this experience: (1) gradual growth of trust in the group process by clients, (2) initially, concrete directives of experientials were easier to follow versus abstract ones, and (3) confidence and collaboration were built through peer support.

Trust in the Process

As the weeks progressed through the DMT sessions, clients became more inclined to share their personal experiences within the sessions. Initially, clients who shared comments provided mostly surface-level commentary such as – "I enjoyed it" "It was fun." It appears there was an initial reservation about expressing themselves. This is understandable, in Stern et al.'s (2021) study the level of systemic distrust was prevalent within minority groups during the height of the COVID-19 pandemic when vaccines were initially administered. The most common reason for refusal of the vaccine was distrust of the health care, correctional or government institutions. The majority of the population in this SUD residential facility are Latino/Hispanic men who are mostly mandated to be there or have past incarceration histories; this population could have been reflecting the level of systemic distrust they have.

Although most clients are mandated to be at this facility, it is not a prison; there are no guards or fences, anyone could walk out at any time, but it is still part of a mental healthcare system, and clients' personal experiences with such systems can have possibly led to an initial aversion to trust. As we continued through the sessions each week, the level of trust in sharing seemed to increase. Some clients would delve deeper into how the DMT experientials reminded them of their current fears of failure and how they fear to relapse. They would describe in more

detail how the experiential process applied to their lives in the past, present, or future as it related to their sobriety and recovery.

Concrete versus Abstract

At the start of the DMT sessions, when clients were directed during experientials, they seemed more comfortable with concrete directives. However, as the weeks progressed, they embraced the abstract ones with less hesitation. For example, during our rhythmic unification experiential, clients were instructed to create a rhythm for everyone else to follow. When directed to go faster, slower, make the sound harder or softer, they followed along easily, but when asked to create their own rhythm, it took them a moment, and they hesitated. After the exercise when asked about their experience some stated they were a little nervous or unsure about what to do, they didn't want to "mess up."

Their tentativeness was understandable, the idea of play and improvisation can feel unpredictable. This concept is quite contrary to the environment and culture these clients were used to, and it took time for them to be open to it. Canner (2002) believed that play without regulations or expectations allowed for responses to come from within oneself, which is the most powerful source. Canner's theoretical framework allowed for the permission to explore. This was why it was important to apply Norma Canner's theoretical framework of play within experientials.

There was suddenly a corporeal liberation at their disposal, so different from previous environments they were used to, such as incarceration. There seemed to be some initial tentativeness, but as the weeks progressed and the clients were continuously invited to create from abstract directives, I noticed the hesitation decreased, they asked less questions of "how to do it" they simply explored and accepted their movement. This was significant because it

allowed them to explore not only from a conscious place but subconscious one, allowing them to delve into the kinesthetic symbols and discovering what those symbols meant to them. The abstract provided them with an opportunity of unexpected self-discovery.

Peer Support

Something noticeable that occurred was the peer support offered within the group sessions. I noticed this because it wasn't something that was directed but organically occurred. Our quinceañera experiential demonstrated this, as clients were directed to create their own 8-count movement to add to the initial choreography, when a client would get stuck trying to create a movement, another one would suggest what could follow the previous movement, another would then comment how changing of places would create an interesting look in the choreography. When this occurred, the person having difficulty choreographing would then successfully create their own movement. It was also observed, the person providing the support felt affirmed by the other participant accepting their feedback, they would smile or nod when they saw their feedback accepted.

This was significant to witness through the sessions, it demonstrated the support provided by fellow peers instilled confidence in those more hesitant to express or create; it also demonstrated how the person supporting another participant can instill a sense of value within themselves. A common topic the clients discussed was the feeling of shame and worthlessness they sometimes feel due to the relationships that have been ruined because of their drug/alcohol addiction. When support is offered and then accepted, it can instill a level of self-worth. This is demonstrated by Milliken (2008) in their study highlighting one client, "T" who initially was resistant to participate in the DMT group but felt this sense of being needed by her fellow sisters when creating a circle together. "T" stated, "…my sisters needed me. I had to connect" (p. 17).

