

The Body Knows When Guilt Distorts Reality: Dance Therapy with women who have been abused physically or sexually as children

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My work as Dance Therapist, the last 5 years, with women who have been abused, sexually or physically, as children, has given me the impetus to write about the priceless contribution of the

body in the therapeutic process with them. I will focus on the issue of guilt and the distortion that it brings to the perception of reality, specifically for the woman who has suffered abuse in her childhood.

Initially, I would like to explain what Dance Therapy is. It is a form of psychotherapy through the Creative arts, like Drama Therapy, Art Therapy and Music Therapy. It appreciates psyche-mind-body as a whole and it is based on the principle that the way we move and express ourselves non-verbally reflects the way we think, feel and relate to others. Movement and dance – in terms of free spontaneous expression – are used as a medium for accessing and integrating unconscious psychic material. Jung called this process 'active imagination' and believed that feelings that could not be expressed with words could be expressed symbolically through art, music and dance (Lewis, 1986).

In my work with women who have been abused in their childhood, I encourage spontaneous, authentic expression through body movement from within. Body movement serves as the medium for exploring unconscious feelings that are at the threshold of consciousness during the session. Throughout these I am mindful of the non-verbal communication of the woman as well as the unspoken, unconscious feelings that manifest through fleeting unconscious body movements. These movements were initially called by Laban (1960) 'shadow movements' and later by Bartenieff (2002). The reconnection to the body through breath, bodily sensations and spontaneous movement offers direct access to unconscious material (Chodorow 1991, Penfield 1992) and it is the most basic tool for Dance Therapists.

In trauma therapy it is easy to understand that verbal descriptions of facts and feelings are very difficult or impossible. In addition to the fear and aversion that a person might feel about her trauma, even when she is an adult guilt and shame renders verbal expression extremely difficult. On the other hand, even when words are relatively easy and the adult can talk more openly about her abuse as a child, the verbal references to feelings

remain just descriptions without emotional tone. Words in these cases seem to merely transfer the information, while the person is not in touch with/does not feel her emotions. In cases like that, Dance Therapy offers great help, that is when words are impossible to be spoken (Bernstein, 1995) or, in the opposite case, when words distract one from experiencing the emotion and foster the phenomenon of “dissociation” (van der Kolk, Brown, van der Hart, 1989). Rothschild (2000, p. 66) mentions that “dissociative phenomena”, like that of feeling unable to experience emotions, are present in almost every form of post-traumatic stress.

Rothschild writes: “the body remembers traumatic events through the encoding in the brain of sensations, movements, and emotions that are associated with trauma” (p. 173). She suggests that, “one of the goals of trauma therapy is to help those individuals to understand their body sensations. They must first feel and identify them on the body level” (p. 45). So, acquaintance with the body is the primary aim of therapy but also the starting point for a healthier relationship with it. This relationship is cultivated from the very first session, where primary importance is given to the body processes, the sensations as well as the self-observation. The aim of such process is not the infiltration into inhibited, dreadful inner places, but the gradual build up of a positive body experience and of the ability for “inner listening”. Musicant (2007) describes this as “attention to the ongoing stream of bodily felt information” (p. 117).

The ability to experience and observe, almost simultaneously, offers the woman in therapy basic safety. My experience has indicated that progress of healing depends, very much, on the feeling of safety, exteriorly as well as interiorly. Exteriorly it has to do with the stability of the relationship with the therapist, the absolute devotion from the therapist’s side and the lack of disturbances from external factors, throughout the session time. Whitefield (1995) stresses that, “the key to the orderly flow of this healing process is feeling safe, supported and validated by others, which includes these others not invading our experiences and our boundaries” (p. 240).

Interiorly, the sense of safety is a condition that is built gradually and it has to do with the woman’s ability to contain the emerging feelings during therapy. Dosamantes-Alperson (1984) calls this “internal locus of control” (p. 151), “the ability to perceive one’s self as the centre of one’s experience”. The issue of safety is reinforced

through the gradual ‘education’ of the woman in therapy, to be able to experience her feeling and observe at the same time the images, thoughts, memories or sensations that might emerge during the process. The building of a ‘dual awareness’ is encouraged (Rothschild, 2000, p. 130) in ‘here and now’.

Wyman-McGinty (2007) describes that when the person in therapy re-experiences inhibited feelings within the ‘original container’ (p. 236) – the body – “these somatic memories can be re-experienced, witnessed, articulated and made available for analysis.” (p. 237). She continues describing that by focusing on specific bodily feelings a memory or other symbolic representation is evoked, for example a visual image, which can be taken into the mind, thought about and eventually integrated. Janov (2000) identifies the notions of wholeness and consciousness/conscience with integration.

My experience has shown that bodily awareness and focusing on bodily feelings is the starting point as well as the key for the transition from dissociation to connection and finally to integration of feelings. Janov claims that in order to integrate and resolve the feelings we need the connection of functions of both brain hemispheres. He writes, “we need both the emotional aspect of the experience as well as its comprehension” (p. 287), and that “without real connection, ... there is not significant change in the sympathetic-parasympathetic system, in the right and left brain” (p. 288). Rothschild also says that when post-traumatic stress splits the body from the mind, the clients need to be helped to think and feel concurrently: “To be able to sense their sensations, emotions, and behaviours while formulating coherent conclusions about the relationship between those and the images and thoughts that accompany them” (p. 161). Through the ‘dual awareness’ in the here and now, this connection is made possible. The dissociated feelings, which are manifested bodily as post-traumatic stress symptoms, are connected with and “placed in their proper point in the client’s past” (p. 173).

