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The Creative Use of Dance/Movement Therapy Processes to Transform Intrapersonal Conflicts Associated with Sexual Trauma in Women

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The Creative Use Of
Dance/Movement Therapy Processes
To Transform Intrapersonal Conflicts
Associated With Sexual Trauma In Women

by

Emily Fern Dayton

A thesis submitted in partial fulfillment
of the requirements for the degree of

Master Of Science
in
Conflict Resolution

Thesis Committee:
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Portland State University
2010

Abstract

This qualitative research explores creative movement processes such as dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD) as possible tools for transforming sexual trauma for women. Eleven movement professionals were interviewed in a semi-structured research format. My direct experience and knowledge of sexual abuse, sexual trauma, and creative movement processes are interwoven with the research question: do creative dance/movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma? These findings are inconclusive for the greater population of survivors of sexual abuse and sexual trauma. However, there are indications that DMT, AM, and CD may be potential tools for recovery. This research contributes to a dialogue about sexual abuse and recovery from sexual trauma.

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Dedication

This thesis is presented as a gift to all women and children who have experienced sexual abuse and managed, through the tears, anger, and frustration, to transform themselves body, soul, and spirit. Though the grieving process is long and painful, I hope your process of healing brings gifts of light and love. May your trauma become your gift of transformation, and may your body become your healer and caregiver.

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Chapter 1:

Introduction and Statement of Intent

In order to transform your trauma
you must travel through your own inner world.
Once you've moved your trauma, you are never the same.
When your torch has touched the source of pain,
it'll never be the same

(B. Bernstein, personal communication, October 9, 2009).

This paper describes a study of the problem of sexual abuse and sexual assault/attacks inflicted upon women, and the consequential development of sexual trauma and post-abuse effects. Creative movement modalities are presented as possible tools for helping women to transform sexual trauma. This interdisciplinary, organic, and heuristic research creates new knowledge from a synthesis of the fields: trauma healing, trauma psychology, neuroscience, conflict transformation, and creative movement processes. A wide range of disciplines were explored in order to fully analyze the research question: do creative dance/movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma? Four issues were explored related to my research which include: what problem arise from the development of sexual trauma; how survivors process sexual trauma; if creative DMT processes aid in the healing dynamic after sexual trauma; and what risks are associated with using movement processes with sexual abuse survivors? The issues related to sexual abuse, sexual trauma, and creative DMT processes were used to further explore aspects of the research.

The physical violence of sexual abuse creates emotional imbalances that cause survivors to disconnect and disassociate from their bodies. These experiences can create traumatic symptoms for survivors. The aftereffects of such abuse develop into sexual trauma when survivors continue to relive the abusive experience through repetitious thoughts, images, experiences, and memories (Levine, 1997). Sexual trauma is an intrapersonal conflict. Intrapersonal conflict occurs when survivors experience an internal conflict that results in a divided self. One day, a survivor may be happy and outgoing, but the next day depressed and withdrawn; this duality of self creates conflicts within the person's own identity. Intrapersonal conflicts create negative life experiences and lead to unstable interpersonal relationships. Finding a way to combat intrapersonal conflict is an important step in the healing process, and can lead to healthier relationships and a better life.

If not fully resolved, a survivor's sexual trauma can create an internalized conflict and potentially damages healthy life experiences. Intrapersonal conflicts cause survivors to live divided lives, which are characterized by a private reality and a public appearance. Many survivors' private realities are ruled by traumatic memories and images, while the crafted public appearance hides all symptoms of trauma (Spring, 2007). Academia and society are just now beginning to understand the reality of the secrecy of sexual abuse, sexual assault/attacks, and sexual trauma.

My research describes the problems of sexual abuse and sexual trauma, and presents three creative dance/movement therapy processes as a possible solution.

Three creative movement disciplines are analyzed as possible solutions for women transforming sexual trauma. The movement solutions include: dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD). The movement solutions presented contributed to my own post sexual abuse healing. The research is therefore presented through a subjective lens. It is beyond the scope of this research to include a large sampling of cases of sexual abuse and sexual trauma. Thus, this research primarily includes my personal experience with sexual trauma, which is interwoven with detailed information from interviewees' responses.

Sexual abuse continues to exist throughout the United States and the world. Its existence spans cultures, families, religions, races, genders, societies and ethnicities. Although sexual abuse is indiscriminate of gender, age, and race, it is women who continue to be abused in higher proportions. An estimated one in three women has experienced sexual assault in her lifetime ("Prevalence, incidence", 2008). The continued prevalence of sexual abuse amongst women in the United States spurred this research.

Numerous scientific and psychological studies have been written about the impact and severity of sexual trauma and sexual abuse (Spring, 2007). Researcher Peter Levine (1997) asserts that unresolved trauma associated with sexual abuse create lifelong problems that can cause survivors to feel ashamed, helpless, and fearful. Some common after-effects of sexual abuse include "flashbacks, nightmares, vivid sensations or images, exaggerated startle reactions and visual hallucinations" (Elmone

& Lingg, 1996, p. 3). These post sexual abuse effects initiate the development of sexual trauma in survivors. Sexual trauma, which is a response to sexual abuse, creates challenges for survivors' daily life experiences. Sexual trauma causes survivors to be fearful, shameful, and have low self-esteem. Prolonged sexual trauma can cause survivors to practice unhealthy coping methods to hide, numb, and deny the existence of the abusive experience. Some common unhealthy post trauma symptoms include: eating disorders, substance abuse problems, depression, sexual compulsivity, sexual disorders, intimacy disorders, and multiple personality disorders (Elmone & Lingg, 1996).

Sexual abuse is often executed by known and trusted individuals such as family members, friends, and relations. In a nationally representative survey in the USA, female survivors' first experience of sexual abuse was committed by people who were reported to be intimate partners (30.4%), family members (23.7%), and acquaintances (20%) (Basile, Chen, Lynberg, & Saltzman, 2007). Also, Lawrence Greenfield (1997) states that three of out of four rapes and sexual assaults are committed by someone the victim knows-a friend, classmate, or date. These statistics shine a light on the prevalence of sexual abuse and sexual attacks/assault amongst known and trusted individuals. The secrecy of sexual abuse continues to denigrate, isolate, and distort survivors' life experiences. Through this research, I attempt to humanize fellow survivors by creating an open dialogue about sexual abuse and sexual trauma. As a researcher, I maintain that opening pathways of communication about

sexual abuse and sexual trauma can help promote survivors' health, healing, happiness, and acceptance.

I practiced the three movement modalities outlined in this research as tools for recovering from my own sexual abuse and sexual trauma. Although these modalities share movement and dance as a pathway to health, each discipline has its own set of principles. DMT uses guided movements in both therapeutic inpatient and outpatient settings, AM is initiated from the mover's own inner impulses, and CD uses movement themes as a guide for self-expression, which provides the opportunity for connection for each mover.

DMT is practiced in a clinical setting and uses structured movements as the basis for body and emotional health and wellness (Chace, 1993). AM is practiced with a witness and a mover; the witness observes the mover, while the mover follows her own unstructured movement sequences (Adler, 2002). CD uses individual, partner, and group movements as a form of artistic expression (Mettler, 1990). AM and CD are not therapeutic disciplines. Educators of these modalities often practice movement alongside their students. Since sexual abuse is inflicted upon the body, these three creative movement processes were used as templates for healing and recovery for survivors of sexual abuse and sexual trauma, by directly operating in the body.

Sexual abuse and unresolved sexual trauma may lead to poor body image, depression, and negative self worth. According to mind-body researchers, unresolved trauma becomes trapped in the body which can create difficulties with physical,

mental, and emotional functioning. Creative movement processes can be used as possible tools for transforming and releasing traumatic symptoms associated with sexual abuse. Dance/ movement therapist Susan Loman (2005) asserts that DMT "is a creative and action-oriented process that encourages new behaviors and symbolically communicates hidden emotions, releases anxiety, and serves as a vehicle to integrate body, mind, and spirit" (p. 68).

Trauma psychologist Dee Spring (2007) maintains that creative approaches are necessary for the resolution of and recovery from sexual trauma. Bodily-stored trauma and abuse create internal conflicts for survivors. In Spring's (2007) writings on conflict resolution and sexual trauma she explains that using creative processes in therapy can help survivors process and release unresolved sexual trauma. The body and brain react positively to creative activities, which allow survivors to use symbols, movements, and metaphors to process incidents of sexual abuse.

In order to enhance research subjectivity, I have chosen to infuse heuristic and organic methodologies. The heuristic approach and the organic inquiry are non-traditional methodological approaches that begin with the researchers direct relationship to the subject matter. These methodological approaches allowed my direct experience with sexual abuse, sexual trauma, and creative movement processes to guide the research. Organic inquiry was chosen as a way to incorporate feminist principles of spirituality, transformation, and creativity (Clements, Ettlings, Jenett, & Shields, 1998). The heuristic approach was used in order to describe my personal

transformation throughout the research process (Moustakas, 1990). As a researcher, I included my personal involvement, and experience of practicing creative dance/movement therapy processes to transform my own sexual trauma. Few studies have portrayed personal perspectives from survivors of sexual abuse. As both the researcher and a sexual abuse survivor myself, I aim to empathize with and humanize fellow survivors. This research is also presented to bring awareness to the secrecy and misrepresentation of sexual abuse.

Sexual trauma served as a root for my research. My experience as a survivor of sexual abuse is explained through dialogue, narration, poetry, and the practice of creative movement processes. My assertions about sexual abuse and sexual trauma are interspersed with, and supported by, scholarly literature, and first hand interviews from ten local, national, and international DMT's, AM professionals, and CD educators. My interviews were coded in order to discover emergent research themes. This heuristic-organic research design allowed the researcher, and research participants, to incorporate personal experiences and feelings about sexual abuse, sexual trauma, and creative movement processes such as DMT, AM, and CD.

This research explores how DMT, AM, and CD may contribute to the successful transformation and resolution of intrapersonal conflicts associated with sexual trauma with consequent results for healthy life experiences, interpersonal relationships, and an enhanced sense of self worth for survivors of sexual abuse. The research findings and themes conclude that sexual abuse and sexual trauma create

negative effects which become trapped in the body. The body holds memory; survivors who practice creative movement processes such as DMT, AM, and CD as a source for healing can release and transform effects associated with sexual abuse and sexual trauma. Also, because the body holds memories of past abuse and trauma, practicing movement modalities can be re-traumatizing for survivors who are not yet ready to process trapped emotions and memories (Levine, 1997). This research balances insights from the elicited views of the therapists who participated with findings from the literature and my subjective experience, and may not be conclusive for the greater population of survivors of sexual abuse. This research presents an exploration of one survivor's experience with healing from intrapersonal conflicts associated with sexual abuse and sexual trauma and suggests the potential for DMT, AM, and CD as healing tools for women recovering from sexual trauma.

The paper is presented in seven chapters. Chapter One provides a brief overview and description of my research. Chapter Two describes my direct experience practicing creative movement processes to heal personal sexual abuse and sexual trauma. Poetry and reflective experiences are used to show readers personal aspects of the research process. The knowledge I have gained through personal experience serves as the root for my entire research project.

Chapter Three is the first part of the literature review, which describes the problem of sexual abuse and sexual trauma, and is supported by literature from diverse disciplines. Chapter Four presents section two of the literature review, which focuses

on modalities used to heal sexual abuse, sexual assault/attacks, and sexual trauma.

Chapter Five describes heuristic and organic approaches to research methodology. The research implementation is also detailed including precisely how I coded and gathered research for this project.

Chapter Six presents emergent themes from the data and describes their relationship with the literature that was reviewed, and also my own experience. A discussion of my personal conclusions, study limitations, unanticipated problems, and suggestions for future research are all presented in Chapter Seven. This final chapter also describes my experience as a researcher and sexual abuse survivor who has experienced 'othering' in therapeutic and clinical settings. In this context, 'othering' is used to describe the hierarchical divide that exists between clients and therapists, where in the therapist is seen as superior to the client.

This research is presented through my direct experience with the subject matter. In the following chapter, I will present my poetry and story about my experience with sexual abuse, sexual trauma, and creative movement processes from my childhood through the present. Dance and movement processes continue to be an important element in my life and healing process post sexual abuse and sexual trauma.

Chapter 2:

Personal information: researcher subjectivity

Pieces of my story

Sometimes I feel -
 I want to scream, jump, run and shout there's no way out!
 This splinter I feel absorbing, penetrating, piercing about.
 It's ready to be set free,
 it's dancing its way to the surface...
 Some people say we are "victims", some say we are "survivors".
 We are the silenced women, ostracized...
 Outcast as "crazy", fearful, incapable beings.
 Yet, we are here- we are speaking - we are strong.
 We are your Mothers, your Sisters, your neighbors, your friends.
 We are pulsating to begin a history retold of truth, transformation, healing and pain.
 I am no victim, I am not my abuse.
 I am your Mothers' Daughter and I am here to say I am me, I am strong and I am free.
 (Dayton, autobiographical writing, 2007)

My personal disclosure about sexual abuse and sexual trauma continues to be an evolving story. In this paper, pieces of my relationship with sexual abuse are disclosed, while others remain hidden. Throughout the research process, my relationship with sexual abuse and sexual trauma has continued to change, transform, and morph. If I were to write this paper a year from now, my story and my confessions about sexual abuse and sexual trauma would be completely different. Healing from sexual abuse and sexual trauma is a life long process, which can continually change a survivor's feelings, emotions, and outlook on life. This paper represents only a limited perspective of my present relationship and experience as a survivor of sexual abuse and sexual trauma. As my healing progresses my story will continue to develop and

change.

When I began exploring the idea of using sexual abuse as the topic of my study, I became overwhelmed with internal and external pressures and feelings. This study provides a personal reflection of the healing process I have undergone since experiencing sexual abuse and sexual trauma firsthand. I had valid concerns about keeping myself, my anonymity, and my journey safe. I felt a whirlwind of emotions those first few months. I had to decide whether or not to disclose the details of my experience with sexual abuse.

I was exposing myself, my family, and my community to a potentially risky process. I became aware that this level of risk had the potential to both strengthen and weaken personal connections with my friends and family. This was an extremely trying time in my life personally, professionally, and academically. In the end, I decided that the delicate and personal information I would present about sexual trauma would be invaluable to other women who have also experienced sexual abuse. This research, I discovered, could provide tools for other individuals engaged in their own process of healing from sexual abuse.

The external pressures and concerns I experienced stemmed from a variety of people with whom I spoke to about my thesis topic. Some of the external feelings they presented were: sadness, confusion, overwhelm, disillusionment, anger, distrust, fear and joy. While emotional reactions varied, many people appeared to be alarmed and disturbed when I mentioned the topic of sexual abuse. The discussion of sexual abuse

evoked body responses and reactions from my audience. These responses were noticeable even if the person did not have experience with sexual abuse.

Such body responses observed included hand/leg/body fidgeting, facial distortions, rocking, and pacing with the entire body. These nonverbal body responses were unconscious, and seemed to be a reaction to discussing the sensitive subject matter of sexual abuse. My observations of these nonverbal body responses intensified my excitement and curiosity in incorporating creative movement processes as models for healing from sexual abuse. The theory that our bodies hold unconscious emotions, feelings and thoughts seemed confirmed. A thought or idea that we are unable to verbalize can show up in our bodies as an unconscious movement response. From my personal observations, I believe my colleagues' and audience members' bodies were unconsciously responding to my topic. I am not fully aware of what my audience members' body responses and movements meant, but the movements did further support the importance of using movement modalities as a source for healing trapped emotions, trauma, feelings, and memories.

