

Dance Movement Therapy with Adults Who Experienced Sexual Abuse in Childhood: the early phase of recovery

Jennifer Helmich

This paper describes dance movement therapy with adults who experience post traumatic stress. It focuses on the first phase of trauma recovery 'the establishment of safety in the body' and describes how this provides a therapeutic foundation, which can lead to re-experiencing and transforming traumatic memory. Illustrations are presented from the case studies of two women who experienced sexual abuse in childhood.

Post Traumatic Stress

The Comprehensive Textbook of Psychiatry describes the common denominator of post traumatic stress disorder as a feeling of intense fear, helplessness and horror. Traumatic events involve a threat of death or serious injury, or a threat to the physical integrity of self or others (Kaplan and Sadock, 1995).

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM IV) describes three sets of post traumatic stress symptoms. These are: "intrusive symptoms" in the form of flashbacks, dreams, memories of the trauma; "avoidance symptoms", which include amnesia, dissociation and avoidance of stimuli associated with the trauma, and; an "increased biological arousal", including restlessness, an exaggerated startled response, and hypervigilance (Kaplan and Sadock, 1995: 1228).

Phasing Of Recovery

A feature of post traumatic stress disorder is that traumatised individuals may spontaneously re-experience fragments of the traumatic event accompanied by overwhelming feelings of terror, guilt and shame. With this in mind, psychiatrist Judith Herman (1992) emphasizes the impor-

Jennifer Helmich is an SRN, professional member of the DTAA, and has a Grad.Dip. Movement and Dance, Melbourne and a Dip. Dance-Movement Therapy (IDTIA). She has worked in clinical practice at a community psychiatric clinic with clients with post traumatic stress disorder. Jennifer has presented papers at national and overseas conferences and in 1996 visited South Africa as a member of the International Delegation on Traumatic Stress.

tance of careful phasing of trauma recovery.

Herman (1992) refers to the first phase of treatment, as developing safety in the therapeutic relationship, working with patients in the here and now and helping them to negotiate everyday difficulties, so that they develop a baseline of safety in their lives. She emphasizes an empowerment approach where the clients choose the timing and pace of therapy.

Reconstructing Traumatic Memories in the Context of Safety

The moving body is evocative and fragments of past trauma may easily be accessed. In dance movement therapy the recovery needs to proceed slowly and carefully. Van de Kolk and Fisler write in one study: "all subjects, regardless of age at which trauma occurred reported that trauma initially came into consciousness in the form of somatosensory flashback experiences... [that] over time were accompanied by a gradual emergence of a personal narrative" (Van de Kolk et al., 1996: 313).

However, "merely uncovering memories is not enough". Van de Kolk et al. (1996) write:

they need to be modified and transformed, that is, placed in their proper context and reconstructed in a personally meaningful way. Thus, in therapy, the memory (paradoxically) needs to become an act of creation rather than the static recording of events.... Exploring the trauma for its own sake has no therapeutic benefit unless it becomes attached to other experiences, such as feeling understood, being safe, feeling strong and capable, or being able to empathize with and help other sufferers (1996: 19).

Like Herman, Van de Kolk et al. suggest that the foundation for treatment is safety in the therapeutic relationship and helping patients to regain safety in their bodies. They warn that "if treatment focuses prematurely on exploration of the past this will exacerbate rather than relieve traumatic intrusions" (1996: 18).

Regaining Safety in the Body

The dance movement therapist seeks to assist the client to find and deepen their experience of safety in the body. I have found that initially these experiences are very individual and associated with the client's particular experience of the traumatic stress.

In the case studies presented, one client who had experience of frequent panic attacks found that as she developed awareness of her body and her breathing patterns she was able to release tension held in her body. Instead of her body being an anxious place to inhabit, she began to experience feelings of ease and unity with her body.

In the second case study the client experienced feelings of confusion and anxiety, which she said "I just want to get away from." For this client, the dance therapy room became a place where she could explore feeling healthy and free of anxiety. Within this context she created dances of pleasure, experiencing joyous moments and also dances that contained strong movement and emotion. She gained satisfaction from an increased feeling of physical strength and an ability to express herself through the dance; later she was able to confront the source of her anxiety.

