
Dance and Other
Expressive
Art Therapies

When Words are Not Enough

Edited by
Fran J. Levy, Ed.D., B.C.D., C.S.W., ADTR

with
Judith Pines Fried, M.A., ADTR and
Fern Leventhal, M.A., ADTR

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is capable of compassion for others. The very fact that she asks this question and expresses a genuine concern points strongly in the direction of a positive answer.

Rachel is also concerned that she currently prefers her own company to the company of others. She reports feeling confined and controlled when she is with others, overdefined by their expectations and needs, but is happy in her own company.

She describes many moments, especially on weekends and holidays, of complete joy, "when I push up the windows in my sparkling clean apartment, put on my favorite classical music, take out a cook book and all of my wonderful fruits, vegetables, and cooking utensils and I feel completely free and at peace." Even though she usually prefers being alone, Rachel does have friends who are important to her. She has also begun to form a meaningful relationship with her parents.

Rachel continues to experience herself as a composite of different selves, but not with the same anguish or severity of her earlier days. The Kids have grown significantly and their demands on her have diminished. They are now a happier, more integrated unit. The end goal is not for her to give up her multiplicity but rather for her to continue to openly express all of her thoughts and feelings and for her to continue maturing into her own person—free of anger and hurt from the past and free to become, in effect, *one happy family who have learned to live together*.

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Dancing beyond Trauma: Women Survivors of Sexual Abuse

Bonnie Bernstein

When a young girl or woman is sexually violated, she often experiences a trauma to every aspect of her being. As her body has been invaded, all normal physical and emotional boundaries have been disregarded. The combined psychological and physical impact of her experience may leave her with scars that alter her relationship to her body and to her world forever. Because dance therapy emphasizes the complex interaction of the psyche and the body, it provides an invaluable form of treatment for such women. Presented here is a particular dance therapy orientation that has evolved from years of both individual and group dance therapy with women survivors of sexual trauma.

Adult sexual trauma survivors have diverse histories. They include women who have been raped as adults or as children as well as those who have been victimized by incest, childhood molestation, date rape, war rape, or ritual abuse. Their stories are often shocking and horrific. The rape survivor has usually experienced real violence, often including a threat to her life. The incest survivor has in addition experienced psychological abuse, manipulation, and a breach of familial love and trust. All survivors are left with emotional scars, among them injured self-concept, guilt, shame, and depression. Many survivors also experience relationship difficulties or sexual dysfunction. Moreover, a survivor may be left with an injured relationship to her body. This includes body image, movement style, physical expression, and interaction between her feelings and life actions.

Effective verbal therapy for the survivor emphasizes improving self-concept and working through painful memories. Treatment frequently includes improving relationship skills and changing the dissatisfying life-styles that may have evolved (Gil, 1988). In addition dance therapy emphasizes improving the survivor's relationship to her body. Through movement she is helped to recognize and change the ways she uses, abuses, or inhibits her body. In dance therapy the body becomes at once the vehicle for change and the focus of change, so that the client can begin to reclaim her body as an ally in her struggle toward health.

Blanche Evan's Methods

The work described in this chapter is based on the theory and methods of Blanche Evan (Benov, 1991; Levy, 1988; Rifkin-Gainer, Bernstein, & Melson, 1984). The Evan approach emphasizes restoring the client to her natural potential for expressive movement and "re-educating the body to a state wherein movement responses function" (Evan, 1951, p. 88). It also mobilizes the dynamic interaction between the psyche and the body. Toward this end the work includes dance education and movement rehabilitation in addition to emphasis on in-depth exploration of feelings and insight-oriented improvisation. The Evan method serves as primary, rather than adjunctive treatment, and is appropriate for clients who possess the ego strength to tolerate in-depth self-examination. The following section will provide a brief explanation of Blanche Evan's terms that are used by the author to describe session sequences and interventions.

Psycho-physical refers to an experience that occurs concurrently on psychological and physical levels and describes the complex impact that the body has on the psyche, and that the psyche has on the body. A fundamental concept to the Evan's method, *psycho-physical* implies that all human experience including emotional response, memory, and thoughts contain kinesthetic components. Body movement is a direct outlet for the psyche, thus, through dance, the *psycho-physical* realm can be fully expressed and explored to stimulate insight and mobilize therapeutic change. "To experience *psycho-physical* unity is a basic need" (Evan, 1949, p. 54).