In the early stages of my research, it became clear to me that my choice of terminology could influence a person's response. Thus, in an attempt to avoid distressing my audiences, I began omitting the term 'sexual trauma' from my stated thesis topic, and replaced it with the term "trauma". Withholding this information about my research became confusing, and increased my level of tension with presenting the topic of sexual abuse. Finally, I decided to present the realities of sexual

abuse and sexual trauma, while emphasizing the healing capacity that creative dance/movement therapy processes can provide. In presenting my study as a journey of healing, I am emphasizing positive elements of transforming sexual trauma. This study is intended to transform the beliefs of the reader, the researcher, and the interview participants about sexual abuse, sexual trauma, and trauma healing. Through combining academic and subjective lenses, my project provides personal depth by divulging my own experience with sexual abuse. My subjective experience as a researcher and survivor is used to guide my academic process. This study will be accessible to the public, therefore I consciously chose to contribute knowledge towards the awareness and advocacy of healing the global problem of sexual abuse. I believe having an open dialogue and discussion about sexual abuse, sexual assault, and sexual trauma is the first step in healing this worldwide problem.

In the Beginning

My womb is in pain, she weeps with shame,
sorrow flows down half her veins.
Divided apart- dispelled of heart
"How can this be?" cried thee!
Yet, as movement comes... dispelling the gun
Silence reigns on this heart of mine (Dayton, autobiographical writing, 2007).

I have experienced and been a part of every aspect of this study. I am a woman who has been sexually abused, both as an adult, and child. I am personally familiar with all levels of sexual trauma and PTSD. I have struggled through all stages of post

trauma development including dissociation, hypervigilance, hyperarousal, nightmares, and triggering flashbacks. These post traumatic developmental stages are common bodily reactions of sexual trauma which cause survivors to be anxious, tense, nervous and fearful (Levine, 1997).

Sexual abuse is the forcing of sexual activity upon unwilling, non-consenting children and adults. Sexual trauma is comprised of mind and body sensations that occur following sexual assault or abuse. Experiencing sexual abuse/ assault does not automatically precipitate the onset of traumatic symptoms. Sexual trauma occurs when a sexual abuse survivor continues to relive the abuse through memories and sensory responses. Persistent sensory responses of the abuse such as sights, sounds, smells, and touch, create traumatic body reactions. Traumatic body reactions are activated in stressful situations. A stressful experience can cause a traumatized individual to re-experience the abusive event.

I am an integrated and active piece of this research. Throughout this paper, I am portrayed as a researcher, a client, a dancer, a student, an academic, a sexual abuse survivor, and a healer. This diverse, personal representation provides readers and researchers alike with a perspective into my own process of transformation. Initially, my identity as a survivor, a researcher, and an academic were conflicting and divided. In the end, my personal progress culminates through the transformation of these identities.

This paper is presented as a way to humanize those of us who have been

sexually abused. This research provides a realistic portrayal of the mechanisms by which sexual abuse develops into sexual trauma, and suggests particular movement methods for intervention and recovery.

Through my process of healing, I have discovered that societal misconceptions and individualized disbeliefs pervade the topic of sexual abuse. The levels of silence that exist surrounding the topic of sexual abuse contribute to its continued misrepresentation. In order to educate the public, I believe it is extremely important for sexual abuse to be discussed openly and frankly. When pathways of communication are open, survivors of sexual abuse will feel safe to express themselves, share their stories, and describe their paths to recovery.

Throughout this study, I have educated myself on every aspect of sexual abuse, and sexual trauma. This knowledge has endowed me with gifts of presence and awareness surrounding my own journey to health. The research for this study provided knowledge and new educational tools that I was able to use for my own path of recovery. Through the development of these tools, I am now able to acknowledge when feelings of dissociation, and body 'disconnect' arise. Through the use of group and individual movement, dance and artistic expressions, I have initiated the process of bringing myself and my body back to its original health and strength. And thus the healing unfolded.

The healing

Poking, pulling, grasping, choking,

I come to the end... still stirring...
Reminiscence,
through darkness of the night...
follow the light...
touching, tugging, pulling, enfolding...
The releasing stance, dumbfounded glance,
Returning to here,
this body, eternally enhanced...
I dance and dance.
(Dayton, autobiographical writing, 2008)

Since childhood I have had a passion for dance. When I was young, I would put on my pink tutu for impromptu dance performances for my family. With my family as my audience, I would spin and twirl, while feelings of freedom and joy encompassed my body. Even at a young age, I had an awareness of my body. I knew that moving released stress from my body, which made me happy and ultimately led to a state of euphoria. Most adults can probably remember days of endless spinning, until their bodies, and psyches felt dizzy, and numb. This, I believe, is the beginnings of body attunement (Valentine, 2007). Body attunement occurs when an individual follows and connects with his or her body's needs through conscious body movements and experiences.

As children, prior to the experience of abuse, we are completely connected to our bodies, our emotions, and ourselves. Yet, often as we develop into adults, we become disconnected from some of our most simple and precious human gifts, such as our connection with our bodies. After I experienced sexual abuse both as a child, and then as an adult, I remember becoming increasingly isolated. I became less outgoing,

and more timid and shy. Yet, somehow, following each of these abusive experiences, by connecting with my body, I gained strength and felt re-empowered.

The original process of reconnecting with my body was long and painful, but I knew in order to heal I needed to reclaim the part of myself that had been taken. My innocence, my body, my mind and my spiritual safety had been taken from me, and by reclaiming these I became reconnected to my true self, pre-abuse. By connecting to my internal feelings and experiences, I engaged in a process of body reintegration. That is to say, through the use of dance, martial arts, gymnastics, artistic expressions such as drawing, painting, poetry, and journaling, and experiences in nature such as hiking, dancing, singing, and backpacking, I rediscovered myself. These processes allowed me to develop an even deeper love for my body. The same body that kept me alive during the abusive experiences allowed transformation and healing to occur.

Choice of terminology.

Victimology language continues to portray survivors as weak. Long after the abusive experience, this disempowering language can cause survivors to have low self worth. Survivors may begin to feel as if they are only defined by their traumatic past experiences. Researcher Jessica Benjamin (2006) states that it is important “to have a politics that recognizes injustice and recognizes abuse and suffering without degenerating into the victimological stance...” (p.1). In order to empower female survivors of sexual abuse, I omit words that reveal levels of inequality, which I label victimology language.

The terminology that I intentionally omit includes rape, victim, perpetrator, patient, and offender. These words have replaced in order to create a new way of discerning women who have experienced sexual abuse. While these words are omitted from my language they will be present through direct quotes from other researchers, authors, and interviewees. An examination of the negative affects of victimology language will be examined further in the following research sections.

Although the scientific discipline of victimology is used as a source to study and understand the psychological effects of victims, my research will portray victimology language as a disempowering source for categorizing individuals who have experienced sexual abuse and sexual trauma. Throughout this thesis, positive language is used to provide empowerment for women who have experienced sexual abuse. A few of the empowering terms used are: transformation, healing, intuition, empowerment, and creative movement processes. Alternatively, terminology was used as a way to heighten the readers' and researcher's understanding and awareness of sexual abuse. The specified vocabulary also provides an articulation of how dance processes can aid in transforming some post abuse effects. The remaining key terms used in the thesis document include: sexual abuse, sexual trauma, sexual assault/attacks, dance/movement therapy (DMT), authentic movement (AM), creative dance (CD), PTSD, and trauma. Each of these terms provides a clearer definition of the subject matter being studied. A complete glossary of the specific vocabulary may be found in Appendix A.

Overview of literature flaws.

A goal of the research is to provide a level of empowerment and normalcy to individuals who have experienced sexual abuse. This section describes literature sources that used victimology language. For my research, the term "victimology language" will be used to describe disempowering, or negative language, to describe individuals who have experienced abuse, or trauma. The use of disempowering language can cause survivors to feel weak, guilty, and ashamed. A few terms that use victimology language include: victim, patient, perpetrator, and offender. My thesis has direct quotes, and terminology that were used by professionals to describe people who have experienced sexual abuse, trauma, and other abusive events.

Equally disempowering is the use of "perpetrator" language. Victim and perpetrator terminology connote extreme cases of 'othering' between the abuser, and the abused. In order to heal sexual abuse, it is important to move beyond using angry, hurtful labels and language. For this research, I will primarily be avoiding weak and disempowering language used to describe survivors of sexual abuse. My aim is to shed light on the importance of using language that instigates empowerment for those who have experienced sexual abuse.

Although van der Kolk (2007b) is a key source for trauma psychology, he does use victimology language. Throughout his descriptive writings, van der Kolk (2007c) refers to survivors of sexual abuse as "victims" and "patients". Disempowerment pervades van der Kolk's description of traumatized individuals. Through his

description of revictimization, van der Kolk (1989) explains, "rape victims are more likely to be raped again, and women who were physically or sexually abused as children are more likely to be abused as adults" (p. 400). In this context the use of the terms "victim" and "rape" enhance levels of dehumanization for individuals who have had direct experience with sexual abuse.

Throughout van der Kolk's writings, emotional separation exists between him and the population he describes. Van der Kolk and McFarlane (2007a) emphasize that survivors' rarely understand their own experiences of re-traumatization or re-victimization. This belief portrays survivors as weak. Through these writings, levels of hierarchy emerge between van der Kolk, clinicians or therapists and "victims" of abuse. This unstated theme reinforces disempowerment for survivors of sexual abuse.

Another theme that emerged from both van der Kolk and McFarlane's (2007a) writings were survivors of sexual abuse being portrayed as future criminals, societal outcasts, victims, or victimizers. Broad claims were used to classify and categorize those who have experienced sexual abuse. McFarlane and van der Kolk (2007a) explain that "abused women may be attracted to men who mistreat them, and sexually molested children may grow up to be prostitutes" (p. 10-11). This statement provides little background or support for the claim that survivors will be attracted to abusive relationships. Van der Kolk and McFarlane (2007a) also state that "many violent criminals were physically or sexually abused as children" (p. 11). The bluntness of this statement, presumes that survivors of sexual abuse will become future criminals, and

little room is left for further scrutiny of this statement.

Van der Kolk and McFarlane (2007a) suggest that childhood abuse can cause the development of psychiatric disorders later in life. These disorders, he describes, are a clear outcome of early trauma or sexual abuse. Van der Kolk (2007c) explains the importance of therapists understanding the severity of their "patients'" disorders as a key approach to treatment. Yet, van der Kolk (2007c) cautions therapists against agreeing with all of their patients experiences of past abuse. Van der Kolk (2007c) states, "if patients' tales of past trauma are irrelevant or concocted", then therapists should not get involved "in their false delusions" (p. 183). By not honoring their stories, and experiences, this statement invalidates survivors' credibility. Survivors have different reactions to, and experiences of, trauma and abuse. It is inaccurate to place all survivors' experiences of sexual abuse into one broad category. It is possible that van der Kolk misrepresents a population that he studies through an objective, and psycho-analytic lens.

Language and terms that are used to describe survivors of sexual abuse can be an important part of their transformation. In order to envision transformational elements of recovery, it is important for authors, psychologists, clinicians, and trauma specialists to integrate empowerment-specific language. The use of empowerment-specific language could serve as tools of healing for individuals who have experienced sexual abuse. Some empowerment-specific language that could be used in place of victims, patients, and rape include survivors, clients, and sexual attack.

Acknowledging sexual abuse as a terrible experience that can provide a means for major life transformation and healing could help survivors release shame and enhance their self esteem. Respect should be given to survivors of sexual abuse who are consciously involved in transforming their trauma. Essentially, those who have transformed their own trauma can provide information for other survivors healing post abuse.

Although van der Kolk's and McFarlane's (2007a) descriptions of trauma are lacking levels of personalized empowerment, they are still the core researchers of trauma psychology, including Post-traumatic Stress Disorder, commonly referred to as PTSD. Van der Kolk has been a key researcher in academically synthesizing the connection between the body and the brain. His research and studies about survivors of abuse and trauma provide information about how the body processes traumatic situations. An exorbitant amount of knowledge has been gained from both van der Kolk and McFarlane's research.

Like van der Kolk and McFarlane, another esteemed researcher that uses victimology language is Howard Zehr. The founder of Restorative Justice, Howard Zehr (2002), has made numerous contributions to the mediation of conflicts. Restorative justice can provide a dialogue for healing and resolution to unfold between survivors and their abusers. Though his contributions have been large, Zehr's (2002) use of victimology language cannot be overlooked. Zehr (2002) asserts that a level of empowerment is neglected by the justice system. Yet, Zehr (2002) also explains that

"victims often feel like control has been taken away from them by the offenses they've experienced, control over their property, their bodies, their emotions, and their dreams" (p. 15). Individuals who have experienced abuse need to feel empowered, yet, using the word "victim" is counter productive for survivors. Zehr highlights important aspects of how to redefine the civil justice system. However, a core element of redefining the system should begin with abolishing victimology language and providing equality to those in the justice system.

Victimology language was also apparent in some dance/movement therapy sources. In several articles DMT practitioners referred to people they were working with as their "patients". The use of "patient" terminology places a hierarchical stance on therapy. This can lead to the client being viewed as ill or not self sufficient. This belief further suggests that the individual cannot wholly function without the therapist's help.

Personal stance.

While researching my project, my own intrapersonal conflicts came to the surface regarding my status as a sexual abuse survivor. Internally trapped emotions flooded my awareness as I began researching and integrating the topic of sexual abuse. Emotional releases of sadness, anger, confusion, and frustration surged as I read about other women's struggles with sexual abuse. By integrating the feelings of other women, I also began exploring and divulging my own relationship with sexual abuse. This long and daunting process filled me with a plethora of internal conflicts regarding

my status as a sexual abuse survivor.

In the last few years, I have struggled with societal, personal, and academic beliefs regarding sexual abuse. From my perspective, the greater society shuns survivors of sexual abuse and regards the act of sexual abuse as a grotesque and incomprehensible act. These external pressures become internalized in survivors as feelings of shame and guilt. The silence surrounding sexual abuse harms many through promoting continual isolation.

Due to the lack of open dialogue regarding sexual abuse, I have lived a divided life that was fraught with conflicting dualities. In my professional and personal life I portrayed myself as a happy and social individual, with few worries. Yet, internally I was overwhelmed with intrapersonal conflicts regarding my past. Depending upon the situation, when sexual abuse was mentioned in my academic or professional life, I would freeze up, fearful that my status would be exposed. On other occasions, I would angrily speak out about the societal ills regarding victimology and sexual abuse. There were instances when I became outraged about the way a peer or classmate classified survivors of sexual abuse. Through these confrontations, I felt a lack of safety in academia. In order to protect myself, I would often retreat to the confines of the restroom in order to safely process and release my internal emotions. These overwhelming experiences taught me a lot about myself, my abuse, perceptions of sexual abuse survivors, and the future healing that needed to occur.

Through the help of trained professionals, I began using movement as a source

for healing my intrapersonal conflict associated with sexual trauma. The therapists I have worked with have given me practical life skills to aid in my journey towards health. Some of the tools dance/movement therapists, clinicians, healers, and conflict transformation professionals should strive to help survivors achieve include: stability, trust, safety, increased self-esteem, empowerment, creativity, reconnection with the body, relationship building, boundaries, pleasure in moving, compassion for and nourishment of self, and self control over trauma reactions (Valentine, 2007). Once clinicians have helped survivors achieve these skills, survivors will become capable of initiating their own coping mechanisms when trauma re-enactment and triggers arise.

My healing has taken place through a tripartite process involving group movement, individual movement, and movement with a therapist. The use of movement provided an outlet for me to safely explore hidden memories of my past abuse. The experience of dance and movement as a modality for recovery has allowed me to transform my sexual trauma. Although I feel healing is a continual, life-long process, I have discovered that dance and movement have brought me nearer to a place of inner contentment. Since becoming open about my status as a survivor of sexual abuse, I no longer feel pressure from my own internalized conflict. Also, embarking on my own journey of health and transformation has brought positive changes to my personal, professional, and academic life.