Other conditions for the development of safety in the body are more general principles. These include: regaining personal initiative, embodiment of experience and assisting the client to negotiate everyday difficulties and to contain experience within tolerable emotional limits. Aspects of these conditions will be briefly outlined:

1. Developing safety in the body, requires that the individual move beyond feelings of passivity and helplessness and regain their sense of personal initiative. In the second case study the client recognised that her creativity, the responsive, flexible part of herself "needs to be reborn". Leventhal (1996: video tape) states that in dance movement therapy, individuals re-experience the body's energy and power which reconnects them to their sense of self. As individuals become increasingly self directed this leads to self mastery of experience.

2. In dance movement therapy individuals learn to embody their experience. Helmich (1992) describes a dance therapy model where clients with emotional numbing may develop affective range through movement and dance.

The dance movement therapist works with the client to assist them to negotiate everyday difficulties in their life. Van de Kolk et al. (1996) write that individuals with traumatic stress symptoms often have difficulties in processing information and developing adaptive responses to their environment. In the case histories presented each session began with time for the client to talk about what was happening in their life and to identify an issue on which they wished to work. In the first case study Carol would find a movement gesture or body shape that expressed how she related to an issue. Her movement was sourced by what Gendlin (1981: 10) describes as the "felt sense". As Carol moved she talked about what she experienced and sensations, feelings, images, thoughts and memories informed the shape of her movement its' flow or cessation. Carol found that expressing herself in movement, expanded and deepened her experience which led to new understandings and new meaning.

In the second case history, Janet explored dances of personal discovery, which were often related to affective states and body boundaries. She refined her dance movement by describing and reflecting on the experience of creating a movement statement or art work. Finding the words to describe her movement helped to validate Carol's experience of her body.

As clients learn to place their movement experience into a context of time and space, they become aware of response patterns that are useful in their lives and others that are not. As the adaptive and non-adaptive parts of the self come into focus, the client becomes aware that they can modify or transform many response patterns.

3. The client gains confidence when their experience remains within what is emotionally tolerable. Focusing on the client's current issues helps to contain experience and reduces the possibilities of hyperarousal from traumatic re-experience. However, at times the dance movement therapist will need to interrupt and redirect the client's movement and attention back to 'present time' if they begin to become hyperaroused. Rothschild (1997: 7) writes about "braking" techniques that slow down and contain hyperarousal. These techniques focus firstly on body awareness as a way of bringing attention back to present time, and secondly on developing self-reflective awareness, that is a dual awareness

of an experiencing self, and an observing self. Rothschild (1997) writes that the ability to hold dual awareness usually brings feelings of calm; she suggests that it is unwise to attempt to process traumatic memory if the client does not have this ability.

Toward the end of this first phase of recovery, the client develops an increased sense of safety in their body or at least as Herman (1992: 174) writes, "a basic sense of predictability in their lives".

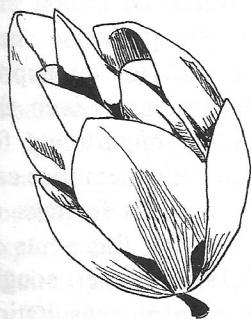
Completing the Unfinished Past

For Van de Kolk et al, "treatment needs to address the twin issues of helping patients to regain a sense of safety in their bodies and to complete the unfinished past" (1996: 17).

year. She presented with panic attacks and a history of multiple traumas including repeated childhood sexual abuse. My work began with this patient when she was on Work Care. She was seeing a psychiatrist weekly, and has continued these consultations. This is a long case so I will focus on the particular development of 'establishing safety in the body'.

The dance therapy sessions began with experiences of relaxation. Some people who have been sexually abused are not comfortable lying down, closing their eyes, or with the lights dimmed (Rothschild, 1995), however for Carol relaxation was a positive experience.