This “need” indicates she saw herself as valued within the group and felt a sense of duty to help create the circle successfully. The clients' perception of being valued through offering feedback, or feeling empowered by receiving support, underscores the importance and necessity of peer support. This highlights how DMT can serve as a catalyst for facilitating such support during group sessions.

Engaging in experiential activities creates avenues for establishing trust with others. This can motivate group members to participate and aid their peers actively. The instance with "T" demonstrates how DMT can foster validation and acceptance within a group setting. Such validation is pivotal for advancing progress; it affirms individuals, offering hope and motivation to persist in their journey towards recovery from addiction.

Limitations

My observations regarding the clients’ level of engagement are at a certain level is subjective. Differentiating between Level 3 (partially engaged and partially observed) and Level 4 (fully engaged in all activities) may be viewed differently by another observer; there could be a potential for less consistent results. Also, my experience and comfort with dance/movement can be a potential bias of how I view participants engaging in group. Finally, it is important to note the cultural context of the participants may not be applicable to other cultural populations.

Implications

It was difficult to find literature on SUD treatment and the implementation of DMT exclusively, indicating there is not much research on how they relate to one another. Therefore, more research is needed to investigate the use of DMT within SUD treatment programs. For example, how often DMT is facilitated, how many participants attend, the level of engagement and the level of sharing, expressing, and processing by the clients. Also needed within the

research is a broader population, in contrast to this paper's focus on only the Latino/Hispanic, male, monolingual Spanish-speaking population.

Conclusion

The data demonstrated how offering DMT as part of substance use disorder treatment is a modality that could potentially be embraced by most of its clients. Not only did 64% of the residents participate of their own volition, but they also embraced the movement experientials through choreographing, partnering, and connecting with their fellow group members through sight and touch. With 58% of state prisoners and 68% of jail inmates meeting drug dependence or abuse criteria and only approximately between 19% - 30% participating in drug treatment programs while incarcerated (Bronson et al., 2017), perhaps DMT can provide another modality of treatment that may be of interest to the SUD population. DMT curricula could be included as part of SUD treatment; it has the potential to be a complementary addition to conventional talk therapy or Medically Assisted Treatment (MAT), which provides medication to help with SUD recovery. DMT can provide a non-verbal and non-medicated mode of expression for clients who may have difficulty verbalizing them into words initially and do not want to lose their corporeal autonomy by utilizing MAT services. It could also be argued that it may be a more holistic approach and better suited for some participants.

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Appendix

Results

- Of all the residents living in the facility, 64% attended the group DMT sessions at varying engagement levels.

- Levels of engagement of clients who did participate:
    - Level 4 (fully engaged in all activities) = 59%
    - Level 3 (partially observed and engaged) = 22%
    - Level 2 (observed only)= 14%
    - Level 1 (observed and left during group) = 5%

- Between 22% and 59% of those who attended either partially or fully engaged in the movement experientials.

- Facilitator kinesthetic observations included:
    - Focused listening and watching from the group members of the group leader in order to match their movement and rhythm
    - Repetitive practice and exploration amongst clients when choreographing to ensure cohesion in the piece being created
    - Clients embraced the use of touch during partner work
    - Ensuring positions were held appropriately through mirroring of positions and physically embracing others to support other participants

- Participants discussed the following themes repeatedly:
    - Play, Presence, Support and Adaptability

- Facilitator's experience included:
    - I was surprised by how welcomed the partner work was with the clients.
    - I had unconsciously placed expectations that clients would relate the experience of the DMT session to their recovery, but this was not always the case.

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: Aletia G. Egipciaco

Type of Project: Thesis

Title: Dance/Movement Therapy: A Novel Approach for Latino Males with Incarceration Histories in SUD Treatment

Date of Graduation: May 18, 2024
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Raquel C. Stephenson