Summary

The healing I have gained from using creative movement processes to

transform my sexual trauma spurred the onset of this research. Throughout the years, I have practiced a variety of movement and artistic modalities. Through these creative ventures, I have learned to use the arts as a source for healing and recovery. The therapeutic use of movement has continued to be my primary mode for recovery. The movement modalities DMT, AM and CD have proven to be a strong source for healing from sexual abuse and sexual trauma.

This thesis is presented primarily through my subjective lens as a researcher. The research began from my own experience with sexual and sexual trauma. These experiences are intermixed with literature sources and statements from my interviewees. This qualitative research is intended to provide readers and researchers with personal examples of victimization, intrapersonal conflicts, trauma transformation, sexual abuse, sexual trauma, sexual assault, and creative movement processes such as DMT, AM and CD.

Chapter 3:

Literature Review: Section 1

Introduction

This literature review is separated into two sections, which outline the diverse disciplines whose literatures were reviewed. No single discipline or approach covers all aspects of the research topic. Multiple disciplines were needed to analyze the literature related to the research question: do creative dance movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma? Subjects as wide ranging as conflict transformation, neuroscience, sexual trauma transformation, healing, and creative movement processes all support the research question and topic.

This first section of the literature review is organized to provide readers with a basic overview of conflict transformation, intrapersonal conflicts, sexual trauma, and related neuroscience. Sexual trauma is one cause of intrapersonal conflicts. Intrapersonal conflicts are conflicts that are internalized in a person's psyche, and cause negative self perceptions (Mosak & LeFevre, 1976). Intrapersonal conflicts can be transformed by healing sexual trauma. Research from neuroscientists show that unresolved trauma causes negative body and brain effects (Levine, 1997). Nonverbal movement modalities help engage and release trapped traumatic body reactions associated with sexual abuse. Once sexual trauma is successfully transformed, survivors can begin to experience joy in their lives. Nonverbal movement modalities

help engage and release trapped traumatic body reactions associated with sexual abuse.

The second section of the literature review describes how creative movement processes such as DMT, AM, and CD can be used to heal and transform sexual trauma and sexual abuse. In sexual trauma, the body is the source of pain and abuse. As trauma specialist Peter Levine (1997) explains, "the body reacts profoundly in trauma, it tenses in readiness, braces in fear, and freezes and collapses in helpless terror" (p. 6). In order to fully understand and heal trauma, the body and mind must be accessed equally together as one unit (Levine, 1997). Dance and movement processes provide this opportunity. As dance/movement therapists Mills and Daniluk (2002) explain, "a body-inclusive counseling approach is critical particularly when working with adult survivors of child sexual trauma" (p. 14). The second section of the literature review closes with an analysis of the cultural and historical significance of DMT and dance as a process for healing.

The subjective approach of this research was chosen as a result of my own experience with sexual abuse, sexual trauma, and creative movement processes. Literature sources and interviews are intermixed my story as a researcher. A key element of the research was re-defining the terms that were used to identify women who have experienced sexual abuse. The language was redefined and used as a source for transforming and healing identities of survivors of sexual abuse. In order to retain an empowered identity for female survivors of sexual abuse, certain vocabulary terms

were omitted, while others were highlighted. Authors' and literature sources' terminology will be used through direct quotations. The reader should note the contrast between some sources' terminology in direct quotations, and the researchers terminology used in the other parts of the paper. The researcher's narrative will include more empowering terminology that will be interwoven throughout the thesis document.

Search

The majority of my literature is from peer reviewed, academic journals that were retrieved through search engines located at the Portland State University library website. The search engines most frequently used are: Ebsco, Psychinfo, Worldcat, Summit and Illiad. Some of my key search terms were: dance/movement therapy and sexual abuse, dance/movement therapy and trauma, authentic movement and sexual abuse, authentic movement and trauma, creative dance, trauma transformation, sexual abuse, sexual trauma, neuroscience and dance/movement therapy, Interpersonal Neurobiology and trauma, and conflict transformation and trauma. The books that were used were primarily written by academic scholars who had expert knowledge in key topics, and subtopics, including dance movement therapy, authentic movement, creative dance, sexual abuse, sexual trauma, trauma transformation, post traumatic stress disorder, interpersonal neurobiology, neuroscience, somatic experiencing, heuristic studies, trauma and abuse, substance abuse, eating disorders, and psychological disorders.

Structure

This chapter is structured by describing intrapersonal conflicts, and explaining how the existence of sexual trauma creates inner and intrapersonal conflicts. Research from neuroscientists and trauma psychologists support the existence of sexual trauma as an intrapersonal conflict. The effects of sexual abuse and the development of sexual trauma and advanced states of trauma associated with PTSD are also described. Direct and intimate violence are explored as having possible relationships with sexual abuse. Social violence, war, and trauma are explored as they relate with sexual abuse and sexual trauma. Present knowledge about trauma and traumatic after effects are derived from the unintended effects of war on individuals, groups, countries, societies, and the world. Levine (1997) maintains that war and trauma are inextricably connected and cause negative emotional, mental, and physical responses for individuals . In the final portion of this chapter, the discipline of conflict transformation is explored as it relates to sexual trauma, intrapersonal conflicts, and sexual abuse. This section of the literature review provides an overview of problems associated with sexual abuse and the development of sexual trauma.

Intrapersonal Conflict Transformation

Intrapersonal conflicts occur when an individual has an internal conflict that causes survivors to have a divided reality, which disrupts life experiences. In an internal conflict, there appear to be two parts of the individual that are struggling with one another. Mosak and LeFevre (1976) explain that it is a dualism in which, "they

feel as though there are forces within them over which they have little direction or control" (p. 19). Internalized conflicts can arise from unresolved emotional responses or stimuli.

Intrapersonal conflicts often stem from negative internal, and external thinking patterns. Negative internal thinking is derived from a person's own patterns of thought. Negative external thinking comes from societal, familial, community, or cultural pressures, patterns, and biases. When an individual becomes overwhelmed, she develops negative patterns of thought which "trigger anxiety, helplessness, and depression" (Cheldelin & Lucas, 2002, p. 28). Negative thoughts occur automatically and instigate internalized conflicts. Internalized conflicts associated with unresolved trauma lead to "dysfunction in both the internal and interpersonal worlds of the individual" (Seigel, 2003, p. 43).

Sexual trauma creates an intrapersonal conflict which causes an internalized split between survivors' present and past reality. Survivors may feel as if they are frozen in conflict, or have an emotional block that is preventing them from moving forward in their lives (Mosak & LeFevre, 1976). After sexual abuse, some survivors develop sexual trauma, while others do not. The development of sexual trauma occurs when a survivor's present reality becomes distorted by memories and thought fragments of the abusive experience. These distorted memories create intrapersonal conflicts for survivors. Cheldelin and Lucas (2002) state that "internal conflict often disrupts the ability to correctly identify with the real problem, contributes to

misinterpretation of a situation, impedes problem-solving abilities, contributes to indecisiveness, interferes with good communication, and impairs listening skills" (p. 25). Internalized conflicts are more likely to occur when people are under stress, or have not fully resolved a past trauma.

In order to have an understanding of sexual trauma and intrapersonal conflicts, conflict transformation professionals must address their client's conflict history. Sexual trauma is an intrapersonal conflict that can create internalized oppression. The existence of inner conflicts such as internalized oppression can cause survivors to develop problems resolving relational conflicts.

Individual feelings and perceptions of conflicts form a foundation for their transformation. Conflict resolvers can use a transformational approach to conflicts to "understand the particular episode not in isolation, but as embedded in the greater pattern" (Lederach, 2003, p. 16). As Lederach (2003) explains "conflict transformation starts with an understanding of the greater patterns, the ebb and flow of energies, times, and even whole seasons, in the great sea of relationships" (p. 16). Conflict transformation allows intrapersonal conflicts, and inner conflicts such as sexual trauma to be viewed as an aspect of interpersonal conflicts. Once intrapersonal conflicts associated with trauma are explored and released, interpersonal conflicts can more easily be transformed.

In order for interpersonal conflicts to be successfully resolved, clients' intrapersonal conflicts and past traumas must be explored. Uncovering clients' hidden

inner conflicts could help to resolve and transform present relational and interpersonal conflicts. Restorative Justice founder Howard Zehr (2004) mentions that clients' experiences of past trauma must play a role in the transformation of conflicts. In his work, Zehr explains, "that the three fields-conflict transformation, trauma healing, and restorative justice-are highly interrelated and have much to learn from one another" (p. 308). Zehr mentions the insights he has gained by combining these fields in his theory of restorative justice. Zehr asserts that "an experience of victimization and even trauma is involved in most situations of conflict and wrongdoing" (p. 308). Zehr further maintains that "most, if not all, situations of conflicts and harm involve questions of justice and injustice, and situations of injustice frequently involve trauma" (p. 308). Unresolved trauma and abuse negatively influence conflict situations.

Zehr (2004) explains that "the role of trauma in conflict transformation, restorative justice, and peace building has emerged as an especially important focus..." (p. 309). Gaining insight and understanding about trauma can provide a link to the transformation of conflicts large and small. Since trauma is multidimensional, it affects individuals, the local community, and the greater society as a whole. Essentially, a particularly traumatizing event can alter an individual's personal and social perceptions. Since trauma shapes behavior and the interpretation of conflict recovery processes, it is imperative that social and individual dimensions of trauma be addressed in coordination with peace building, conflict resolution, conflict

transformation, and restorative justice. In order to successfully transform conflicts, intrapersonal conflicts such as sexual trauma must be accepted as a part of the conflict transformation process.

Neuroscience and Trauma

In recent years, scientists have demonstrated that the mind and the body are inextricably connected. This connection occurs through the brain's vagus nerve, which is a complex communication system between the brain and the body (Cozolino, 2006). This information provides evidence as to the relationship between body movements and stored trauma. Research in the fields Interpersonal Neurobiology, Somatic Experiencing and Neuroscience provide knowledge pertaining to how the body processes trauma. Levine (1997) describes the formation of trauma symptoms post abuse/attack. In response to a threat the body and brain react by invoking primitive states of either fight, flight, or freeze. When an individual is unable to fight or flee from the threat of an attack, the body resorts to the most primal response known as freezing.

In the freeze response, the energy of the body and brain become restricted and stuck in the nervous system. This bound up energy produces experiences of emotional anxiety, which activate states of PTSD and other post-trauma aftereffects. An unresolved fight response may "erupt into rage; while the thwarted flight response gives way to helplessness" (Levine, 1997). If immediately following the attack, the person is able to discharge the energy by fleeing or defending themselves, the threat

will be resolved and trauma will not develop.

Van der Kolk (2007b) explains that after-effects of trauma can shape survivors thinking, feelings, behaviors, and the ability to regulate the bodies systems. Thus, following sexual abuse, a survivor's awareness of her body, senses and surroundings often become distorted. In an effort to understand the trauma, survivors experience disturbing emotional thoughts regarding the event (Valentine, 2007, p. 190). These emotional responses or triggers cause the body's sensory responses to be on alert. Once the sensory responses are triggered certain smells, sights, images or sounds can cause the brain and body to react as if it were reliving the trauma.

When the body's sensory responses and nervous system are on alert, the brain's cognitive functioning and verbal processing become altered. Since trauma directly affects the brain's verbal processing, it has been discovered that words cannot integrate the sensations and actions that are stuck within the body (van der Kolk, 2007c). Van der Kolk states that "the effects of trauma are often stored in body memories and verbal therapies aren't able to release the trauma" survivor from this condition (p.253). It has been discovered through neuroimaging scans that when a person remembers a traumatic event, the left frontal cortex associated with speech and language shuts down (van der Kolk, 2007c). This experience stalls the person's ability to coherently communicate. At the same time, the right hemisphere of the brain associated with the person's emotional states, and the automatic arousal response for detecting threat located in the amygdala, become aroused. Once the brain's emotional

center becomes triggered due to trauma, the brain's ability to process information becomes impaired. The survivor will become overrun with intense emotional experiences related to the trauma, which can effect their body's mental, emotional, and physical functions.

These neuroimaging scans explain that when an individual remembers a traumatic memory, the frontal lobes associated with thinking and speaking become impaired, as feelings and emotional senses become heightened (Crenshaw, 2006). This and other brain science research provides detailed information about the workings of an individual's brain following a traumatic event, and the continual memories of the event that follow. This neuroscientific knowledge provides support for nonverbal, body-based approaches to healing for survivors of sexual trauma

Sexual abuse and effects of trauma.

The devastating after-effects of sexual abuse have an overwhelming effect on survivors' bodies, brains and psyches. Women recovering from sexual assault/attacks and sexual abuse may unconsciously internalize the abusive experience in their body (Elmone & Lingg, 1996). When survivors internalize sexual abuse they relive the abusive experience through mind and body memories. These disturbing memories often cause survivors' to disconnect from their bodies. Following the abusive event, survivors may experience shame, anger, or disgust towards their bodies. This body disconnection is generated from abuse inflicted upon survivors' bodies. Since the body is the source of abuse, body-based pain and disconnection continue until the

internalized trauma and emotions are transformed and released.

Female sexual abuse is extremely prevalent throughout various countries, regions, cultures, classes, and societies. As trauma psychologist Spring (2007) states, "sexual abuse-assault, with its traumatic consequences,... is a worldwide social problem surrounded by political issues,... that crosses cultural boundaries" (p. 18). In order for sexual abuse/ assault to be healed on a macro level, a healthy dialogue must begin about the devastating propensity of these abusive experiences.

A recent survey amongst college women indicated that 20% of female college respondents from the United States had experienced forced sexual intercourse in their lifetime up to college learning (Kaltman, Krupnick, Stockton, Hooper, & Green, 2005). In the United States a woman is sexually assaulted every two minutes ("Prevalence, incidence", 2008). In addition, one in six women will experience some form of sexual assault in their lives ("National Crime Victimization Survey", 2005). In world affairs, it is stated that one in three women have experienced sexual assault in their lifetimes ("National Crime Victimization Survey", 2005). Levine (1997) asserts that, "... between seventy five and one hundred million [USA] American [men and women] have experienced childhood sexual and physical abuse" (p. 44). Also an estimated 17.7 million American men and women have experienced sexual assault in their lifetimes ("Prevalence, incidence", 2008). These figures indicate that the prevalence of sexual abuse and sexual assault/attacks is a global problem that must be openly discussed and eventually healed before survivors and citizens safety is ensured.

This statistical data for sexual abuse is relatively conservative when considering that many sexual attacks go unreported. Sexual assault often goes unreported by individuals recovering from the attack due to a number of factors including fear of the assailant, lack of resources, lack of community support, fear of humiliation, internalized guilt and blame, and fear of future retribution (Kaltman et al., 2005). These explanations are limited to these researchers interpretation, yet they do provide a basis for why certain instances of sexual abuse and sexual assault go unreported.

Sexual trauma development.

Sexual abuse develops into sexual trauma by a process of body/brain disconnection. The body/brain disconnection occurs when the person disassociates from her body, and body experiences. Not all sexual abuse develops into sexual trauma, or creates advanced states of trauma such as Post Traumatic Stress Disorder. In actuality, it is not the actual event of the abuse/ attack that traumatizes the individual but, "the persistence of intrusive and repetitious thoughts" of the event that continues to be traumatizing (van der Kolk, 2007b, p. 218). Levine (1997) explains, "in humans, trauma occurs as a result of the initiation of an instinctual cycle that is not allowed to finish" (p. 101). As humans, we are still connected to our biological and animalistic responses to danger.

