

CHRONIC EMOTIONAL NUMBING OR ALEXITHYMIA ACQUIRED SECONDARY TO TRAUMA: a movement and dance therapeutic model

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Psychotherapy has been shown to present major difficulties in the treatment of chronic emotional numbing or alexithymia (Sifneos, 1975; Freyberger, 1977; Krystal, 1979; Johnson, 1987; von Rad, 1984; Warnes, 1986). This article presents a movement and dance therapeutic model which I believe could be successfully used as the basis for treatment of chronic emotional numbing or alexithymia acquired secondary to trauma.

Emotional numbing has been known since before Freud; it is a generalised concept. Alexithymia, literally translated as 'without words for feelings', was first described by Sifneos in 1972, stimulating new theory and research. It has been identified in 41% of hospital in-patients with post-traumatic stress disorder as well as 8% of the 'normal' population (Krystal, 1986; Shipko, Alvarez & Noviello, 1983).

Alexithymia is defined as: difficulty in recognising and verbalising feelings, paucity in fantasy and symbolic functioning, and speech and thought that is closely tied to external events (Zeitlin, Lane, O'Leary & Schrift, 1989).

The aim of this movement and dance model is to give clients with post-traumatic chronic emotional numbing or alexithymia the opportunity to experience and describe feelings. Feelings are psychological dimensions which enhance individuality and are powerful tools in human communication.

In this model Laban Movement Analysis will be used to develop movement dynamic and range (Penrod, 1987). Further, this model will address movement analogues which have as their psychotherapeutic aims: tolerance of feeling, differentiation of affect, verbalisation and development of empathy.

Krystal suggests that people with alexithymia have difficulty in using bodily perceptions as helpful signs to themselves (Krystal, 1978; 1979). Thus, in movement and dance, clients with alexithymia are given the opportunity to 'tune-in' to their bodies, gradually releasing, energising, developing kinesthetic awareness and body image.

In Laban Movement Analysis, movement is comprised of an inner effort and an outer shape (Dell, 1974). It is this effort or inner attitude that is difficult for a person with alexithymia to access (Krystal, 1979). It is the proposition of this paper that if a client with alexithymia is able to access and create a connection between effort and shape, then this client is more likely to differentiate affects, for example, strong-assertive movement from light-gentle movement, direct movement from indirect movement.

Von Rad suggests that an important basis for therapy in alexithymia is 'to lay the foundation (together with the client) for symbolic thinking, in other words to create symbols instead of symbolically interpreting symbols' (von Rad, 1984: 88). Movement and dance can provide a rich symbolic environment: visual images (real or from memory), auditory images (music) and/or tactile sensations (through use of props such as silk materials, bamboo poles and natural objects). These sensate experiences already have some symbolic meaning for the client. The client's symbolic experience can be expanded by the presentation of movement suggestions together with these sensate experiences.

To connect the movement experience with a verbal meaning is a newly developing area for movement and dance (Stark and Lohn, 1989). Verbalising an experience links the symbolic form with the verbal form, reinforcing meaning (Casby and Corte 1987; Middelmann, 1987). The aim here is to provide a structure in which the clients can select and organise movement experience into a cognitive-verbal form and describe their experience to a supportive other or to the group.

The alexithymic client is unable to easily access fantasy or feeling. The client's willingness to risk entering the movement experience and tolerate feelings which may emerge depends upon a therapeutic environment where the client feels safe and in control. Krystal observes that clients are frequently puzzled and frightened when they experience feeling, and may respond with anger

or shame; alexithymic clients may suddenly express a strong emotion and then cease it as abruptly as they started, not quite sure whether they feel what they seem to be expressing. Krystal believes that clients with post-traumatic alexithymia have a tendency to block feeling or fail to integrate feeling, for fear (consciously or unconsciously) of being overwhelmed by traumatic associations. He writes: 'the patients need to reacquire themselves with their emotions as useful signals to themselves rather than dangerous demonic forces which possess them' (Krystal, 1979: 26).

In Laban Movement Analysis 'tension flow rhythms' (Bernstein, 1974) form the foundation for developing effort and feeling in movement and dance. Early tension flow rhythms such as gentle rocking, rolling or being passively moved may also reduce an alexithymic client's anxiety by evoking feelings of relaxation and safety and so enhance easier movement exploration.

In normal development, body language precedes verbal communication. The alexithymic client who has difficulty expressing feelings verbally may find movement and dance provides a more accessible medium in which to explore, express and observe feeling. Furthermore, Johnson (1987) suggests that the creative arts provide an

'external structure for transitional phenomena', that is, instead of discussing a feeling, a client may be less threatened by discussing a dance or a drawing, for which they do not feel wholly responsible.

Clients with alexithymia have difficulties being empathic with others (Krystal, 1979). Empathy in movement starts to emerge as the client gains effort-shape and is able to be involved in the movement and dance mood being expressed by another or by the group.

In conclusion, this movement and dance model offers the client with post-traumatic alexithymia a psycho-aesthetic environment in which to access effort-shape movement. The model provides an opportunity for the alexithymic client to verbalise a meaning for the movement and dance experience and the opportunity for the development of empathy with others.

The application of movement and dance to post-traumatic chronic emotional numbing in general and post-traumatic alexithymia in particular, requires observation and research.

The following charts present a movement and dance model for the treatment of post-traumatic alexithymia

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Tolerance of Feeling

Movement and dance aim:

- to provide an environment where the client feels safe and develops trust in the specialist

Movement specialist:

- assesses the suitability of the client for the program
- discusses the client's expectations
- organises a group size which allows observation and interaction
- provides content at a level of the energy and skill of the clients
- structures the session with a clear opening, integration opportunity and closure
- is available for follow-up

Hypothesis:

- that if the client masters new ways of moving, responding and expressing, there will be an improved self-esteem with a willingness to enter new experience

Affect Differentiation

Movement and dance aim:

- to access sensory kinesthetic awareness and body image

Client:

- focuses attention to body parts, relaxing, energising, exploring movements; linking body parts together toward a fuller use of the whole body
- allows breath to support movement
- incorporates elements of flow, space, time and weight to increase movement range
- develops intentionality/effort in movement
- uses music, verbal imagery and props to support symbolic representation

Hypothesis:

- that if the client is able to develop effort-shape movement, affect differentiation is more likely to emerge.

Verbalisation

Movement and dance aim:

- to connect the movement and dance experience with a verbal meaning

Client:

- recalls and initiates movement
- chooses a body shape and gives it a name
- selects movements that have a special meaning and repeats or develops these
- reduces a movement sequence to a simpler representational form or 'a short movement phrase'
- clarifies and anchors a movement phrase in an alternative representational form, for example, a drawing or perhaps writing
- describes the movement phrase, drawing or writing to a supportive other or the group
- listens to the account of another or the group

Hypothesis:

- given an enriched and structured environment, the client who can access effort-shape movement will begin to discriminate, link and organise this experience into a verbal form.

Development of Empathy

Movement and dance aim:

- to reflect and to interact in the movement mood being expressed in the group

Client:

- mirrors the movements of another
- reflects the mood of another using one's own movement; a unifying background of verbal images - music and/or props may assist this process
- learns interaction movement skills: initiating, following, moving alone or in complement with another(s)
- progresses from partner work to small group to larger group dances, reflecting the ebb and flow of initiation and reciprocity in the group

Hypothesis:

- that if the client can access effort-shape movement he or she will, with experience, develop empathy in movement interaction with others.

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