After a few weeks Carol began to work in movement and dance. Initially, I worked with Carol on movements that were familiar to her. She



Completing the unfinished past may mean for some individuals, "remembering and mourning" the trauma (Herman, 1992: 175); whilst for others acknowledging the trauma happened and working in the here and now to establish safety in the body and to develop flexible solutions to everyday difficulties, may be the desirable outcome.

In this paper two case studies from women who experienced trauma in childhood are described. The first client spends six months 'establishing safety' in the body, whilst the second client needed less than half this time. In both cases the clients develop a 'foundation of safety' before they spontaneously re-experience traumatic memories; this allowed each client to incorporate new experience into their understanding of the trauma.

Extracts from Dance Therapy Sessions

The first description involves a client with whom I have worked individually for about one

described a sequence of fitness exercises followed by a walk in the park that she practised daily with the hope it would relieve feelings of stress and tension. I asked Carol to perform these exercises and as I watched I noticed that her movements were fast and jerky. I encouraged her to move more slowly, to observe her body and to accompany her movement with images from her Buddhist readings and love of nature, for example:

opening outto an image of the horizon on a beautiful morning, reaching up..... to the heavens and surrendering.

This poem engaged her creativity and focused her mind. Gradually her breath and movement united, releasing tension and allowing more ease and body awareness in her movement.

Her practice of walking everyday changed; instead of getting through the walking as quickly as possible, she began to walk at a more relaxed pace, to focus on her breathing and allowed this to

flow with her movement. As she relaxed she became more interested in her surroundings.

Carol describes this as a significant time in her therapy when she began to bring together a sense of unity and harmony within herself. She said it was like waking up to her body as part of herself.

This initial improvement was followed by feelings of anxiety and restlessness. Carol reported when she sat on a park bench, a usual routine during her walk, she experienced feelings of guilt and thoughts that she should be "doing something more than this!" As Carol spoke I was aware of a rapid quality, an on-going-ness in her speech, with infrequent pauses or phrasing. As I listened, I had the impression of her need to occupy all the space with her talking.

I suggested Carol explore different ways of moving in space at different levels, asking how it feels to be high, above, also low, looking up, and in the spaces in between; what were her associations? She reported that she liked being in the high position, in control, but she did not like the responsibility, especially now she was not well; she said "it was all too much!" She identified a need "to be responsible for everything, to fix things, to fix things for others".

Carol explored the issue of being in control, and linked this with a pattern established in childhood. Sadness came with the realization that she had established feelings of belonging in her family by looking after others. She had been looking after others at a time in childhood when she needed love and care.

As the sessions progressed, a movement metaphor emerged of opening and closing which took on meaning for her: opening came to represent receiving from others, and closing the ability to protect herself, to say 'no' to those who had learnt to depend on her. She became calmer and this was reflected in the pace and rhythm of her speech. She reported that in family gatherings she was able to sit back and relinquish control. She spoke of a new appreciation for her family especially the growing independence of her young adult children.

After working with Carol for six months, she reported that her panic attacks had become more severe, accompanied by a fear that she was going to die. During this session, Carol described in detail body sensations and imagery that accompanied her panic attack. These accessed distressing memories of her sadistic childhood sexual abuse which she had not remembered in such detail before. Central to her distress were unspoken feelings that needed to be expressed in

a therapeutic environment, and deep feelings of guilt that needed to be gently challenged, to allow clearer thinking and self acceptance.

Carol was able to reframe her experience of the panic attack, as containing memories and feelings from the past, that were no longer relevant to her current life. She was able to release feelings of guilt and gained increased intellectual control over her experience. The panic attacks did not go away but became less intense.

As Carol continued in dance movement therapy she described that she felt more in control of her own life and less vulnerable to fear and terror. Carol is still on medication which she is slowly reducing, and is gradually resolving Work Care issues. She still experiences panic attacks, but these are less frequent and less severe.