This connection lives in the oldest part of our brain, known as the reptilian brain. This part of the brain initiates instinctual impulses and responses (also known

as: fight, flight, and freeze) that keep us safe in the event of an attack (Levine, 1997). Unfortunately, in an effort to control the situation, our highly rational brain (also known as the neo-cortex), interferes with the body and brain's instinctual response, and overrides the process, which causes trauma to develop (Levine, 1997). The trapped energy that was not allowed to release through forms of fighting or fleeing becomes built up in the body's system. This negative unreleased energy causes negative body and brain responses that arise through difficulties in physical, emotional, and mental functioning. Survivors may have body aches, difficulty sleeping, and difficulty finishing and focusing on detailed and task oriented projects (Levine, 1997). These bodily difficulties arise from the body's fear and immobility response that instigate levels of anxiety, disassociation, internalized rage and sadness.

The level of processing and healing post-abuse determines the level of dissociative behaviors that survivors will experience. The direct level of support and safety immediately following the sexual abuse/assault will determine the severity of traumatic aftereffects. Women who have a lack of resources and support will experience more post trauma reactions than those who have a strong community network of support. Also, a survivor's perception of the sexual attack can connote her post abuse recovery. Van der Kolk (2007b) explains that the development of PTSD is directly related to a survivor's level of dissociation during the time of the actual abuse/attack. Trauma is associated with high levels of disassociation. Dissociative feelings are related to the individual's lack of body awareness and emotional presence during

the time of the attack. Survivors experience dissociation as a way to numb themselves from the terror of sexual abuse. During the time of the attack, dissociation is a life saving mechanism that allows the survivor to emotionally and mentally leave the situation. Long term dissociative behaviors can cause survivors to disconnect from their body, which creates difficulties in life experiences.

Effects of trauma.

Some common post-trauma body effects related to Post Traumatic Stress Disorder include disassociation, triggers, flashbacks, emotional numbness, avoidance, hyperarousal, hypervigilance, distractibility, and an identification with the trauma (also known as a trauma bond) (van der Kolk, 2007c). Van der Kolk explains that adults and children who have experienced trauma tend to "disappear" during stressful situations (p. 191). This behavior which is known as dissociation, gives the person the experience of watching the situation from a distance. Although this behavior provides a life saving mechanism for the person during the time of the attack, long term dissociative behaviors can develop into a disconnection with the body, mind, and community as a whole when under stress.

Another effect commonly occurring in traumatized individuals is feeling emotionally numb. When sexual abuse is not successfully integrated into the body, the person may begin to withdraw and detach from emotionally upsetting situations (van der Kolk & McFarlane, 2007a). Similarly, purposeful avoidance of environmental stimuli and situations cause emotional separation. One example of avoiding behavior

is ingesting drugs or alcohol as a way to forget past abuse. Another example is isolating oneself and environment in order to avoid possible triggering situations. These unhealthy behaviors are a reaction to internalized and unresolved trauma. Internalized trauma may also cause survivors to experience hyperarousal which ignites anxiety, fear and body tension.

The feelings of hyperarousal are often shadowed by a survivor's extreme reactive response to a relatively minor situation. She may experience an intense emotional upheaval that causes her to fight, flee or freeze during stressful situations (van der Kolk, & McFarlene, 2007a). Even though the individual is no longer under direct threat, the body and brain revert to primordial stages of fight, flight and freeze as a protective mechanism (Levine, 1997). When a person has not fully integrated the trauma into her body and psyche, her mind continues to revert back to these protective modes of functioning. This response causes survivors' defense mechanisms to be on continual alert. Levine (1997) explains that "during times of conflict or stress, most people experience symptoms such as: increased heartbeat and breathing, agitation, difficulty in sleeping, tension, muscular jitteriness, racing thoughts, or perhaps an anxiety attack" (p. 132). These physical responses signal that the person is stuck in the stage of hyperarousal and continues to be directly affected by the traumatic and abusive experience.

Hypervigilance has similar bodily felt responses as hyperarousal. The onset of hypervigilance is a clear indication that the body's response mechanism is not

functioning properly. Hypervigilance occurs when an individual was unsuccessful at fending off a body attack, like sexual abuse or sexual assault (Levine, 1997).

Essentially, hypervigilance is the body's way of protecting people from future threats or attacks. Prolonged states of hypervigilance are extremely damaging to the body's nervous system. People who are overwhelmed with states of hypervigilance tend to be on continual alert, awaiting future threats (Levine, 1997). Hyperarousal creates "chronic and persistent stress [which] inhibits the effectiveness of the stress response and induces desensitization" (van der Kolk, 2003c, p. 182). Intense stress in the brain releases "stress-responsive neurohormones such as cortisol, epinephrine, and norepinephrine (NE), vasopressin, oxytocin and endogenous opioids" which permanently alter how survivors deal with their daily environment (p. 182). When the brain does not feel safe, survivors will not be able to experience healthy emotional responses such as happiness, and joy. Re-experiencing joy in life is an essential part of recovering from sexual abuse.

Unresolved sexual trauma can develop into intrapersonal conflicts which create issues in interpersonal relationships. Once conflict transformation professionals have an understanding of their client's past traumas and intrapersonal conflicts, they will be more capable to help resolve the present interpersonal conflict.

Knowledge from neuroscientists and trauma psychologists demonstrate that the body holds memories of past abuse and trauma. Sexual abuse and the after-effects of trauma create negative body and brain responses, which can disrupt survivors' ability

to successfully mediate emotional responses to conflicts. Even a relatively minor conflict could be potentially re-traumatizing for survivors who have an overactive stress response.

In the final section of this chapter, sexual trauma and intrapersonal conflicts will be discussed in relation to direct/intimate and social violence. Insights on individualized and internalized trauma from the literature on trauma and war are also included. The traumatic underpinnings of war can cause survivors of war to experience traumatic symptoms. The discipline Conflict Transformation is used as a lens to view the topics of sexual abuse, sexual trauma and intrapersonal conflicts, direct/intimate violence, structural and social violence.

Direct/ Intimate Violence.

Zehr (2004) explored the notion of victim and offender identity in relation to the cycle of victimization. Van der Kolk (2007a) asserts that a correlation exists between those who have experienced trauma, and the cycle of revictimization. Van der Kolk also maintains that a link exists between childhood trauma and adult violence. Both Zehr (2004) and van der Kolk (2007a) assert that early experiences of abuse can instigate cycles of victimizing others later in life. Unresolved trauma and abuse can recreate violence and cycles of victimization in later stages of life.

Sexual abuse is a form of direct and intimate violence. Peace psychologist, Johan Galtung (1996), describes direct violence as personal, intentional, and immoral violence, that involves episodes that may be prevented. Sexual abuse is a conscious act

inflicted upon unsuspecting individuals. Both sexual abuse and direct violence involve uneven systems of power as a source of violence.

Aspects of direct violence also have an interrelationship with structural violence. Peace psychologist Richard Wagner (1988), explains that "the existence of structural violence such as unequal distribution of resources or a corrupt political system, inevitably produces conflict, and often direct violence" (p. 531). Structural and direct violence involve a negative circulatory process that stems from group, and individualized oppression caused by unmet needs. When a person is oppressed, or has unmet needs, they are more likely to commit violent crimes, such as sexual abuse.

Since sexual abuse occurs most often in families, or between known individuals, it can be considered a source of intimate violence. Sociologist Naomi Abrahams (1998) maintains that children that experience physical, or sexual abuse in their homes, may grow up accepting violence and abuse as a normal aspect of life. Abrahams explains that "in order to understand what ties people to violence..., it is important to consider societal constructions of the family and gender" (p. 5). A large proportion of family violence occurs in the secrecy of the home. This internal secrecy feeds off the "normalization of violence in the larger culture, and minimizes, ignores, and thereby stabilizes violence that occurs within the family itself" (p. 6). In exploring gender, it is apparent that more women than men experience intimate violence. Similar to sexual abuse, women are more often a target of intimate and domestic violence than men. The National Crime Victimization Survey (2003), claims that nine out of every

ten survivors of sexual attacks in 2003 were female.

Social violence, war and trauma.

Literature from trauma psychology has correlating principles with conflict transformation. Peter Levine (1997) describes trauma knowledge as a source for healing large scale conflicts. Levine articulates that trauma is at the base of many large scale, interpersonal conflicts, which provides a basis for both direct and structural violence. Essentially, traumatized individuals can create violent scenarios that reenact their unresolved traumatic pasts. The existence of war also traumatizes individuals which creates a circular process of violence. This process can begin when survivors who have unresolved trauma, recreate violent scenarios by engaging in structural/social violence and/or war. Survivors of these violent scenarios also further become traumatized, which can cause the process of trauma and violence to be repeated.

Levine (1997) explains, "trauma is amongst the most important root causes for the form modern warfare has taken" (p. 225). Levine states that individual, and world trauma plays a huge role in war and violence. He confirms that, "the perpetration escalation, and violence of war can be attributed in part to post-traumatic stress" (p. 225). Post-traumatic stress is attributed to a person's attachment to a specified abusive event. The event, which shattered the individual's sense of safety, continues to be relived through persistent and anxious bodily responses. The responses are a continual reminder of the event and often cause the rippling effect of trauma and violence to

continue.

Levine (1997) maintains that, "traumatic re-enactment is one of the strongest, and most enduring reactions that occurs in the wake of trauma" (p. 225). When large populations are traumatized by war, an enduring cycle of violence and re-traumatization occurs that renders it impossible to have peace until large scale healing occurs. Levine asserts that war and trauma are inextricably connected. Levine explains, "there is no avoiding the traumatic aftermath of war, it reaches into every segment of a society" (p. 227). If we were to replay middle-eastern conflicts it is apparent that, "trauma has a frightening potential to be re-enacted in the form of violence" (p. 226). The existence of unresolved trauma and intrapersonal conflicts can cause large interpersonal conflicts such as war and social violence.

Conflict Transformation

This thesis intermixes aspects of trauma with conflict resolution. Knowledge, and understanding gained from trauma transformation can provide a key element in the resolution of conflicts. In order to engage in an accurate portrayal of research, the term conflict resolution will be replaced with conflict transformation. The term conflict transformation, which was coined by John Paul Lederach (2003) honors all diverse dimensions of conflicts, and follows a slow process of change. The cyclical process of conflict transformation honors the ebb and flow of a conflict, which ultimately culminates through its transformation.

The ideology of conflict transformation differs from that of conflict resolution.

In order to resolve a conflict, the initial situation is often viewed as negative and in need of an immediate resolution or response. In contrast, the essence of transforming a conflict involves uncovering its multiple layers in order to engage in a slow process of change that shifts each person's perception of the conflict. As Lederach (2003) describes, "conflict transformation is to envision and respond to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence [and] increase justice..." (p. 14). Once conflicts are viewed as a positive opportunity for change, individuals and societies as a whole, can begin to transform and transcend their inner emotional blocks. Conflicts then can be understood as providing opportunities and gifts that are both life-giving and life-creating.

In order to harbor a transformative view of conflicts, it is necessary to have "a capacity to see through and beyond the presenting issues to the deeper patterns, while seeking creative responses that address real-life issues [in a realistic time frame]" (Lederach, 2003, p. 39). This perspective places emphasis on understanding the deeper elements of conflicts. In order to understand the depth of a conflict, less visible dimensions, themes, and patterns need to be uncovered. Gaining insight within these hidden conflicts can give heightened awareness to our clients and ourselves.

To engage the process of transformation, Lederach (2003) incorporates less visible dimensions of conflicts. Since each given conflict involves a multitude of individual, and relational dimensions, it is important to understand the deeper

underlying patterns of the development conflicts. These patterns are often related to past traumatic events, and are stored in an individual's body, cells, and memory (Cozolino, 2006). Conflict transformation professionals can gain access to clients' traumatic underpinnings by educating themselves about reactions of trauma, and ways to aid in the resolution and transformation of trauma.

To aid in the healthy transformation of conflicts, conflict transformation professionals need to educate themselves about common post-trauma reactions. When mediators or conflict transformation professionals have an understanding of PTSD, dissociation, and hyperarousal, they will be more apt to exhibit empathy towards their clients in the conflict (Zehr, 2004). Through this connection, mediators and conflict transformation professionals alike can develop a heightened awareness towards their clients' needs. Harnessing an empathetic approach will help individuals work through their traumatic past experiences as they transform their past experiences in a safe and secure setting.

Once conflict transformation professionals have knowledge of common traumatic reactions, they will be more apt to provide tools and self soothing mechanisms for their clients. These educational tools will aid in the future transformation of the overall conflict. Also, if the present conflict stems from deeper elemental patterns of trauma, then individuals will benefit from a reconnection to their bodies' true selves, brought on by the tools of transformation (Spring, 2007). A few common tools and practices for conflict resolvers and mediators dealing with clients

with possible past trauma association include: mindfulness to clients' present experiences, taking regular breaks, doing slow stretching or movement initiatives, slow and deep breathing, slowed speech, positive reinforcement through facial expressions, acknowledging verbal and nonverbal cues, using empathy, following the clients lead, and taking the process slowly. These educational tools will aid in the future transformation of the overall conflict.

In order for mediators and conflict resolvers to successfully transform conflicts for their clients, they must uncover their past in order to discover if they have any unresolved traumas. As Siegel (2003) asserts, "lack of resolution of trauma can be seen as impairment in the innate capacity of the mind to balance the differentiation and integration of energy and information flow" (p. 43). In order to be fully present for their clients, conflict transformation professionals must release and integrate their past traumas.

In order to be a healthy and informed conflict transformation professional, a large amount of mindfulness and inner work is necessary. It is important for mediators and conflict transformation professionals to be aware of their clients and their own emotional responses to conflicts since countertransference is a possible problem. As Siegel (1999) describes, countertransference is "the activation of old mental models and states of mind from our relationships with important figures in the past" (p. 34). Siegel maintains that countertransference occurs often in therapeutic and non-therapeutic settings.

Although countertransference is a term normally used in therapeutic settings, it can also occur in conflict transformation settings. Countertransference occurs when an individual associates a person in the present with a past relationship (Greene, 1986). Feelings, ideas, and memories, from the past become recreated in the present relationship (Greene, 1986). Countertransference creates an unhealthy division between conflict transformation professionals and their clients. Countertransference can be enacted by therapists and conflict transformation professionals when the relationship between themselves and their clients does not include clear boundaries and structure. Defined boundaries such as time commitments, semi-structured sessions, presence, and body safety help create a safe environment for both clinicians and clients that can eliminate countertransference.

Gaining information and knowledge about implicit and explicit memory, can give conflict transformation professionals, therapists and survivors alike the opportunity to free themselves from the daunting cycle of countertransference (Siegel, 1999). Explicit memory stores conscious and autobiographical memories (Cozolino, 2006). As humans, "we depend on explicit memory to recognize and remember the faces of familiar others, rules of etiquette, and the language and stories of our culture" (Cozolino, 2006, p. 127-128). Implicit memory is unconsciously stored and includes sensory, emotional, and stimulus memory. Implicit memory is evoked when a survivor becomes tense from seeing someone that reminds them of their abuse. This unconscious, emotional body reaction shows that "what the mind forgets, the body

remembers in the form of fear, pain, or physical illness" (p. 131). Once conflict transformation professionals have knowledge about implicit memory, they will be able to dissolve their own emotional blocks, and aid in releasing their clients unconsciously stored memories.

Summary

Conflict resolution was replaced with conflict transformation, and is adopted as a framework for exploring intrapersonal conflicts associated with sexual trauma. The process of conflict transformation follows a slow process of change, which takes into account clients histories, and patterns of conflicts in order to gain a broader solution to the conflict (Lederach, 2003). Through the process of conflict transformation underlying and internalized conflicts can emerge for clients as well as conflict transformation professionals. In order to provide viable solutions to the present conflict, conflict transformation professionals must be aware of their own internalized and unresolved conflicts.

Internalized conflicts are often associated with unresolved trauma. In order for conflict transformation professionals to successfully transform conflicts, they need to have knowledge about trauma. Unresolved sexual trauma can pose a problem in the process of conflict transformation. Gaining knowledge about trauma will help conflict transformation professionals and their clients find a solution to the present conflict (Zehr, 2003). Sexual trauma is an intrapersonal conflict. People with intrapersonal conflicts may struggle to resolve conflicts with others as well as themselves (Chedlin

& Lucas, 2002). Healing sexual trauma will aid in the transformation of both intrapersonal and interpersonal conflicts.