Mobilization refers to sequences of directives that are formulated to increase body awareness and broaden movement vocabulary through the exploration of the elements of dance, that is, rhythm, space, intensity, body movement, and content. "A goal is to open up the client's body without taking away defenses. Moving, expanding, and discovering the body without pointing

it to content" (Evan, 1978, personal communication). Three examples of *mobilizations* are: (1) a directive emphasizing body structure, such as exploring the range of movement of the spine; (2) a directive expanding the use of dance elements, such as gradually varying tempo from very fast to very slow; and (3) a directive that encourages experimenting with new movement dynamics, such as to explore leaping, sliding, lunging, and exploding.

Improvisation refers to the Evan method of insight-oriented dance, characterized by free association in movement and guided by psychological, physical, or *psycho-physical* themes. "Improvisation is dependent on an over-all state of receptivity which is replaced with identification with your theme. At the point of action, it is the summation of your past and present. It is also the arbiter between reality and fantasy" (Evan, 1950, p. 80). *Improvisation* gives physical form to psychological experiences and Evan states: "Honest *improvisation* is a direct route to the unconscious" (Benov, 1991, p. 192). In this work, content-evoking themes are suggested by the therapist in response to a client's verbal and/or movement communications. Four examples of improvisation techniques, as defined by Evan, are "*externalizing*," "*enacting*," "*physicalizing*," and "*rehearsing*." In *externalizing* the client might "dance out" a dream, fantasy, or physical memory. In *enacting*, the client recreates a significant life experience, perhaps her assault, and while dancing, she may embellish the life *enactment* with movement derived from previously unexpressed feelings. *Physicalizing* involves putting into movement an idea, a memory, or a feeling that has been previously stored in a cognitive realm. *Rehearsing* involves an *improvisation* in which alternative responses are created and practiced in order to prepare for changes in behavior outside of the therapy session.

*Functional techniques*TM refers to a movement-education approach developed by Blanche Evan to focus on body mechanics. It includes a series of systematic exercise progressions and movement sequences to increase strength, flexibility, and resiliency. In the Evan method, rehabilitating the body is intrinsic to the restoration of psycho-physical health. Through this work the client is helped to release "non-functional" tensions, modify movement habits, and restore the natural abilities of the body. "*Functional technique* is not an accessory, but an integral ingredient within the whole therapy process" (Evan, 1979, Personal Communication).

Ethnic dance, which enhances the therapy process, includes resources of multi-cultural dance and music, such as the creation of dances inspired by international music, the inclusion of therapeutic dance rituals based on those from other cultures, and the utilization of ethnic movements and dances to evoke specific emotional content.

Creative dance, as taught in the method of Blanche Evan, provides experiences that can stimulate the client's often limited or inhibited use of imagination, fantasy, and imagery. Dancing themes such as the violence of a storm, the aggression of a wild animal, or the building intensity of waves, may enable a client to express a range of feelings and body states, without direct focus on painful issues. Evan developed a unique style of using *creative dance* as a bridge to insight-oriented improvisation (Benov, 1991).

Language and vocalization are actively utilized in Blanche Evan's methods. Liberating the voice in emotive expression is encouraged. To "actionize words" (Evan, 1979, Personal Communication) is to *improvise* on a specific verbal statement, so as to elicit meaningful content. A client might, for example, "actionize" the statement "I feel tormented" by dancing her own experience of torment in movements of twisting tension and perseveration. In a more usual use of verbalization, discussion among group members can create peer support and articulate important links between the client's dance experiences and her life.

Homework is encouraged in the Evan method. From homework the client learns how to bring new insights and new movement skills into actions taken between therapy sessions. "The client needs to know that work is not done in session, but during the week, and clarified in session" (Evan, 1980, Personal Communication). Homework, developed out of session material, helps to connect therapy to life outside of therapy and encourages autonomy while promoting life-style change. Examples of homework include noticing one's movements while speaking to a boss or improvising with assertive movements before visiting family members.

In sum, Evan's theories and methods serve as a rich foundation for work with sexual-assault survivors. Evan states "Experiencing the physical equivalent of the psyche in body action is a universal basic need which the dance is abundantly qualified to fill" (cited in Benov, 1991, p. 57). As the survivor is exposed to the world of movement she is provided with invaluable tools for healing.

Choreography of a Dance Therapy Session for Survivors: The Therapist-Client Dynamic

From the onset of treatment, the therapist's steadfast belief in the client's ability to work through her trauma sets the stage for a relationship that is both supportive and encouraging of growth and change. Each session emphasizes the survivor's physical autonomy and unique pathway toward health. This is particularly evident in a style of therapist-client interaction that is characteris-

tic of the Blanche Evan Method. Poised on the sidelines, the therapist watches with acute concentration and empathy in order to direct and respond to her client. The therapist intentionally refrains from demonstrating movements or improvising with the client except in carefully chosen instances. This therapist-client dynamic encourages the survivor toward independence and toward the discovery of her personal style of using the elements of dance and psycho-physical expression. The author has developed a format of group dance therapy that incorporates this emphasis on the client's autonomy, and at the same time mobilizes the therapeutic assets of group interaction.