Extracts of a Second Case Study from Dance Therapy Sessions

Janet attended a dance workshop which she described as touching something inside her. Traumatic memories do not wait for an appropriate therapeutic session to emerge. Given the right environment or stimuli, the opportunity for self expression, embedded traumatic memories can emerge at any time, as unrecognized feelings of body unease, anxiety, or disturbing fragments in consciousness (Rothschild, 1997). Janet sought weekly dance therapy and psychiatric consultation hoping to make sense of her experience.

At our first meeting Janet described feeling anxious and confused. In past therapy she had considered the possibility of having been sexually abused in childhood, then put it out of her mind. Janet had trained as a dancer and worked as a health professional. She had the ability to observe her subjective experience, and bring insight and personal meaning to her dance experience.

In the second session Janet explored her current experience of anxiety and confusion. She described this anxiety as "a camp of blackness", which she just wanted to get away from. Janet symbolically took hold of some black material and tossed it out of the (real) window, and then began to dance. She filled the whole room with her dancing, running, jumping, extending and turning. She then represented her experience by taking a length of colorful material and formed it in a circle in the centre of the room. For Janet this circle of color had a quality of wholeness. She stated, "this is the really healthy part of myself, it is the creative part that needs to be born, reborn".

In the next session Janet talked about her fear of self exposure. The issue of safety emerged of the client's volition. She gently explored through

movement how safety and exposure might be shaped in her body. A dance emerged of closing and opening, stepping out a little and moving back, using different levels, finding the interface between what felt comfortable and what felt threatening. She talked about exposure and shame, and past experiences of over exposure. Boundaries and safety in the session and in her life were established by talking about what felt right and comfortable for her, and also established the precedent of her safety in the session.

In subsequent sessions, Janet created dances on the themes of pleasure, experiencing joyous moments. She seemed to celebrate her return to the self-expressive qualities of dance. Dances of anger also emerged as she released energy, voice and strong movement. She said "it feels good to express anger", there was laughter and relief. She identified an expanding sense of self, linked with her creativity. She also identified times in her life when she felt "blocked" and "spaced out". In her drawing, Janet identified these "blocked" and "spaced out" parts of herself, as separate from the creative part of herself.

Janet continued to attend weekly dance therapy sessions; she reported feeling more socially at ease with family and friends and experienced satisfaction from a growing feeling of strength in her body.

Two months after commencing therapy, Janet had a dream that disturbed her. Initially it was enough to verbally describe the dream. Two weeks later, she said she was ready to dance the dream.

I suggested that Janet begin from her 'circle of color' and resist anything entering this space. The 'circle of color' created by the client in the second dance therapy session was connected with the healthy part of herself. To an extent the whole dance room had become a place of safety, as the dark anxious part was placed outside. The dream became a catalyst which brought back the dark anxious part associated with Janet's memory of sexual abuse. When she felt strong enough to deal with it, Janet danced a dance of confronting the perpetrator and breaking his influence over her.

Janet had worked successfully through the first phase of trauma recovery establishing safety and had moved on to the second phase of recovery "remembering and mourning" (Herman, 1992: 175). She experienced feelings of loss and sadness, and released feelings of shame.

For Janet re-connecting to self-initiative and will, feelings of trust and self-acceptance, were the elements she required to establish safety, and

to recall and transform traumatic memory. Within a few weeks Janet ceased individual dance therapy and joined the dance therapy group, where she continues to develop her creative self in the dance.

Conclusion

In this paper I have focused on the dance therapist's role of helping clients to find experiences of safety in their bodies.

When the dance therapist assists clients to find places of safety within themselves and in relation to their environment, the client's capacity to tolerate and transform past overwhelming traumatic experience becomes more realistic. Prematurely evoking traumatic memory invites a second overwhelming experience of helplessness; something therapists do not wish to elicit. Instead the dance therapist wishes to assist the client to establish experiences of safety. Remembering and mourning within the context of a therapeutic relationship, safety and fuller sense of oneself supports the clients' developing perception of themselves as being in control of their conscious processes, their bodies, and their lives.

Note

The names used in the case study extracts are fictitious.

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