The possible relationship between trauma, intrapersonal conflicts, interpersonal conflicts, and direct and intimate violence provide resources for successfully transforming conflicts both large and small. As Levine (1997) explains, "just as the effects of individual trauma can be transformed, the aftereffects of war on a societal level can also be resolved" (p.227). Once individualized conflicts and traumas are transformed, larger conflicts such as war and genocide can begin their slow process of resolution.

Understanding individualized movements, and nonverbal body language can provide a key to successfully mediating and transforming conflicts. As Daria Halprin (1999) states "movement is the very basis of life, we literally move throughout our lives, yet rarely do we pay attention to how we are moving, and what we are expressing in how we move" (p. 133). An individual's whole life story and traumas can be stored in their body's movements, and postures, which create an intrapersonal conflict. Van der Kolk (2003c) explains that "the left hemisphere of the brain, which mediates and controls verbal communication...seems to be less active in PTSD" and amongst trauma survivors (p. 186). Accessing and understanding the bodies' internal structures and movements can be a source for resolving difficult interpersonal conflicts both large and small. As Levine (1997) states "people can and must come together with a willingness to share rather than to fight, to transform trauma rather

than to propagate it" (p. 227). Transforming intrapersonal conflicts such as sexual trauma could aid in resolving large interpersonal conflicts.

The next section of the literature review outlines different modalities and sources for healing from sexual abuse, sexual assault/attacks, and sexual trauma. Practicing creative movement processes such as dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD) can provide tools for transforming sexual trauma for women. Each of these disciplines movements are explored as possibilities for healing from sexual trauma and sexual abuse. Although DMT is a form of therapy, AM and CD are not considered therapeutic disciplines. AM is often used as a tool for trained DMT's to practice with their clients who have a well established DMT practice, and have a secure ego. CD, on the other hand, is movement as a form of artistic creation, which is considered to be a natural tool for healing. The relationship between the cultural significance of dance and movement, DMT, AM, CD, sexual abuse, and sexual trauma are also explored, which provides international and historical significance.

Chapter 4:

Literature Review: Section 2

Trauma is not, will not, and can never be fully healed until we also address the essential role played by the body. We must understand how the body is affected by trauma and its central role played by the body. We must understand how the body is affected by trauma, and its central position in healing its aftermath. Without this foundation, our attempts at mastering trauma will be limited and one-sided. (Levine, 1997, p. 3)

Introduction

The first section of the literature review is structured by describing the crisis of sexual abuse and sexual trauma. Survivors with unresolved sexual trauma can create an inner and intrapersonal conflict within themselves. The effects of sexual abuse and the development of sexual trauma create negative life experience for survivors. Survivors with intrapersonal conflicts associated with sexual trauma may have difficulty developing healthy relationships, which creates interpersonal conflicts. The first section of the literature review provides an overview of problems associated with sexual abuse and the development of sexual trauma. When trauma and interpersonal conflicts are transformed by both survivors, therapists, and conflict transformation professionals, resolution can begin for larger conflict scenarios.

This section of the literature review focuses on the healing that can occur post sexual abuse. Research from creative movement processes such as dance/movement

therapy (DMT), authentic movement (AM), and creative dance (CD) are presented as potential tools for transforming and releasing trapped emotions associated with sexual trauma, sexual abuse, and sexual assaults/attacks for women. The section is structured by exploring the physical rupture that sexual abuse and sexual trauma create for survivors. At the end of this section, I will also introduce the cultural significance of DMT.

Since sexual abuse is a physical attack on the body, movement processes are introduced as a way to create full body health and healing for survivors. DMT is the first modality explored as a tool for healing from sexual abuse and sexual trauma. DMT is practiced by a trained dance/movement therapist, who uses movement as a source for full body health and wellness for clients and survivors. AM consists of individuals using their emotions to guide their movement experience. AM may be led by a trained AM professional or a dance/movement therapist who is trained in AM. "It is appropriate as a therapy with high functioning clients, not, for example, psychotics" (J. Levine, personal communication, April 14, 2010). CD provides movers with free movement sequences that are partially guided by a trained CD instructor. CD is not therapy, but rather movement as a form of artistic and emotional expression.

Healing sexual abuse, sexual assaults/attacks, and sexual trauma

Dealing with the aftermath of sexual abuse is an extremely delicate and daunting process. Recovering from sexual abuse can prove to be a long and arduous journey that can re-stimulate and re-traumatize survivors. In order to aid in the healing

capacity of survivors of sexual abuse, a lengthy process of body reintegration is necessary. Body reintegration involves reconnecting to the body through conscious and unconscious movements, which stimulate and release trapped emotions and trauma. Building a healthy connection with the body is a preliminary step towards healing from sexual abuse, sexual assault, and sexual trauma. As Melinda Meyers (1999) states "the first step in moving 'back home' [post abuse], is to begin to move the body and breathe..." (p. 144). Since trauma is stored in the body and brain, it is important to initiate movement processes that allow the trauma to be released from the body and brain.

Integrating movement processes into survivors' experiences of healing can provide an outlet to move beyond the traumatic experience. Van der Kolk explains that "meaningful, physical action may be a prerequisite for recovery from PTSD, and trauma survivors need to be empowered to take effective physical action that was originally blocked due to the terrifying, immobilizing circumstances of the trauma events" (as cited in Crenshaw, 2006, p. 33-34). Creative movement modalities allow survivors to experience full body strength and health, by guiding them through their own movements.

In order to fully heal from the ravages of sexual abuse, and sexual assault, the body may need to be used as a tool to unlock trapped emotions and memories associated with the abusive experience. In her work with incest survivors, Leia Ambra (1995) explains that "sexual trauma involves physical assault and feelings, thoughts,

and sensations involving the body are strongly affected..." (p. 17). A key element in the healing process is for women to reconnect to their bodies. Researchers Mills and Daniluk (2002) assert that "the impact of sexual abuse on the body demands that the body itself be a major topic in treatment" (p. 14). Since the body is the source of the abuse, body pain and dissociation occur, which can be rectified through reconnecting to the body. Grace Valentine (2006) states that "the violence of sexual abuse directly impacts the body in the most intimate way"; therefore, body must be involved in the process of recovery (p. 181). Due to overwhelming states of fear, female survivors of sexual abuse often have difficulty connecting with their bodies, themselves, and others around them.

Dance/movement therapy aids in the recovery process for survivors of sexual abuse by using the body as the source of healing. As Nancy Toncy (2008) explains, "since many [trauma] experiences are body-based, it is reasonable to assume that much valuable information is accessible through the body, memories, feelings, and relationships, which can all be explored and expressed through movement" (p. 269). Dance/movement therapy can help survivors achieve healthier connections with their bodies and themselves. Dance/movement therapy can be used as a tool for women to resolve feelings of "shame, guilt, dissociation, sexuality, boundaries, intimacy, and personal power", all of which are common discomforts that arise from unresolved sexual abuse (Mills & Daniluk, 2002, p. 3). Although recovery from sexual abuse, sexual assault, and sexual trauma involves deep emotional upheaval, dance/movement

therapy as a tool for healing can alleviate symptoms post abuse and help survivors achieve healthier life experiences.

As one woman recounts:

In the dance therapy room, you can have one new experience where [abuse] doesn't happen... you can force your body past that place where it remembers what happened and have a new memory, of something that's different and positive... now I can say to myself "it just feels like where I was before, but I am not actually there", and then I can snap out of it. I just have to remember to go back to my body and do those things where I can feel present. (Mills & Daniluk, 2002, p. 7)

This section provides an overview of how creative movement processes such as DMT, AM, and CD can be used as tools to transform and release body symptoms associated with sexual abuse and sexual trauma for survivors. The following section will provide a historical and practical overview of DMT. This discipline is analyzed as a possible healing tool for survivors of sexual abuse, sexual trauma, and other traumatic experiences.

Dance/movement therapy (DMT)

Dance therapy is the specific use of rhythmic bodily action employed as a tool in the rehabilitation of patients...The dance therapist combines verbal, and non-verbal communication to enable a patient to express feelings, to participate in human relationships, to increase personal self esteem, to develop a more

realistic concept of [their] body image, and through all these to achieve some feeling of relaxation and enjoyment. (Chace, 1993, p. 247)

Dance/movement therapy (DMT) is among a group of techniques, which have been found to alleviate the after-effects associated with sexual trauma. DMT can reconnect survivors to their bodies following traumatic events. As dance/movement therapists Mills and Daniluk (2002) explain, "a body-inclusive counseling approach is critical particularly when working with [women recovering] from... sexual trauma" (p. 14). DMT is a prime therapy for women recovering from sexual abuse, since the therapy focuses on creating a healthy connection with the body. DMT goes directly to the root of sexual abuse by focusing on "improving the [woman's] relationship to her body" (Bernstein, 1995, p. 42). While using movement as a tool, she is able to "recognize and change the ways she uses, abuses, or inhibits her body" (p. 42). As the woman begins to reclaim herself fully and completely, the body becomes the sole vehicle for transformation and health. DMT can help people who have suffered from mental, emotional, and physical imbalances achieve a healthy balance and connection with their bodies.

Starting in the 1940's, DMT pioneers such as Marion Chace, Blanche Evan, Liljan Espenak, Mary Whitehouse, Alma Hawkins and Trudy Shoop hung up their dance performance shoes and began delving into the possibility of using dance as a tool for therapeutic healing (Levy, 1995). By incorporating therapeutic guidelines, these DMT pioneers forever changed the course of modern dance. Some of the earlier

founders started incorporating emotional expression, authenticity, spontaneity, and community into traditional elements of dance (Loman, 2005). Both instructors and students of these original emotional dance exploration courses started noticing that their moods and spirits were lifted after dancing. Even students who had previously struggled with depression became elated following the dance courses.

Marion Chace began working with WWII veterans in psychiatric wards. Chace would bring in a record player, and start mimicking and moving with the veterans by following their rhythmic and nonverbal movements (Loman, 2005). By slowly mirroring and moving with the men, she was able to tap into their inner emotional experiences. Through these dance and movement initiatives, Chace was able to reach even the most isolated veteran. As dance/movement therapist Loman states, "she had tremendous success using dance to foster communication, establish empathy, and promote social interaction with hospitalized patients who were receiving minimal treatment" (p. 69). Throughout the forties, Chace continued to use movement to work with hospitalized individuals, and eventually went on to develop dance/movement therapy as a formalized discipline.

It took many years for dance/movement therapy to be accepted as a discipline with its own set of educational principles and therapeutic guidelines. Since its origin, DMT has grown and other disciplines have branched off from it. Those disciplines include authentic movement, creative dance, and artistic movement processes.

Although each discipline has its own set of movement principles, each one shares the

concept that the mind and the body are inextricably connected (Wennerstrand, 2008). They also honor the belief that using movements of the body as a source for recovery provides a direct link to unconscious emotional blockages, which strengthens survivors' connections with their bodies.

As defined by the American Dance Therapy Association (2009), dance therapy is "the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, and physical integration of the individual" ("What is dance/movement therapy", para. 1). DMT is practiced by a licensed and trained dance/movement therapist, with individuals or groups in inpatient or outpatient settings.

Dance/movement therapists can work with people from all age brackets including people with a variety of mental, emotional and physical capabilities. The aim of DMT is to facilitate "personal mind, body, and emotional integration, emotional growth and clearer self-definition" (Mills & Daniluk, 2002, p. 3). This body awareness is achieved when the client and therapist develop a healthy relationship, which helps the client feel comfortable expressing themselves through their movements.

Dance/ movement therapists create a safe holding environment, by being fully present during their client's movement expressions. This process allows the client to process unconscious, and suppressed feelings and emotions through body based communication (Payne, 1992). Dance/movement therapy involves a variety of small and large movement techniques. Depending upon the clients level of comfort, DMT can involve "relaxation techniques, breathing exercises, rhythmic dance, spontaneous

creative movements, improvisational movements, unconscious symbolic body movements, theme and time based movement sequences, group/individual dances, and grounding exercises” (Mills & Daniluk, 2002, p. 3). During a typical DMT session, the therapist acts both as a participant and as an observer. The dance/ movement therapist may move with the client, mirror the client's movements, and/or observe their movements (Payne, 1992). In order for clients to freely express themselves through their movements, dance/movement therapists must refrain from interfering, and interpreting their clients' movements.

In order for DMT to be successful, the therapist must follow the client's lead. A healthy relationship built on comfort and stability must first be developed between the therapist and client before exploring larger movements. Depending upon each person's level of comfort, practicing DMT can be as small as exploring underlying emotions revealed by a client's intentional hand movements (Payne, 1992). Equally, DMT can be as expansive as a full scale movement display involving all body parts. DMT also allows for all varieties of movement levels in between these polarities. All levels of movement expression are viewed equally. These movements produce heightened emotional awareness, which allows the mover to process and release trapped feelings and bodily stored trauma.

During a DMT session therapists provide some structured activities which allow the individual to safely explore their body's needs and emotions. A typical DMT session might involve moving, music, vocalizations, singing, drawing, playing, using

musical instruments and making art (Bernstein, 2009). Although the body is at the core of DMT, it is also important to incorporate diverse creative modalities in order to engage the client's artistic capabilities. Using a multidisciplinary approach heightens client's level of comfort, which strengthens their connection to their bodies and themselves.

Body/ brain processing in DMT.

Along with stimulating a client's creative capabilities, dance/movement therapy also strengthens the body's nervous system by increasing the brain's capacity to feel healthy emotions. Dance/ movement therapy works on the unconscious and symbolic body level (Payne, 1992). By promoting a core relationship between the motions and emotions of an individual, deeper levels of communication and body processing can be achieved. A study done in South Korea by Jeong and Hong (2005), "investigated the efficacy of DMT in reducing negative psychological symptoms of mild depression in adolescents..." (p. 1713). Seventy-five teen girls who exhibited negative psychological symptoms such as depression participated in three months of DMT incorporating themes of boundaries, body language, play, movement expressions and feelings. The study measured the effects of DMT on the psychological symptoms of mild depression with adolescent female students.

The study discovered that negative psychological symptoms associated with depression were improved after only twelve weeks of DMT (Jeong & Hong, 2005). Following the DMT sessions, the girls showed significant improvements in their

symptoms related to "somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism" (Jp. 1717). The DMT sessions relaxed and stabilized the girls sympathetic nervous systems. When the sympathetic nervous system is relaxed the person can begin to build a healthy connection with the body, which lessens symptoms associated with depression. The results of this study indicated that practicing DMT provides positive emotional changes for clients and movers.

The neuroscientific manifestations of happiness can be viewed in brain scans which show increased levels of serotonin and decreased levels of dopamine (Jeong & Hong, 2005). Increased levels of the brain chemical serotonin correlate with an individual's level of happiness. Also, high levels of the brain chemical dopamine are found in individuals experiencing depression or joylessness.

Further research points to the possibility that using dance as a form of healing enhances levels of serotonin in the body (Bachner-Melman et al., 2005, p. 0395). Bachner-Melman et al. measured the levels of serotonin and vasopressin variants in dancers. One hundred and seven dancers, and ninety-one athletes, were recruited for the study. DNA was extracted from these groups and was measured along with a control group which consisted of eight hundred seventy two nondancers/nonathletes. This study suggested that dancers have heightened levels of serotonin and vasopressin. These brain chemicals made it more likely for dancers to have positive levels of social communication, empathy, spirituality, and a need for social contact. These researchers

argue that historical and spiritual origins of dance contributes to the dancers increased levels of communication and social skills. This scientific data provides a basis for the acceptance of DMT as a powerful tool for healing emotional imbalances in the body, including depression, sexual trauma and sexual abuse.