The following excerpts from group and individual therapy sessions will highlight themes that frequently arise for the survivor: shame, guilt, dissociation, dysfunctional sexuality, dissatisfying interpersonal relationships, developmental issues, and finally, trauma resolution. Case examples illustrate the theoretical and clinical significance of specific dance therapy interventions.

Dancing Past Shame

A survivor may enter therapy with symptoms of shame but not relate this shame to her sexual trauma. She may have an aversion to body parts or bodily functions, suffer from eating disorders, protect her body with unflattering attire, or suffer from poor social skills and depression. Shame produces an overall state of inhibition that blocks self-expression, movement freedom, and spontaneity. One client said, "I felt that if I got fat enough no one would see me. When I became obese, I was able to mask the shame I felt about my incest with the shame I felt about my weight." The following session describes dance therapy interventions used to help a group of survivors work through shame.

The group session, which was attended by six female incest survivors, began with a directive to loosen arm and leg joints and explore a range of movements in a variety of directions in space. I asked the women to explore "stepping out in new ways" on different levels, using asymmetrical movement to the front, side, diagonal, and backward. Their inhibitions decreased as they experimented with new uses of space and afterwards I asked each group member to describe how she might be stepping out in new ways in her life. One woman spoke of letting a neighbor into her home. She was struck by how new this behavior was, given how she usually kept everyone out. She connected her habit to the shame and secrecy that surrounded the home of her family of origin. The group talked of their common experiences of hiding while growing up, of shame related to sexual assault and other painful memories: an embarrassing alcoholic mother, a messy, chaotic house, and an exhibitionist stepfather.

To deepen the process of identifying the psycho-physical impact of the past I encouraged the group to generate memories of their own childhood bodies and to physicalize positions and movements that reflected their corresponding feelings. The explorations revealed movements of tension, holding, hiding, provocative showing off, sneaking, and withdrawing. To expand on this theme, I suggested that each woman recreate and physicalize a significant experience that evoked shame, or explore how this feeling manifested itself in their adult bodies. One woman portrayed the bodies of both her parents in endless bickering. Her dance evolved into movements of hiding and withdrawal, an expression of the self denigration she felt after she was abused by her father. Another improvised frustration and powerlessness at her inability to protect her mother from her stepfather's beatings. A third woman scurried in circular motions from one end of the room to the other, expressing the overwhelming disorganization she experienced in the past and in the present. After their concurrent dances, the group again talked about their feelings of shame and alienation. They recounted that, as children, they had felt evil or dirty and each had desperately tried to hide from their peers both their dysfunctional families and her incest secrets.

The initial directive in the first phase of the session exemplifies how movement is a bridge to content-laden themes. As the survivor remembers her history with her body, she begins to explore her kinesthetic memories and previously unexpressed emotional responses through insight-oriented improvisation.

To further explore the content of the dances, I guided the group toward additional dances. The woman who expressed guilt for not protecting her mother was asked, how old she was at the time of the memory. She said "5." To help her depict her childhood size as it had compared to her stepfather's, a taller group member stood on a chair to characterize the large, wide body. Using the spatial elements of size and level, she recognized her long-held distortion of reality. The 5-year-old child's small stature and powerlessness were painfully obvious to the group. As a result of this enactment, she was able to redirect the blame from herself to her stepfather.

The next phase of this session suggests how physical and emotional power can be enhanced through the use of ethnic music and dance. To the sounds of Creole drums, I encouraged the group to create a movement ritual. I suggested they dance to the phrase "Move the shame out of your bodies." The movements that evolved were, at first, individual actions of flinging, shaking, and rubbing off of body surfaces. The group then added their own verbalizations: "I was only 5. I couldn't protect my mother!" and "Leave her alone!" Group chanting of one person's words helped to affirm everyone. For some, not yet able to assert their

own anger, the experience of using their voices to help another assists in building their own self-confidence. In Evan's words: "Making sounds means I exist—I can be heard" (Evan, 1976, Personal Communication).

Dissociation and Dancing Toward Integration

Dissociative disorder refers to "a disturbance or alteration in the normally integrative functions of identity, memory or consciousness" (American Psychiatric Association, 1987, p. 269). Aspects of this disorder include (a) depersonalization disorder, in which the customary feeling of one's own reality is replaced by a feeling of unreality; (b) psychogenic amnesia and psychogenic fugue, in which the disturbance occurs primarily in memory and important events or specific time periods cannot be recalled; and (c) multiple personality disorder, in which the disturbance occurs primarily in identity. The individual's customary identity is temporarily forgotten, and a new identity may be assumed or imposed. The following discussion is limited to the first two types of dissociation, as treatment of multiple personality disorder is beyond the scope of this chapter.