It is difficult to describe the process of connection and integration because it is mainly non verbal and subtle. “Relaxation and a sense of calmness of the client is a proof of evidence” (Janov, p. 287) of this connection, as well as the rumbling of the guts, the sighing of relief and the serene, clear look. Rothschild adds that “grief is a sign that healing is taking place” (p. 63) and that a part of the trauma is resolved when the inner experience changes from present to past tense.

At this point I would like to introduce the issue of guilt in trauma therapy, within the specific therapeutic process that I have been describing. Rothschild (p.49) mentions that many victims of rape suffer from dreadful shame and guilt due to the natural reaction of “freeze”, and they have the conviction, on a deep level, that they have let down themselves – or others too – as well as that they have done something wrong to have become victimized. “For the client to reclaim his or her power and sanity, the truth of guilt must be illuminated” (Rothschild, 2000, p.160).

In cases of child abuse, sexual or physical, by family members, guilt is a more complicated emotion. It is rooted within the pathological family dysfunction and entangles the child in the double knot of co-dependence. Herman (1981) writes that the emotional damage in the people who have experienced incest is not only the result of the sexual crime but also of the current dynamics within the family that allows the incest to take place. The case of my client Paula is an example of how the child’s need for love and acceptance from the significant adult gets entangled with feelings of disgust: the lack of love and support from her mother forced Paula to seek for a loving and supporting relationship with her father, who continuously molested her from 10 years old while the mother was out of the home. For many years, and as an adult, Paula felt deeply rooted guilt and shame that in some way she had been participating in the molesting because, 1) she had not resisted and never told anyone about it, and 2) because she believed that the ‘special moments’ with her dad was something that she desired too.

The distortion of reality is evident in Paula’s case: the child needs love and acceptance, she receives betrayal from the father who takes advantage of the child’s need, and finally feels guilty that her own need caused the specific behaviour from the father. As Bradshaw (1990) describes, within dysfunctional family the child experiences the neglect of her developmental needs of dependence. So, when Paula came in contact with the fear of abandonment and rejection from her mother, on a bodily level, she realized that her turn towards her father, for a loving and accepting relationship, was something natural. Her reconnection to the wisdom and the indisputable knowing of the “inner child” (Bradshaw, p. 4) and the acceptance of her developmental childhood needs, gradually led to the illumination of such a distorted perception of reality.

When, therefore, the child, in order to survive emotionally, builds progressively a false self

based on the shame this leads to confusion of what is good and what is bad for him/herself, which feeling is his/hers and which is of the significant adult, who the child so much needs to keep pleased; fearing rejection and/or abandonment. As in the case of another client, Christina: when, at the age of 6, was found in the police department with her father after an attempt of rape by an unknown man, she felt shame and guilt, and she believed then that her behaviour had put her father in trouble. She lived up to her adult life with this guilt. Through contact with her breathing and her body in the therapy sessions with me, she remembered, connected and realised something that had never been clarified for her up to then. She remembered the image of her father hiding his face with shame and being unable to explain to her what had happened. Christina felt, indisputably, in her body her strength and power, that as a small girl had saved her from the attempt of rape, and realised that she herself had never felt shame about the incident. The shame that she felt still was a feeling that her father had felt and not herself.

Guilt in the individuals that have been abused as children by members of their family distorts not only their perception of reality but also the real, objective function of anger. Rothschild supports the proposition that anger is a feeling of self-protection (p. 61). The distortion of reality through the filter of guilt twists the positive function of anger (protection) into a negative one, so the abused woman’s anger becomes a self-damaging behaviour. In the case of Lilla: in a dance therapy session the scary picture of her mother attacking her neck, like a rabid wolf with sharp teeth, emerged through certain movement of her body within the session, it brought back memories to her of other times. Lilla tried to avoid her, holding her neck with her hands, asking her mother-wolf to leave her alone. When I encouraged her to turn to the wolf and ‘show her teeth’ literally - an attitude that would activate her anger and the sympathetic nervous system - Lilla believed that in that way she would become herself a wolf, and that the violence that she was receiving would become hers, that she would become herself violent. She believed that she would embody the wolf that she so much feared and that she would lose this battle in the end. Through continuing to work with the body, eventually Lilla felt her physical power/strength as a faculty that released her and realised that power does not mean violence. This realisation released her from guilt and gradually permitted her to ‘show her teeth’ to anyone who continued violating her boundaries in her current relationships. One of the difficulties with the

feeling of guilt is that it does not appear to express outwards or to be released like other feelings (Rothschild, p. 62). For example, sadness is released through crying, anger through shouting and gesturing. In contrast, guilt is indiscernible and difficult to access. Rothschild proposes that, if guilt cannot be eased through relaxation or catharsis, the key for its dissolution is non-judgemental, accepting contact with another human being. This should be the basis of trauma therapy through the body: acceptance without judgement. In addition to this, however, it is essential for the therapist to be open to perceive the non verbal communications, and to evaluate the body processes and expressions as evidence of psychic material. This requires that the whole therapeutic process is to be based on the indisputable wisdom of the body that moves. (Hartley, 1989 and Musicant, 2000.)

In conclusion I would like to say that while the reality of abuse in a woman's past can be scary and/or inhibited, when she approaches herself with safety, through the body, and trusts her wisdom, she finds a priceless treasure: the unfolding of her deeper, creative and vital self (Goodwin, 2007), who knows her personal truth better than anyone else. This results in the empowerment of the Ego and the conscious Self (Stromsted & Haze, 2007), the strengthening of trust in her "somatic memory" (Rothschild, p. 44), the indisputable experiential knowing that she does not deserve what has happened to her and finally the dissolution of guilt and self-doubt as a result of this awareness.

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