This section introduced historical and present aspects of the discipline DMT. For reader understanding, examples of typical DMT sessions were outlined and described. Researchers and neuroscientists explored how client's body's and brain's process DMT. Jeong and Hong's (2005) study indicated that practicing DMT can decrease anxiety and psychological symptoms for teen girls suffering from mild depression. The following DMT section will outline how practicing DMT can help survivors release their attachment to their trauma identity. A style of DMT known as the Chace approach, or mirrored movement, is emphasized as a way for clients to express themselves. DMT is also explored as a tool for processing nonverbal aspects of trauma. This next section articulates the importance of using nonverbal, movement modalities to access and release stored emotions associated with unresolved trauma.

Releasing the trauma bond.

Dance/movement therapy helps survivors recreate a healthy identity post-abuse that is developed through their own artistic expressions. In an effort to create meaning and balance for survivors, DMT releases the tendency to attach to the "trauma-bound" identity (Crenshaw, 2006, p. 35). Neuroscience researcher, David Crenshaw states that it is important for survivors who are recovering from trauma to honor their unique

identities and avoid attaching to the trauma identity. Crenshaw maintains that "it is vital that the trauma survivor not crystallize a sense of identity that is organized around [her] trauma experiences" (p. 35). Survivors should become aware that their individual identities define who they are and that "the abuse or violence was situational and imposed upon them forcefully and need not define who they are" (p. 35). Once survivors have developed a healthy self identity, they will be able to recreate passions and dreams for themselves post abuse.

On the other hand, Levine (1997) argues that the trauma identity is a healthy first step towards recovering from and transforming trauma. Levine suggests that people should take pride in their identity as survivors and that "being able to recall a terrible scenario and to know that you have survived it is an important element in building self-esteem" (p. 216). Although it is important not to hold onto the trauma identity for an extended period of time, "it can provide survivors with a source of identity and is a good place to begin the healing journey" (p .216). These researchers show the diverse perspectives within the field of trauma psychology and trauma identity. The trauma bond, or "survivor's pride" as Levine states, can establish community between survivors. Developing an identity with sexual trauma can be viewed as a preliminary step towards full body health for survivors. The next portion of the DMT section will describe a DMT tool known as the Chace approach or mirrored movement, which can help establish a healthy relationship between clients and therapists.

Chace approach/ mirrored movements.

Chace established a therapeutic movement tool known as mirroring (Loman, 2005). The practice is guided by the client's movements, while the client is moving; the therapist mimics or reflects the client's movement sequence. This activity equalizes the relationship between the therapist and the client. Equally, the client feels heard and understood as her own nonverbal movement sequence is repeated by the therapist's body movements. This activity is also called 'movement empathy', since it provides attunement and harmonious movement integration between the movers. When muscular responses are felt and mirrored from one person to another, an empathetic understanding is developed. Even if the movements differ in shape and quality, an unconscious visceral body response occurs. Visceral body responses occur automatically and help alleviate unconscious body emotions.

The visceral response in the activity of mirroring is associated with healthy early childhood development. Healthy childhood development involves a caregiver mirroring the infant's body and vocal responses. If the caregiver did not respond to the child's movement cues, or articulated their own movement sequence, then the child was unable to develop and experience their own mirrored response (Berrol, 2006). Practicing mirroring in adulthood gives clients the ability to heal childhood memories of being powerless. By leading the DMT sessions, clients will feel heard and accepted by engaging in the empathetic form of expression that the Chace approach provides.

The visceral response that occurs during the process of mirroring activates

mirror neurons located in the brain (Berrol, 2006). Mirror neurons which are located in the frontal lobes of the brain, are activated through the process of mirroring, moving, or observing someone move. This suggests that individuals with physical impairments, or with little or no movement capabilities, can also experience DMT. DMT works with neurotransmitters in the brain associated with movements of the body's muscles (Samuels, 2000). During the process of mirroring, when a person is watching another individual move, mirror neurons send out sensory responses throughout her brain and body. As Samuels explains, "even though the dancer does not move, the proper muscles will respond microscopically" to those movements, and create an all over body and mind sensation (p. 160). Even though DMT focuses on body movements as a source for healing, it also works on a neurobiological level by activating the brain's mirror neurons, which makes DMT an important therapy for people with physical impairments.

Nonverbal processing for trauma.

Even though the body is the source of the abuse, "drama, music, dance, movement, and body therapies can all work in the realm of symbol and metaphor..." which provides a safe and creative outlet for exploration (Crenshaw, 2006, p. 32). Using the body as a form of expression provides a noninvasive route to recovery. Through movement processes, survivors can dance through an intense image or memory of their abuse, without becoming triggered or re-traumatized by the original abusive event. Crenshaw states "music, dance, and drama can evoke feelings that

traumatized [individuals] would find difficult, if not impossible, to access directly by verbal means, and likewise the capacity for soothing and calming that these modalities can offer is also quite beneficial to the disquieted spirit of many traumatized children and adults" (p. 32). Working with creative movements, symbols, and representations of trauma is the key to accessing and dissolving the pain of sexual abuse, sexual assault and sexual trauma.

According to P.L. Bernstein (1986), human beings have a variety of unconscious, body-stored memories, emotions, and feelings that must be incorporated into an individual's psyche before they can be release and transformed. Incorporating triggering memories into the body's psyche can best be achieved through the gentle use of nonverbal movement modalities. As Levy (1988) asserts, "unconscious material, especially memories formed during preverbal stages of development and bodily trauma, are stored in the body and are more easily accessed through physical expression" (p. 3). In order to process and release trauma, preverbal memories must be reclaimed through the use of body based modalities (Lewis, 1996). DMT is a body based modality that can help access and release preverbal traumatic memories. As Loman (2005), and other dance/ movement therapist's describe, "movement doesn't lie", and getting to the core of the body's needs can be a physically demanding, daunting and beautiful journey (p. 68). Even though uncovering trauma and emotions is a difficult process, DMT provides a safe outlet for emotional and physical expression.

The physical body records and stores life memories and these events are located in nonverbal portions of the brain. When trauma occurs during a child's preverbal stage, the emotional responses to the trauma are extremely difficult to access. However, Loman (2005) states "reclaiming preverbal memories which lie in the body and bodily sensations allow both the client and the therapist to reconstruct early trauma" (p. 69). Most often trauma memories cannot be fully accessed and released through basic verbal communication. Experiencing a range of emotions through movement directives can help achieve clarity about a past abusive experience for survivors. Loman further maintains that "since dance/movement therapies intervene on a nonverbal level, it is a modality appropriate for people who have difficulties that began pre-verbally or with those who have suffered bodily trauma such as accidents, illness, physical or sexual abuse, or post traumatic stress disorder" (p. 69). While DMT is a good tool to use for accessing trauma that occurred pre-verbally, movement processes are also helpful for survivors who are unable to verbalize their story of abuse.

One woman recounts her healing experience with DMT through the following poem. The poem is reprinted below in its original form, which shows how she expressed herself through the movements and expressions of her words as well as her body:

Moved to stillness
Listening
An inner impulse beckons me to move

movement processes such as authentic movement and creative dance began to follow suit. The discipline of authentic movement (AM) was developed by Mary Whitehouse, a Jungian therapist, in the late 1950's (Adler, 2002). The aim of AM is to allow individuals to move freely, using their emotions as their guide. This process allows unconscious emotions and body traumas to be released quickly. By deepening the connection with the unconscious body, movers are able to express the inexpressible. The essence of AM is to build a safe container so all levels of the body's emotions can be freely expressed and articulated through a variety of movement responses.

Developing presence and consciousness are important aspects for both the movers and witnesses of AM (Adler, 2002). This discipline is usually practiced with two people, wherein one person acts as a mover, while the other is a witness who observes or mirrors the mover. Initially, the client will act as the mover, and an experienced AM professional will assume the witness role. These roles are interchangeable, and therefore partners will switch roles throughout an AM session. The embodied consciousness in these movements and observations makes AM a powerful movement tool.

The elements of authentic movement include the mover, the inner and outer witness of the mover, the witness, the ritualistic element, and the collective consciousness of those practicing AM. The aim of the mover is to integrate free flowing movement sequences uninhibited by the mind (Adler, 2002). The inner witness of the mover is aware of internal emotions, memories and images that are

arising, while the mover's outer witness has a subtle awareness of her external surroundings. These two witness identities are a part of the mover's consciousness. The mover dances with eyes closed, while the witness observes the movement with eyes open (Adler). During the movement sequence the witness is consciously creating a safe environment in which the mover may choose to fully express herself. After the movement, both the mover and the witness share their thoughts about the experience. The safe holding environment allows the mover and the witness to build a mutually empathetic relationship.

The practice of AM provides an ideal arena for individuals to process emotions. Dance/movement therapist Wyman-McGinty (1998) explains that she has suggested authentic movement for her clients who were having trouble verbalizing their experiences. Yet, in order for an individual to fully integrate the practice of AM, she must have full awareness and the capacity to self regulate. The process of self regulation requires the mover to be able to express her emotions without becoming triggered or re-traumatized. Both movers and the witnesses need a well established ego in order to safely contain and express their emotions in AM. When AM is practiced between fully secure individuals, it can create emotional discharges for both the mover and the witness.

Authentic movement provides structure, consistency, ritual and spiritual fulfillment for both the movers and witnesses. The rituals in AM include circle dances, grounding introductions and closures, and free form vocal soundings (Adler, 2002).

These rituals strengthen the practice of AM for both the mover and the witness.

Knowledgeable authentic movers and witnesses have the capacity to be completely present for each person's emotional movement sequences. Allowing the mind, body, and emotions to be open during the AM session strengthens the movers and witnesses internal processing.

One of the key founders of AM, Janet Adler (2002), describes AM as originating from ancient and modern dance. Adler explains that AM is reminiscent of prehistoric experiences of dance and movement, when dance was thought of as a natural tool for healing. The cultural and ceremonial roots of AM incorporate elements of healing practices, dance and mysticism. For an authentic mover the practice of dance provides an outlet for expressing, releasing, and connecting with deeper, unconscious parts of the self.

The powerful healing element that movement provides is best explained by Tumi's poem, which is presented in its original format:

Dance, when you are broken open.
Dance, if you've torn the bandage off.
Dance in the middle of fighting.
Dance in your blood.
Dance, when you are perfectly free. (as cited in Lorenz, 2009, p. 39)

This segment of the literature review illustrated the discipline AM. This modality uses the movers' emotions as a guide for the movement process. This style may be used in both therapeutic and non-therapeutic settings. The non-structured format of AM can be difficult for people who do not have a fully developed ego, or

have not processed past emotions and memories. The following movement discipline, CD, is a non-therapeutic movement modality that requires individuals to explore new and unique forms of body movements. In CD, movements are viewed as an artistic and creative way for movers to communicate to one another.

Creative Dance (CD)

"Creating for the joy of creating can liberate, integrate, and heal personality. This is what the art of body movement has to offer". (Mettler, 1990, p. 100)

Creative dance, much like DMT and AM, incorporates uninhibited forms of artistic and body expressions. Creative dance was founded by Barbara Mettler (1990) in the late 1960's, as a way to incorporate artistic dance with free healing movements. In creative dance, dance is an art activity which provides each mover with the opportunity to connect to the root of their physical and psychological needs. As Mettler describes, "a free approach to body movement is essential to mental and emotional health" (p. 95). The differentiation between CD and dance/movement therapy is that while DMT is founded with the notion of healing an illness, creative dance uses the artistic creation of the body as a means for motivation. Creative dancers move as a way of expressing themselves which brings joy to their movement creations (Dickinson, 2001). Researcher and CD educator, Jo Leissa Dickinson (2001) explains that CD is process oriented, and that it is "a discipline for knowing the self" (p. 212). By practicing CD, movers can gain an awareness of themselves and their body's needs.

CD's open movement format can provide a natural opportunity for body healing to occur. Creative dance does not use strict movement techniques associated with dance performance (Mettler, 1990). Instead, CD provides an open format which allows movers to use their movements as a way to express unconscious impulses, desires, and emotions (Mettler, 1990). Creative dance is practiced individually, with partners or in a group setting, with a trained creative dance educator.

The trained creative dance educator can either dance with the group, or witness the movers. Dickinson (2001) describes that through CD educators' direction "students learn about dancing not through imitation but by problem-solving, which makes use of their combined natural movement repertoire, rhythmic tendencies, and understanding" (p. 212). CD offers a multitude of creative explorations including free movements, structured movements, vocal/ body sounding, body stillness, and occasional visual art creations (Mettler, 1990). Body stillness, also known as the 'creative pause', is a core element in the practice of creative dance. The creative pause is initiated through body stillness, which allows movers to be fully present with the current movement sequence before initiating the next movement.

In CD each movement is used as a way to communicate between the movers. Thus, while practicing creative dance, verbal language and eye contact are not used. As Mettler (1990) illustrates, "in the art of body movement, as in all art, feelings are abstracted and can rarely be put into words" (p. 97). CD movers relate to each other through their own movements and sounds, which ultimately guide the whole group's

process. For instance, one mover may begin stomping their feet, and the other movers will follow suit, using their own interpretation of the movement and sound. This movement will continue until another movement is initiated. The group continues moving, following the casual rhythms and movements of each group member, until the movements' natural ending.

In creative dance a structured section can include movement sequences suggested by another dancer. For instance, a sequence of bodily felt passivity and aggression can be explored as a structured movement formation (Mettler, 1990). Each mover's experience of being passive and aggressive is integrated through the individual's own creative movements. For the mover, the body becomes the vehicle for expression. Mettler explains "it is not the body but the movement of the body that changes to express changing feelings" (p. 97). The languages of an individual's movements express their hidden motivations (Dickinson, 2001). Creative dance boosts self confidence by giving the mover the power to create and unleash their inner subconscious movement desires.

When individuals practice nonverbal movements they become more comfortable being present in their body. This experience allows them to successfully communicate with themselves and others. These movements can develop into an improvisational dance, "where the two or several persons involved make their way with each other from moment to moment, giving and taking, offering and withdrawing, opening and closing, rising and falling in posture, gesture, intonation,

and rhythm (Dickinson, 2001, p. 211). Creative dancers assume that people's emotions can be expressed through nonverbal movement modalities. The need to express and articulate the marvels of the human body can be achieved through the creative element of dance. Dance and movement processes can facilitate realistic and articulate forms of communication, which allow individuals to connect to their bodies needs.

Researcher and creative dancer Fiona Travis (2001) describes some of CD's core principles:

There are few people who cannot dance, there are many who cannot imitate exactly or correctly another persons' dance. When provided with a safe environment in which to explore space, time, force, rhythm, breathing, what moves, where the body moves, and how it moves, beautiful natural dances are created. These dances are expressive; they feel good to the dancer dancing them and exciting and pleasing to the observer viewing them. This process aids people of all ages in developing a realistic and adequate body image and in building a positive sense of self. Learning to trust and enjoy one's own home, ones body, as a valid source of information and enjoyment is certainly a by- product of creative dance. (p. 214)

This quote stresses that CD is a form of movement expression that should not be viewed as performance dance. CD is a movement modality that can help individuals from diverse backgrounds reconnect to their bodies and process their emotions. The next section of this chapter will describe misconceptions about

movement processes. Dance and movement processes are often generalized as structured and beautiful. This next segment reveals the ugly, unstructured and frightening experiences that dance can provide. Essentially, dance can be a way for the dancer to unravel and open hidden emotions which can be released through their movements.

Misconceptions of movement processes.