During a sexual trauma, dissociation serves as an adaptive survival strategy. As the body is being violated, the survivor seeks to preserve the integrity of her personality by "splitting off" from her body (Gil, 1988). When the sexual intrusion abates, the survivor's defense often persists, with a variety of physical symptoms such as deadness or numbness of her body, partial amnesia, states described as "out of my skin" or "spaced out," and sensations of unreality. One client said, "I was being repeatedly raped by a large man, I felt like I was going to die. I focussed on the quietness around me and felt numb. Four years later I still feel numb." Many such survivors are high functioning and have developed techniques to mask their symptoms. Those who associate often experience life from a witness perspective, however (Schilder, 1950), and when confronted with issues of authority or intimacy may retreat in their minds to what they describe as another place, away from their bodies. The therapist may be able to detect dissociation, for example, only through a slight turning of the eyes or a less-focused stare. Such an individual often feels uncomfortable and out of control, even though her flight may be to the safety of a fantasy world.

Treatment for dissociation requires several stages of intervention. First, the therapist must help the survivor decrease her shame and come to terms with secrets regarding the dissociation. Many survivors are relieved to have this private experience witnessed, identified, and defined. A second stage, which is particularly accessible through dance therapy, involves exploring the survivor's images and symbols. Improvisations that articulate the dissociative process can

stimulate the survivor's insight into the strategies she has developed. Memories not available through ordinary channels may be evoked when the client is dancing aspects of her altered states. Through psycho-physical explorations she may uncover what occurred during her initial body-mind split. A third stage is to help the client develop skills and strategies for controlling her flights from reality. The following session with Martha, illustrates work with dissociation.

Martha said, "I would focus on the ceiling while my stepfather molested me. I floated upward to a land where I was safe...I would be a princess where everyone was kind to me. I imagined sitting in my grandmother's lap. I felt warm and safe."

Martha's language provides clues to her internal experience. For example, her dissociative defense is illustrated in her intense "focus on the ceiling" and in her image of "floating upward" away from herself. Her language also depicts movement qualities, those of intensity and floating. The elements of movement revealed by language represent important aspects of the self. Martha's dances expressing "where she went" during her flights and "how she got there" enabled her to recall what she had repressed.

When I directed Martha to improvise on the "floating upward" image, she raised and lowered her arms in circular and airy motions, while her eyes stayed fixed upward on the wall. She scraped the wall as if trying to move into it, then hid her eyes with her hands and, in rigid tension and distress, grabbed a scarf to cover her face. Because her eyes seemed to be central in her dance, I asked her, "What do you see? What do you not want to see?" Martha danced herself as a distorted freak. She added shrill yells and grunts as expressions of ugliness and finally with large, forceful punching movements she screamed, "Get away from me!"

After her dance, Martha said "My lifeline during my abuse was my fixation on the wall. Somehow if I didn't see him (stepfather) I could imagine this was not happening to me. I was somewhere else, and I still go there." She was surprised to discover that her flight was not primarily from her stepfather but rather from her own feelings of self-disgust. Martha connected the self-hate in her dance to feelings she kept secret in her adult life, and also connected the childhood strategy of eye contact to her adult dissociation. She said, "I still find safety in floating above my feelings and away from direct communication with people."

In later sessions, Martha improvised on the interactions between the princess, the grandmother, and the child. In time she began to observe the abused little girl below her while she floated above and felt empathy for the abandoned part of her self. She eventually created tender dances of protection

using the three characters in her imagery. As these characters were able to interact and unify, she experienced all of them as aspects of her self and her need for dissociative defenses decreased.

Defining Body Boundaries

"Body image" is a term that "refers to the body as a psychological experience and focuses on the individual's feelings and attitudes toward his own body" (Fisher, 1968, p. x). Body boundaries involve the "demarcation line between one's own body and that which is outside one's body" (Fisher & Cleveland, 1968, p. 52). Body boundaries are shaped by the past and become "a basis of operation" for dealing with the world (Fisher & Cleveland, 1968, p. 56). Sexual-trauma survivors often come to therapy with disrupted physical as well as emotional boundaries (Blume, 1991). Such disruption manifests not only in the survivor's self-concept but also in her relationships to others. She may have difficulty establishing limits, articulating opinions, or approaching intimacy. Improvisation augmented by movement education helps the survivor develop spatial clarity, control, and autonomy. The following illustrates how dance therapy interventions encourage greater definition of body boundaries.