A common misconception about creative movement processes is that the mover or client needs to have prior dance experience. This is completely untrue. DMT, AM, and CD work at the body level which considers the smallest movements as a healing element of dance. As pioneer creative dance professional Anna Halprin (2000) describes,

When you think of dance and movement do you think of ballet, a modern or jazz dance, or some other form of stylized movement? Many people are shy about dance because of this association. This is not the way I think of dance movement at all. Dance can be approached as a direct and natural way to move without any personalized aesthetics imposed from an outside authority. Dance is not necessarily graceful, pretty, or spectacular. Dance can be grotesque, ugly, clumsy, funny, frightening, and conflicted. It can stomp, fall, attack, clutch, and reach. It can open, close, tip-toe, crawl, twist, turn, pound, jump, run, or skip. We can move together, or alone. We can move backwards, sideways, up and down. Movement is happening everywhere all the time. It is the motion of our

cells, the pulse of our blood, the rhythm of our breath. It is, as well, the ocean waves rising and falling and the alternating patterns of night and day.

Movement is life and movement is the source of dance. Anybody, no matter how old or young, in whatever physical condition, has a capacity to move, even if it is just your little finger, or a movement carried as an image in your mind's eye. (p. 23)

A. Halprin's (2000) vivid explanation provides a clear description of the accessibility of creative dance and movement processes such as DMT, AM and CD.

Summary

Creative movement processes such as DMT, AM and CD offer a wide range of healing capabilities for women recovering from sexual abuse, sexual assault and sexual trauma. These nonverbal movement processes allow movers to access trapped emotions and feelings associated with unresolved trauma. Since trauma is held in nonverbal portions of the brain, body processing allows survivors to safely access painful memories through self guided movement initiatives. Once survivors are able to access, process and release their stored emotions, they will become more apt to transform their trauma. Creative movement processes are powerful tools for transforming sexual trauma since they reestablish a connection between the mind, body and soul.

The mind, body and soul connection can be traced to the roots of humanity, when movement and dance were viewed as a direct source for full body health (D.

Halprin, 1999). The history of dance has contributed to holding "communities of people together in the face of dire threat" (p. 134). On a large scale, dance provided an outlet for oppressed cultures, races, and societies to express and release their inner emotional pain, and anger. Daria Halprin explains, "European Jews, African-Americans, and Native Americans, for instance, dance to assert the indestructible nature of their soul, and their inalienable right to freedom in the face of brutality and slavery" (p. 135). The historical significance of dance can be viewed in present day movement processes such as DMT, AM and CD, all of which use dance and movement as a tool for full body recovery and health.

Cultural Significance of DMT

...Dance in its therapeutic and healing capacities, is one of the oldest forms of healing interventions and experiences known to humankind, century upon century, in ancient and pre-industrial cultures. The powers of ritualistic movement, trance excitation, and community exultation and release were forms generated and integrated into a culture's social organizations. (Leventhal, 2008, p. 9)

Although Marion Chace is known as the grandmother of western DMT, dance as an element of healing spans many centuries, religions, cultures and societies. The belief that DMT began in the United States is not altogether true. There is clear evidence linking modern DMT principles to traditional healing dances from other countries (El Guindy & Schmais, 1994). The American Dance Therapy Association

(2009) has not directly given credit to other cultures, countries, and societies for endowing the world with the historically healing gift of movement. The healing capacity of dance and movement can be described in a variety of ways including "...a sacred or healing ritual, a form of communication, an important social or courtship activity and a creative art form that exists in every culture and manifests diverse paths" (Bachner-Melman et al., 2005, p. 0394). Bachner-Melman et al. state that "dancing,... most likely has its origins close to the birth of Homo sapiens, and throughout our history, dancing has been universally practiced in all societies" (p. 0394). Dance was developed during prehistoric times and since then has been used in a variety of healing and ritualistic ceremonies throughout human history.

It has been stipulated that prior to the African exodus humans developed a culture of dance (Bachner-Melman et al., 2005). Dance rituals were adopted which can be seen in traditional African tribes, Native Aboriginal tribes and Native American tribes. Bachner-Melman et al. describe that "the earliest evidence for dance is derived from a cave painting in Creswell, England, that depicts dancing women, and is dated approximately 13,000 years ago" (p. 0399). "This early evidence for dancing, and its occurrence in groups geographically separated by thousands of years during our prehistory suggests a genetic basis for this behavior in H. sapiens" (p. 0399). The birth of dance, and movement, in human evolution provides a clear root for the healing elements derived when using the body as a source for transformation and recovery. The ability to surrender to the body and release the ruling of the mind is found in

current practices of authentic movement, as well as historical elements of traditional dance rituals.

The following section will emphasize two cultures that incorporate dance and DMT as a source for healing. The examples further support the cultural and historical roots of DMT as a discipline for healing. The first cultural example of dance and healing is provided by the Zar, an ancient dance of healing derived from Northern Africa. The expression of one woman's dance ritual in the Zar is described below:

The sick woman's movement increased in intensity and speed, her eyes half closed, she appeared totally oblivious to her surroundings, abandoning herself completely to the dance. Her movements flowed freely from the inside out, from her torso to her limbs, gaining strength and speed as she came full circle around the imposing altar where the helpers were...All the drumming and singing was directed towards the sick one. Her movements became more violent, till, finally, she threw her arms up and was about to fall, but.. was guided to the floor...As she walked back to her seat,... her face and body appeared clearer and freer. She smiled at people as they all wished her good health. (El Guindy & Schmais, 1994, p. 108)

The diversity that dance offers can be viewed through a historical, multicultural, and multidisciplinary lens. This lens is ever present in the dance of the Zar, which is one of Egypt's oldest dances of healing (El Guindy & Schmais, 1994). This ancient dance of healing incorporates principles of DMT as a source for recovery

for local women who are suffering from physical, mental and emotional issues. Some of the similarities between DMT and the Zar include community and individual support, emotional releases, and body transformations all of which are guided by movements of the body. The Zar dance ritual is open to all religious affiliates including: Moslems, Christians, and Jews, and usually practiced solely by women. The Zar is a traditional form of therapy which is recommended for women suffering from different forms of emotional and mental disturbances and disorders.

Many of the countries and societies that the Zar is practiced in are ruled by patriarchies that define women as second class citizens. The Zar originated in Egypt and Ethiopia and has since spread to Sudan, Iran, Nigeria and areas of the Middle East, as well as Eastern and Western regions of Africa (El Guindy & Schmais, 1994). The Zar provides an outlet for women to express resistance toward certain aspects of Islam, as well as the continued expansion of global influences. Through "the Zar practices women created a world in which they were dominant" (p. 115). Researchers El Guindy and Schmais explain that "the Zar is empowering not only through the ritual, rhythm and movement, but also through the symbolism it holds for women" (p. 115). Yet, the specificity of symbols is not nearly as important as the camaraderie that is inherent among the women practicing the healing force of the Zar dance.

It is possible that the Zar and other historically rich dance rituals contribute to the field of modern DMT, AM and CD. As researchers El Guindy and Schmais (1994) state "dance movement therapists today can learn from this healing dance that has

survived wars, famines, changes in regimes and numerous cultural influences" (p. 108). Dance/ movement therapists working with women who have experienced sexual trauma could incorporate cultural, spiritual, and ritualistic elements into their practice. Incorporating these elements may deepen the client-therapist connection, while providing DMT's and their clients with cultural and historical roots of dance. The emotional release or catharsis experienced in such a cultural dance as the Zar dance is not unlike a client reliving or transforming their sexual trauma through body movements in a DMT session.

The healing element that DMT provides for women who have experienced sexual trauma can also be found at a nongovernmental organization in Kolkata, India. The organization is known as Kolkata Sanved: Saving Lives Through Dance (2009). It's primary mission is to participate "in the rescue and reintegration of young survivors of sex trafficking, slum living and other destitute circumstances" (B. Bernstein, 2009, p. 4). The organization uses DMT techniques as an alternative to verbal and psychoanalytic counseling for recovery and healing for survivors of sexual abuse and sex trafficking. It also provides psychosocial rehabilitation for survivors of violence and trafficking, domestic workers, mental health patients, and people suffering from HIV/AIDS. Working with youth and women in vulnerable situations, Kolkata Sanved is forging the path to establish itself as a center of excellence in the field of dance therapy in South Asia. Kolkata Sanved also provides trainings in "classical Indian dance, and experiences in forms of Indian-based dance therapy are an

innovative component of the therapy and reintegration process" (p. 4). The goal of the organization is to use movement as the tool for healing sexual trauma for the local women. Once these women have gone through their own recovery process, they then become pioneers in the process and are trained and ultimately train others in body based practices. Kolkata Sanved is established around the belief that "those that have suffered are often the most valuable teachers for those who are suffering" (p. 4). Thus, survivors who have transformed their sexual trauma are extraordinary teachers and facilitators for other survivors who are beginning their recovery process from sexual abuse.

American trained dance/movement therapist Bonnie Bernstein (2009) traveled to Kolkata to teach Western practices and theories of DMT to the young female survivors of sex trafficking at Kolkata Sanved. B. Bernstein explains that "my students were extraordinary survivors-turned dance trainers, shaping their life paths with amazing courage and strength" (p. 4). Another important factor in healing and recovery, B. Bernstein discovered, was that the study empowered the women the women who had experienced such severe traumas and persevered through these life challenges. B. Bernstein was eager to incorporate Indian, Western, and indigenous practices of world dance into a creative and experientially based workshop. As she introduced free improvisation and movement techniques, she noticed through the work that, "the students began to dance their life stories, their secrets and their emerging strengths. They danced out their hearts and souls. Through movement they also

addressed themes including assertion, anger, trauma release, self-empowerment and strategies for life change" (p. 6). The young women were delighted to discover that the group improvisational dances were a way to express their inner emotions and feelings.

These improvisational dances created safety and camaraderie between the group members. The women expressed their life hurdles, and personal strengths through expressive movements in the group format (B. Bernstein, 2009). In the final phase, the women depicted the intensity of their professional growth and personal transformation by doing a dance inspired by a caterpillar's transformation into a butterfly. This final phase of transformation provided a major turning point for the women's healing, which opened them up to a new arena of life experiences.

These cultural and religious examples of dance and movement processes show that dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD) have historical roots that predate the establishment of these modern modalities as tools for therapy and healing. The use of dance as an element for healing has been used in tribal communities for thousands of years. The cultural, historical and ritualistic significance of dance spans many generations. Incorporating cultural and spiritual practices of dance into DMT, AM, and CD will increase the international significance of these modalities as tools for recovery and health.

Summary of Literature Review

Collectively, the literature surveyed shows that creative movement processes such as DMT, AM, and CD are possible tools for transforming sexual trauma for

women. Research by neuroscientists and trauma specialists show that creative dance/movement therapy processes can be presented as possible tools for healing post sexual abuse.

When these creative movement tools are paired with conflict resolution principles such as: conflict transformation, trauma transformation, restorative justice, intrapersonal conflict resolution, direct/intimate violence, and social violence, survivors of sexual abuse are presented with a wide array of healing resources. In addition, these tools can provide a framework for researchers to explore connections between conflict transformation, trauma transformation and intrapersonal conflict transformation. There are many resources and tools for healing sexual abuse, and body movements are one source.

Since the body is the original place where sexual abuse occurred, it may be important for survivors to reconnect with their body in order to transform sexual trauma. My research contributes knowledge to the discourse about sexual abuse, sexual trauma, and creative movement processes such as DMT, AM, and CD by detailing my experience as a researcher with the subject. My story as a survivor of sexual abuse provides readers with an account of direct experience with the difficulties involved in releasing and transforming sexual trauma.

The gaps in this research and literature review are partially due to a lack of diversity from peer reviewed scholarly journals. It was extremely difficult to locate articles and authors from the subjects of intrapersonal conflicts, conflict

transformation, creative dance, and authentic movement. Though this data was limited, there was a sufficient amount of research in neuroscience, trauma psychology, sexual abuse, and DMT. The most significant connections in literature is derived from connections between the subjects sexual abuse, sexual trauma, and dance/movement therapy.

The following chapter will describe the methodology chosen for this research. The methodological approaches chosen included the organic inquiry and heuristic research. These nontraditional approaches to methodology allowed my story as a sexual abuse survivor to be the roots of the research. The research question: do creative dance/movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma, has been analyzed through a variety of disciplines, subjects, and lenses.

Chapter 5:

A Nontraditional Approach to Methodology

The methodological approaches: heuristic research and organic inquiry, were chosen to address the complexities of the research question: do creative dance/movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma? This chapter outlines why these participatory methodologies were chosen for my research. Both of the research methods require the researcher's story to be completely integrated into the research process. Each research approach is explained in order to introduce readers to the experiential aspects of the methodologies. In order to support these newer methodologies, work by researchers who have used organic and heuristic methods is outlined.

This qualitative study integrates experiential and interactive knowledge gained from direct contact with informed participants. Interviews were used as a method to collect data. The research methodologies organic inquiry, heuristic approach, and qualitative study were used as a way to include my subjective experience as a researcher in sexual abuse, sexual trauma, dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD). Since I chose a subject which I have direct experience, I decided to use research methods that allowed my experience to lead the research process. Organic and heuristic methodologies guided every aspect of this research, from inception to completion.

As I began my research process, I discovered that using traditional research

methodologies would limit the inclusion of my direct experience with the subject matter. My relationship to sexual abuse and creative movement processes serves as the foreground of the research. As a researcher I also thought it was important to include spirituality, transformation, healing, and feminist theory, into my research approach. Aspects of spirituality, and feminist thinking were missing from traditional qualitative approaches such as ethnography, grounded theory, or case study methods (Creswell, 2003). Although phenomenological and narrative research approaches incorporate the researcher's story and experience into the study, these methodologies were lacking potential for creativity and transformation, which were key elements of the research (Creswell, 2003).

Through heuristic and organic inquiry, I gained knowledge of my process of trauma transformation. The process transformed my own sexual trauma as I learned to explore deeper parts of my sexual abuse. As a result, the research and methodological approaches were also important for my healing from sexual abuse and sexual trauma. I combined DMT, AM, and CD with data gained from scholarly sources and interviewee statements. My reflections and experiences about sexual abuse, sexual assault, sexual trauma, and creative movement processes such as DMT, AM and CD are also incorporated into the research.

Research details: heuristic research and organic inquiry.

"The greatest sacred stories are our own stories.

This is because the Spirit tells our stories

to us in the unfolding of our life journeys."

(Craighead, 1993, p. 82)

In order to express and gain access to the depth of my story, I set out on a personal journey of healing. This journey took me through deep emotional releases, and bodily states of transformation. As I attended to my needs through movement and dance, my body, mind, and psyche transformed into a new stage of development. This developmental stage inspired the beginnings of this research. As my story unfolded, I developed strategies for articulating my personal reflections.

During the research process, heuristic research and the organic inquiry require researchers to be in full awareness of themselves and their surroundings. As I was doing the research I became aware of internal and external feelings, pressures, and intuitions that arose during the research process. Intuitive processes were captured through dream integration, journaling, art exploration, and movement initiatives. Although this work is not included in the primary text of this document, they were an important step in the research process.

Masculine and feminine elements of research are represented through the heuristic and organic methods of inquiry. The heuristic and organic methods research phases were combined to create a more diverse research approach. According to Moustakas (1990), there are six developmental phases that exist in a heuristic study. The first stage is known as the *initial engagement*, which takes place when the researcher has a passionate and personal relationship with the subject matter. The

second phase is known as the *immersion*, when the researcher's life becomes intertwined with the subject matter. The third phase is called the *incubation period*. This process involves the researcher breaking from the topic in order to gain deeper knowledge and insights. The fourth stage is known as the *illumination period* and enlightens the researcher to explore new dimensions, and hidden meanings about the subject matter. During the fifth stage, known as the *explication process*, the researcher discovers the dominant themes, and meanings of the subject. The sixth and final phase called the *creative synthesis* involves the researcher expressing their narration of the story through multi-sensory realms of creativity, including poetry, painting, and other art experientials.