Prior to this session, as homework each group member had made a body-image drawing accompanied by written explanations of both positive and negative associations to body parts. We began with mobilization directives that encouraged full movement of the area each woman identified with positive feelings. Then I asked everyone to choose a partner who could help her focus on a negatively associated area. During these interactions the women experienced a nonthreatening introduction to movements of their most uncomfortable body areas. They also experienced a challenge to their negative and inhibited movement patterns and the accompanying associations. The movements evolved into a group dance of work actions such as pounding with a mortar and pestle, cutting wheat with a scythe, and stomping grapes.

I then directed the group to explore a new range of movement facilitated by the terms bend, reach, wiggle, and dart. In addition, qualities such as wild, explosive, gentle, rigid, and strong were also suggested. Such movement challenges increase body awareness, enliven numbed areas, and help the survivor experience her physical boundaries.

To enhance boundary definition I introduced Functional Technique sequences that focused on exercise to strengthen the spine and torso: undulations of the spine that articulated movement of individual vertebrae, rotations of the spine through different planes, and unified spinal action with the limbs.

We then broadened the exercises to the alignment of the head, neck, shoulder, and torso. Drawing from ethnic movement, I offered an image of a proud African woman strolling gracefully with a basket on her head. In response to the image, the group members lengthened their spines further. This phase of the group ended with a liberating dance to African drum music.

Next, with reference to the body-image drawings, I suggested that the group improvise to the phrase, "my body boundaries." One woman began with her sensation of being "marsh-like" and gradually made the transition to more boundary-defined movements. This stimulated her awareness of the struggle she was having to maintain healthy boundaries within her marriage. Another woman who often felt "invisible" used her strengthened spinal movements to "take command." A third woman enacted her alcoholic mother's movements and realized that she had adopted many of her mother's mannerisms. Through improvisation, she discovered that her identification with her mother existed on a deep physical level. In her own body she experienced her mother's vulnerability. This insight led to future dances that helped her to individuate from her mother.

Dancing Past Guilt

The rape survivor may come to treatment with feelings of guilt and responsibility about having been attacked (Brownmiller, 1975). The incest survivor, plagued by the aftermath of chronic abuse, may believe that the sexual invasion was brought on by her own actions (Blume, 1991). One woman said, "If only I had run away when he said he had the knife, I might have prevented my rape." Another said, "My stepfather called me a sexy slut, and said it was the way I moved that provoked him." In both cases, a reexamination of false assumptions helped to relieve guilt and self-condemnation.

Residues of guilt are tenaciously retained in the survivor's body and may contribute to sexual inhibition, promiscuity, tension, inability to experience pleasure, and fear of risk taking. Guilt may also manifest in the survivor's inability to trust her own choices and in an urgent need to remain in control. One approach is to focus on specific experiences that led to the guilty feelings. Another, as in the following session, is to focus on the survivor's body, and to develop dance experiences that free the survivor from the physical restrictions that represent the guilt.

In the first phase of this particular session, group members talked about how they inhibited themselves in their lives. Over and over guilt was identified as the root of the self-restricting behaviors and of decreasing self-trust. The dis-

cussion of guilt led to a focus on "letting go" physically. We began with mobilization directives. A series of full-bodied swing progressions were used to release muscular tension, to feel the spontaneity associated with building momentum, and to invigorate numbed body areas. Frequently the survivor of sexual abuse numbs and constricts feelings and actions within the body. These symptoms are often routed in unconscious associations and guilt. Although the group members showed new freedom of movement in their dances, a consistent lack of resiliency in their knees and legs restricted full hip and pelvic action. Functional technique exercises for the knees and legs were introduced to encourage both loosening and strengthening. Releasing physical restrictions enables the expression of qualities such as assertion and sensuality, which guilt may have inhibited. The group ended with a dance to Middle Eastern music, which integrated resilient knee action with full hip and pelvic movement. These movements encouraged locomotion through space without inhibition.

In the next phase of the session, I offered a creative dance directive in which each survivor was encouraged to select an image from nature to stimulate a dance of release and "letting go." In doing so they increased their expressive freedom without having to confront the content of their inhibitions.

The next task was to bridge the group's creative dance experience to their psycho-physical manifestations of guilt. Again the group improvised themes of "letting go" and resiliency. One person let go of "beating herself up" with guilt. Her initial inward focus turned outward into a dance of powerful rage. Another woman concentrated on the ways guilt related to her tendency to dissociate. She used the resilient and stabilizing knee-bending exercises from earlier in the session in an effort to prevent her tendency to "leave her body." A third woman who danced to explore her sexuality, expressed the flurry of thoughts that distracted her from being emotionally present with her husband during lovemaking. As she worked on releasing her spine and thigh muscles, she danced images of "letting go" sexually. In the closing portion of the session, I encouraged each group member to create a poem for her images. Each recitation was accompanied by flute music and followed by individual improvisations.

This session demonstrates the interplay of several dance therapy interventions. Mobilization and Functional Technique altered habitual and constricted movement patterns. Creative dance stimulated expression and imagination while broadening dance skills. Improvisation helped explore how guilt restricted personal freedom. Change in movement itself can bring about a change in attitude that, in turn, can liberate the survivor. The primary focus of this session was on the body and the issue of "letting go," rather than on the origins or specific content of guilt.

Bridging Gaps in Development

Emotional damage to the survivor results not only from the sexual crime, but from the ongoing family dynamic that allows the incest to occur (Herman, 1981). Parents who are alcoholic, violent, co-dependent, or sociopathic shape the incest victim's view of the world. Many survivors grow up in constant fear and, as adults, experience grief over lost childhood. Thus, dance therapy must include a focus on the disruption of normal development. She may require work in areas of communication, assertiveness, and conflict resolution. The survivor's body image must be extricated from enmeshment with her dysfunctional family and transformed to one of increased psycho-physical strength and autonomy.

Many incest survivors are unable to play, laugh, or enjoy life. Dance therapy provides these normal childhood experiences, through the use of play themes and childhood imagery. Directives to generate childlike movements that are gawky, unpredictable, or asymmetrical often shake the survivor out of rigid movement patterns. Experiments in spontaneity can encourage playfulness in adult life.

Props such as percussion instruments, costumes, children's music, and drum recordings all stimulate play themes. Photographs, paintings, poetry or literature depicting children and adults in playful abandon can evoke freeing imagery. Folk and ethnic dance provide another vehicle for freeing movement. In one session the group was taught a seal dance from Tierra del Fuego (grunts and scratching included), a leaping butterfly dance from Japan, and a yelling, kicking-out dance from Nigeria. With these dances, the group experienced liberating movement, laughter, and camaraderie in play.

Another developmental need is to instill a positive attitude toward the self. Here the therapist's positive regard and belief in the survivor's strengths is significant. To improve self-concept, the sessions include experiences of affirmation. Members demonstrate ways they have acted in their own behalf; they form a "circle of shared compliments," or they demonstrate movements that express their strengths. A positive vision of the future can be stimulated through dancing hopes and dreams.

Dances of Power: A Foundation for Healthier Relationships

It is not unusual for the survivor to experience herself as a victim. Her memories of powerlessness, fear, and loss of control damage her capacity to form healthy relationships. The survivor must learn to communicate her needs and feelings in order to experience equality and intimacy.

Feeling ineffectual has significant psycho-physical components. A survivor, forced into silence by her perpetrator, must regain her voice. A survivor who has protected herself by confining her movements must learn to reclaim a space in the world. When a survivor identifies with images of power and assertion she begins to build a sense of strength and control. Only by altering her self-image can she leave behind the victim stance. The following focuses on dance therapy interventions that contribute to feeling effective.

I began with the suggestion that each group member describe her physical needs with a spontaneous "moving-talking body sculpture." In response to the group's spontaneous facial expression, I suggested they add sounds and whole-body movements. This in turn led to a "body-sounds" dance, followed by a powerful group chant. To further activate their voices, I suggested they create gibberish arguments with partners. A playful argument in gibberish is not as intimidating as an actual argument, but it does exercise the individual's assertive affect, and permits a range of vocal expressions.

Exhilarated by their ability to use their voices in powerful sound, the women began to talk about their memories of powerlessness. They said, "I can feel my arms now. Usually my arms and shoulders don't belong to me. They were too weak to fight back." "I had no legs. They usually feel numb and lifeless." To focus on building muscular strength in the body areas the group experienced as weak, I introduced a Functional Technique directive that included leg lifts for abdominal muscles and thighs; scapula isolations to strengthen arms; and a progression of body arcs to stretch, strengthen, and unify the arms, torso, and legs. This movement education provided not only sensations of power and control but actually increased body strength. According to Schilder (1950), body image is shaped through movement and for the survivor, healthy movement experiences contribute to reshaping negative body images.

Next the group spontaneously devised dances that helped them feel more assertive. The women took turns using both movement and words to make strong statements to someone in their lives: "I insist that you listen to me when I tell you this!" "I am a worthwhile person and deserve to be treated with respect!" "You cannot touch me again!"

In the closing phase, the group identified and physicalized ways in which each person had contributed to her own survival during the assault. Finally the group examined ways to use their survival strengths in their current relationships.

Dancing Memories: Trauma Resolution

Many survivors suffer from posttraumatic stress disorder, which is defined as the development of particular symptoms as the result of an event that is out-

side the range of usual experience (American Psychiatric Association, 1994). Characteristic symptoms included repeated reexperience of the traumatic event, avoidance of stimuli associated with the event, numbing of general responsiveness, or state of increased arousal. Treatment includes confronting memories and integrating cognitive, affective, and physiologic responses (Gil, 1988).

Catharsis through dance releases unexpressed feeling and memories and is an important part of trauma resolution. The following highlights the effectiveness of tracking memories that emerge through movement.

Janet was a soft-spoken young woman who felt unusual tightness in her throat; she had worked on releasing her voice in previous sessions. She began a dance that intensified the constriction and followed her associations to this tightness. She shifted from standing to lying on the floor and began to remember and reenact a childhood memory in which her father forced her to perform fellatio. This invasion had not only made it impossible for her to scream, but also restricted her ability to breathe. She had feared she would die of suffocation as she silently waited for him to ejaculate. I encouraged Janet to use her voice and breath to express the feelings and the sounds inhibited in the past. She gave liberating yells and deep grunts of disgust; she externalized her rage with animal-like movements and sounds. She stomped her feet with power, symbolically threw her father away from her, and stood her ground on solid legs.

By following her associations, Janet experienced catharsis. The psycho-physical release freed her to view her past from a changed body state and, thus, a different perspective. Janet retrieved buried memories and recaptured her voice, strength, and verticality. The experience of standing her ground eventually led her to confront her father.

Movement Styles and Post-traumatic Defenses

Attention to each dance element: rhythm, space, dynamics, body movement, and content can be key in trauma resolution. The survivor's daily use or avoidance of particular dance elements can be indicative of a limited movement range shaped by posttraumatic avoidance.

Joan, a rape survivor, characteristically moved at a slow tempo. This lethargy and diminished intensity included inhibition of joyous excitement, muted sexual passion, and inability to express anger. She recognized an aversion to quick or intense movement, but was clueless as to why. Through many sessions Joan experimented with varying her tempo. Using photographs from

her youth, she worked to capture energetic movement. She danced to the crescendo and diminuendo of a gong.

In a pivotal improvisation I asked Joan to move as her rapist had moved. In this dance she began to uncover both the terror of her rape experience and the origins of her diminished tempo. By leaving her victim role she liberated intensity in her own body and experienced the power of her attacker. When Joan completed her dance, she was able to move with increased tempo and intensity. She clarified that her fear of rageful violence from her rapist had robbed her of her freedom of movement.

Joan's posttraumatic stress was manifested in her avoidance of quick tempo and intensity. Posttraumatic stress may similarly inhibit a survivor's use of space, levels, directionality, or areas of the body. Thus trauma resolution can be aided by uncovering origins of movement styles and focusing on recapturing full range of motion.

Rehearsals and Reenactments

The following focuses on another element of trauma resolution: rehearsal for confrontation. For many survivors, rage turns inward into self-destructive behavior or depression. In the next session, an incest survivor is able to confront her perpetrator, turning the rage outward.

Mindy, who had been sexually molested by her father from age 7 to 11, suffered from chronic depression. Faced with her father's deteriorating health, she was presented with a last opportunity to communicate her feelings to him. In previous sessions, dance improvisations had uncovered ambivalence. She danced a childlike expression of longing for her daddy's love and acceptance, together with her physical discomfort and terror when he slipped into her room at night. She had enacted a dreaded memory of pretending to be asleep as he abused her; and she had unleashed unexpressed anger at him for stripping her of her innocence. Mindy had also externalized her chronic depression through dance.

Mindy prepared for the visit with her father by rehearsing. This provided her opportunities to release feelings that might later be inhibited when she confronted her father. Mindy both moved and verbalized all her feelings for her father. I encouraged her not to censor anything and assured her that she could later choose what to communicate and what to withhold. In one session, group members helped her to express accusations and rage. Her words were affirmed by the group's supporting voices and movements. She also practiced a dialogue with another group member, who responded to her statements with the

counter-attacks she anticipated from her father: "You wanted it! You provoked it! You're crazy, it didn't happen!" Supported by the group, Mindy rehearsed self-validating responses.

Mindy's actual confrontation with her father was, in fact, much less eventful than her preparation. Although his condition severely limited his comprehension, the process of preparation and the opportunity to follow though changed Mindy. The lasting impact was a lifting of the depression and a sense of deep satisfaction.

The final example of trauma-resolution work focuses on the value of cognitive education augmented by physicalization. The survivor often benefits from learning that her denial, self-blame, depression, and anger are all commonly experienced post-rape responses. It also helps her to understand that she "did the best she could" during the assault. This learning has more lasting impact when it is experienced physically as well as verbally.

Dana, a rape survivor, was tormented by the idea that she could have somehow prevented her assault. She repeatedly fantasized alternative actions she might have taken. I encouraged her to dance an enactment of the rape and to include the changes she imagined. As she danced, she discovered that if she had tried to fight back, the rapist's knife might have injured her more seriously. After this, Dana understood that her intuitive actions had actually helped her to survive.

Reclaiming Sexuality

Disruptions in sexuality are a common scar following sexual trauma. Symptoms include disturbance of desire, inability to achieve orgasm, inhibition or even dissociation sparked by intimacy, trauma flashbacks, and a variety of sexual aversions and fears (Blume, 1991).

In a sexuality workshop for survivors, *creative dance* opened doors to liberating sexual function. First I asked the group to list words that implied sensuality: "Slinky, shaking, undulating, smooth, daring, flowing, and rhythmic." They then danced their responses to each word. The dances stimulated new movement qualities that evoked associations to sensuality. Then I asked the group to dance an image from literature or a painting that captured some aspect of womanliness they admired. The dances included movements of power, solidness, strength, sensuality, nurturing, and aggression.

Sexuality is often inhibited by the unconscious linking of body sensations with traumatic memories. Through dance the physicality of sex can be separated from the violence of sexual assault, the feeling of letting go separated

from the act of giving in, being open separated from being exposed. Passion can be distinguished from aggression, self-protection from inhibition, and healthful control of one's body from control that squelches sensation. In the course of this workshop the survivors worked toward separating these paired associations and, in doing so, freed their bodies and increased their abilities to recognize and respond to healthy sexuality.

The next session focused on how sexuality can be addressed through the use of a survivor's dreams and creative imagery. Rita, who had been molested in childhood by a neighbor, suffered in her marriage from inhibited sexual desire. In this particular session, she described a dream of a barren desert, scrubby and apparently lifeless. In the distance, a cactus flower was pushing up toward the light, against the restraints of the rough soil. Rita said that her body felt as desolate as this barren land. The flower seemed to express a desire for intimacy with her husband. Rita danced as a struggling flower trying to break out and reach toward the sky. Her conflicts were expressed by her own image of the impacted soil. With Rita's permission to touch her, I placed my palms on her upper back and took on the role of the soil pushing down as Rita struggled upward. When her ambivalence about her own freedom was externalized, Rita broke free to devote her full attention to a dance of positive desire.

In the sessions that followed, Rita focused on the results of having numbed her body and cut off her feelings. She was encouraged to dance images that helped her struggling flower grow. Images from nature of sensuality, receptivity, and fluidity helped her to liberate locked up sexuality. Over time, she was able to bring her newly developing freedoms into the intimacy of her marriage.

Conclusions

Success in helping the survivor use her body as a therapy tool depends on the dance therapist's commitment to the curative power of movement. For many survivors, "letting go to dance" has become inexorably linked with the terror of loss of control experienced during the abuse. This association can paralyze movement in spite of the survivors' will. The survivor relies on the therapist to help her resist her pull away from her body. She also learns from the dance therapist that her power and control do not depend on withholding movement; rather, her power is in which parts of her body she chooses to move and how she moves them.

When a survivor participates in the dance therapy process, hope and positive feelings about her body can be restored. She is able to bridge her thoughts and feelings with action and to reclaim her body as her own. She becomes more

expressive, more creative, and physically stronger in her own eyes as she develops feelings of control and power. From an improved relationship to her body she finds her way to create a more healthful and satisfying life.

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Mobilizing Battered Women: A Creative Step Forward

Meg Chang and Fern Leventhal

The battered woman has received a great deal of attention in recent years. Domestic violence, however, continues to be widespread and is devastating to all involved.¹ A "battered woman is a woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without any concern for her rights" (Walker, 1979, p. xv).² Victims of domestic violence must be able to take action if they are to remedy learned patterns of helplessness, ambivalence, and inactivity. Dance and creative movement offer a paradigm for action that can help women in danger take the steps necessary to reorganize their lives.

Physical violence, emotional abuse, financial deprivation, and sexual coercion all constitute battering. Although different forms may occur separately or in combination, physical abuse is the most obvious—as evidenced by black eyes, bruises, and broken bones. However, less visible physical manifestations include kicking, slapping, choking, shoving, and destruction of the battered person's property. Emotional abuse may include suggestions of physical violence such as threats to kill, maim, or disable. Even subtle forms of intimidation and humiliation serve to undermine the woman's self-confidence and independence. Threats against other family members are also common and are intended to induce fear and compliance. Financial abuse, which is character-