Heuristic research is articulated through the researcher's own diligent work. In order to achieve validity for the research, the researcher works tirelessly investigating and questioning all aspects of the personal narrative (Moustakas, 1990). The researcher's personal narrative provides the roots for the overall research. Heuristic research gives the researcher the opportunity to "embark on a journey into the unknown, to reflect on self, and others, and to move beyond cognitive processes into connecting with body, mind, and spirit, through exploring felt-sense, tactic knowing and intuition" (Etherington, 2004, p. 62). The research becomes a vehicle for personal development, and transformation that alters the interviewee, researcher, and reader understanding of the research topic. In this research, heuristic approaches were combined with the organic inquiry in order to include principles of spirituality and

feminism.

Organic inquiry involves a transformational process that integrates topics or events with which the researcher has had direct experience (Clements, Ettlting, Jenett & Shields, 1998). This approach provides a spiritual, and feministic aspect to research that relies on the researcher's story. This level of research offers "transformation and healing to all who engage in it, researchers, and readers alike" (p. 114). This transformational approach honors the researcher's story and its relationship to the research process. Through the organic lens, the research can take on a journey of its own, which is led by insights and intuitions which emerge from the process.

Organic inquiry provides an alternative to traditional research methods. It offers a new and inventive way to do research that honors and incorporates feminism and creativity (Clements et al., 1998). Organic inquiry incorporates spirituality and nature metaphors into the developmental stages of research which coincide well with my philosophy as a researcher.

The five stages of organic inquiry are the sacred, personal, chthonic, relational and transformative (Clements et al., 1998). The first stage of the research process is called the *sacred*, which is known as preparing the soil. It involves the researcher having a spiritual opening for the upcoming process. The second stage is the *personal*, planting the seed of the initial concept to be studied. In this developmental stage the research is initiated from researchers' story and experience with the research subject. The third phase is known as the *chthonic*, which is when the roots of the project begin

to emerge. In this phase the inter-workings of the project begin to evolve and transform into its own life giving process. The fourth phase is known as the *relational stage*, which involves growing the tree. The growth of the project incorporates the co-researchers', or interviewees' stories with themes from the research. The fifth phase is known as the *transformative stage*, which involves harvesting the fruit. In this final stage, the researcher, co-researchers, interviewees, and readers engage in a process of transformation. This process of transformation provides a seed for change that affects the researcher, interviewees and readers of the research.

The characteristics of the organic inquiry follow the earth's cycle of development. During the initial stage of development, the researcher lets go of old patterns of thought to allow for the emergence of new creativity (Clements et al., 1998). As my story melded with organic inquiry, I released my fear of disclosing myself as a survivor and incorporated creativity into the research process.

I became interested in organic inquiry after reading Tina Stromstead's (2006) article *Re-inhabiting the female body: authentic movement as a gateway to transformation*. The article describes how the practice of AM can provide a gateway for transforming trauma and stalled emotions. Stromstead is a dance/movement therapist who has worked directly with female survivors of sexual abuse. Stromstead's research was directly related to my research, which is why I chose to use the organic inquiry as one of my methodological approaches. Stromstead's work became a seminal source for my methodology as well as my entire research process.

Origins of organic inquiry/ heuristic research.

The methodological development of heuristic studies began from Moustakas' (1990) personal experience with loneliness in 1961. From a life crisis, after his daughter's near death experience, Moustakas, set out on an intimate journey to explore the subjectivity of loneliness. Through multiple lenses of awareness, he discovered the depth and purity of loneliness in its most "native state" (p. 94). This research project spawned the developmental phases of the heuristic process and transformed Moustakas' own experience with loneliness.

Since then, researchers have adopted the heuristic approach as a primary methodological application that incorporates their experience into the research process. This newly discovered methodology allows researchers to engage, and incorporate their own personal knowledge and insights into the research process. In the eighties came a new phase of non-traditional methodological research work, including Moustakas' work as a seminal developmental piece.

Organic research is a methodology that incorporates heuristic, and feminist principles into the newly formed research approach. The organic inquiry was created in 1994 by Jennifer Clements, Dorothy Ettling, Dianne Jenett, and Lisa Shields (Braud, 2004). These four women, inspired by their own intuitive creativity, envisioned a research approach that honored natural, and spiritual elements formulated into a narrative dialogue (Clements et al., 1998). Organic research was created through each woman's struggle to find a methodological approach that would fully present the

depth of their dissertation work.

Since the start of the organic research approach, it has expanded to include a broader range of theoretical and conceptual frameworks (Braud, 2004). In a ten year span, organic inquiry has been used in over 86 dissertations from more than seventeen graduate schools. Braud asserts that "both students and faculty have remarked on the inspirational nature of this form of inquiry" (p. 18). Organic inquiry is honored by researchers who prefer a more open and non-structured approach to research which is guided by the researcher's own process of storytelling.

Organic inquiry incorporates feminist perspectives of storytelling, spirituality, and transformation into its methodological approach. The metaphoric use of nature is used to guide the research process. The aspect of transformation is adopted as a means for changing, and challenging the researcher's, readers', and interviewees' beliefs about sexual abuse, sexual trauma, and creative movement processes. Through this research model, transformation occurs on many levels both during and after the research process.

Review of organic method in research studies.

Even though organic inquiry is a newer approach to methodology, many researchers have used this methodology as their primary mode of research. The researchers who used the organic inquiry for their research will be presented below.

Stromsted (2006) used the organic inquiry in order tell her story and the stories of her interviewees (co-researchers). In her study on AM as a gateway for body and

self transformation, Stromstead included knowledge from her own experiences of transformation from AM and that of her four co-researchers who are pioneers in the field. Stromstead discovered thirteen themes in her research which suggested that AM helped the women transform their connection, attitude and relationship to their bodies. Using organic inquiry helped Stromstead connect her story with her co-researchers. Stromstead explained that while "using this method, the research offered gifts, and challenges throughout the evolution of the study" (p. 5). Organic research is a semi-structured approach, which allows researchers to delve further into their own experiences about the subject under study.

Chandra Hunter Swedlow (2008) and Robert L. Stilger (2004) were searching for a way to incorporate their personal process in an academically accepted methodology. In her dissertation, *Connection through breath, movement, touch, and dialogue: an organic inquiry into somato-respiratory integration*, Swedlow (2008) uses the organic inquiry as a way to incorporate her subjective experience about somato-respiratory integration. Swedlow explains that she knew doing her research would, "bring up stuff" for her which would make it impossible to "be an unbiased observer" (p. 5). Similarly to my own research process, Swedlow discovered that using organic inquiry provided an opportunity for her to reveal herself. Also, during the process, Swedlow further educated and transformed her own as well as the readers' and co-researchers' perceptions of somato-respiratory integration.

In his dissertation, *Discovering new stories: An organic inquiry into enspirited*

leadership, Stilger (2004) used organic inquiry to include historical influence on the subject matter. Stilger describes himself as a "social change agent", and envisions his early work with the civil rights movement as the beginning piece to his current research (p. 2). Stilger shares his story along with his co-researchers' stories, who he refers to as young civic leaders. Stilger explains his research procedures through each of the five phases of the organic inquiry. Stilger maintains that "my selection of organic inquiry is a natural outgrowth of my choice to situate my work in the participatory paradigm" (p. 52). Stilger is hopeful that through his dissertation, readers will begin to heal and transform their prior knowledge of leadership. Stilger maintained that the organic inquiry fit well with his research dynamic since, "it has neither beginning, nor end, because the inquiry, itself, is part of a co-creative process which is helping new leadership emerge in the world" (p. 56). As models for my research these researchers both validate and confirm organic inquiry as a methodological approach for incorporating ideas of social change and personal transformation.

Integrating heuristic research and organic inquiry.

Newton (1996) uses the incorporation of heuristic research, and organic inquiry to describe the mind/body connection that Aikido and fencing provide. Newton described her own experience with mind/body transformation through the practice of fencing and Aikido. Newton used both heuristic and organic inquiry as a way to "give respect to the many ways of knowing that are part of being in the world, in addition to

the more traditional, rational role" (p. 202). Newton felt that combining the two research approaches provided unbiased and balanced research. Similar to my journey, Newton began with her own experiential knowledge, and "allowed the material to structure the form of presentation" (p. 203). Through the process, Newton discovered that blending the methodological disciplines allowed the sacred and transformational elements of her research to continue to unfold. Through my research process, I discovered that the combination of heuristic and organic inquiries proved to be a transformational experience for myself, and my recovery process. Ultimately, this experience may provide inspiration and guidance for future researchers who are interested in the creative use of DMT processes to transform sexual trauma for women.

Methodological limitations.

One limitation that was prevalent through using both heuristic and organic inquiries was that the findings were primarily from the researcher's subjective experience. Each method incorporated the researcher's dialogic story as a key element to the research process. This approach integrated interviewees' responses, scholarly data, and researcher's interpretation together to formulate the research findings. These guidelines did not place emphasis on researcher objectivity. Instead, researcher biases were presented and incorporated into the research format.

Another added limitation was the length of time required to undergo heuristic and organic research. Heuristic and organic inquiries honor the natural progression of

research, which includes mixing the researcher's insights, intuitions, emotional feelings, dreams, and creative expressions into the research process (Moustakas, 1990). Including these insights in the research format increased my awareness as a researcher, and strengthened the research process. Yet, including these insights into the research format was a lengthy process. Since heuristic and organic inquiries provide an open format for research, these methodological approaches made it difficult to find completion and closure for the research process. As a researcher, I was patient and followed the research process through until its natural conclusion.

My research process was slightly altered from the original organic inquiry method. I followed all developmental phases of heuristic and organic research, but I chose to describe my interview participants as interviewees instead of co-researchers. In the organic inquiry phase known as the relational stage, I chose not to include my research participant stories with my own experience of sexual abuse. Each of my interviewees was only interviewed once. Due to the sensitive nature of my topic, and in order to protect my interviewees' anonymity, I did not ask questions about their personal experience or relationship with sexual abuse or sexual trauma. I did not have prior knowledge that any of my interviewees' were survivors. Even so, some interviewees' voluntarily discussed their personal experiences of sexual abuse and sexual trauma.

This section described heuristic and organic methods which were used for this research project. These research methodologies placed my direct experience of sexual

abuse, sexual trauma, and creative movement processes at the base of the research project. The following section describes how these methodological approaches were applied through the research process. The research implementation section also describes my interviewees, and outlines how my interviews were transcribed and coded in order to discover emergent themes.

Research Implementation

This research was initiated from my personal relationship with sexual abuse, sexual trauma, and creative movement processes. The phases the initial engagement of research as described by Moustakas (1990), and the sacred as emphasized by Clements et al., (1998) began from my spiritual and passionate awakening about the research. This research was inspired by my recovery post sexual abuse and sexual trauma. These research methodologies further enhanced my healing and transformation throughout the research process.

The primary method used to gather information for research was interviews. Interviews were gathered through two different formats including in person, and phone interviews. Ten interviewees were recruited who are experts in the fields dance/movement therapy (DMT), authentic movement (AM), and creative dance (CD), many of whom have worked directly with survivors of sexual abuse. The interviewees helped clarify my research question: do creative dance/movement therapy processes contribute to the dynamic of healing for women transforming sexual trauma? Each interviewee is given a pseudonym. I originally interviewed eleven

participants, but one interviewee is not included in my research since the interview turned out to be irrelevant for my project.

Interviewee Coraline Lent is a registered DMT who works in a clinical setting and has used DMT and AM as tools to help survivors of sexual abuse. Interview participant Melody Elmerson is a registered DMT and CD educator who has a private practice. Interviewee Elise Carole is a registered DMT who works in a clinical setting and uses DMT and AM with survivors, and clients with physical and emotional imbalances. Interview participant Kathryn Zant is a registered DMT who works in a clinical setting and occasionally works with survivors. Interviewee Linda Tremble is a registered DMT who uses movement in a clinical setting with people who have emotional and physical difficulties due to past trauma and abuse. Interview participant Stanley Ruman is a CD educator who has a private practice and uses movement to teach educators how to relate to their students. Ruman also leads workshops and was trained by Barbara Mettler, who is the founder of CD. Interviewee Denise Straight is a registered DMT who has a private practice and uses DMT and AM with a variety of her clients, some of whom are survivors. Interview participant Francine Brandt is a registered DMT who works in a sexual abuse crisis center, she provides DMT, counseling, and care for adult and child survivors. Interviewee Judith White is a registered DMT who works in a clinical setting. Interview participant Helen Alberts is a soul therapist and AM professional who uses AM with survivors and clients.

Each interview was one-on-one, including only the researcher and interviewee.

The interviews were tape recorded and transcribed shortly afterward. Handwritten notes were taken for nonverbal and verbal responses to the interview questions. The interviews were semi-structured, which allowed an open dialogue to flow between the researcher and interview participants. Ten questions were asked pertaining to sexual abuse, sexual trauma and creative dance/movement therapy processes such as DMT, AM, CD. The questions were open ended, yet directly addressed problems associated with sexual abuse and sexual trauma for women. The questions provided a format for understanding possible connections between the transformation of sexual trauma and the use of creative movement processes. My research questions are located in Appendix B.

During the interview process the interviewees discussed personal and professional experiences related to sexual abuse, sexual trauma, DMT, AM and CD. The goal of the research was to contribute new data about sexual abuse, sexual trauma, and creative movement processes, through a framework that expressed my experience as a researcher. The subjective approach allowed the researcher's own experience with sexual abuse and creative movement processes to be incorporated into the study. During this time, I entered into the immersion phase of my research, in which I became completely intertwined with the subject matter and the research process (Moustakas, 1990).

Many of the participants recruited were part of the researcher's own social network, and were known either directly, or indirectly. The participants known through

direct contact were primarily picked through the dance/movement therapy, and creative and artistic dance community in a large city in the Northwestern USA. The participants found through indirect contact were discovered through Internet searches for dance/movement therapists, in addition to referrals by other interviewees. After the interviewees agreed to the interview, each participant was emailed, hand delivered, or mailed copies of the consent form and introductory letter explaining the study (introductory letter: Appendix C). Prior to the interview, each interviewee signed and returned the consent form to the researcher (consent form: Appendix D).

The interview participants committed to a two hour interview, and were allowed to exit the interview at any time. The wide variety of professional movement experiences provided a diverse range of knowledge about creative movement processes. The majority of interviewees had experience working with female survivors of sexual abuse. However, only one participant worked directly in a sexual abuse crisis center. The other participants worked indirectly with sexual abuse when it arose through their clients' processes of recovery. Two participants had only minimal experience working with women who had been sexually abused. Some of the interview participants' personal experience with sexual abuse was uncovered during the interview process. Prior to the interviews I did not know that any of my interviewees were survivors of sexual abuse.

Individually we agreed upon a mutually convenient times and locations for the interviews. Three interviews were conducted by telephone, with participants who were

living in another country or in another state. Three of the remaining participants requested to have the interviews at their homes. One of the three interviewees chose to have the interview at a park near their house. Two interviews were conducted in the interviewee's office or work space. The remaining two interviews were conducted in cafes. Of those two interviews, one was conducted indoors, and one outdoors.

Some of the difficulties that were encountered during the interview process were related to the setting of the interviews and improper technology for recording the interviewees' responses. The majority of the interviews were conducted without errors. The interview that was conducted inside a cafe had to compete with a great deal of ambient noise, which distracted from the flow of the interview. This interview was difficult to transcribe, since the participant's voice was muffled from the excessive sound.

The phone interviews were conducted using the same technology used for the face to face interviews, which was a small electronic recorder. Improper technology provided an added challenge for the phone interviews. When the phone interviews were transcribed the sound was muffled, which lengthened the transcribing process. In some sections, the tape was replayed many times in order to extract the interviewee's exact responses. Nevertheless, the level of commitment and dedication from the interview participants was considerable.

Another challenge was deciding whether or not to inform my interview participants about my personal connection with sexual abuse. In order to engage in

open and unfiltered interviews, I decided to withhold my experience with sexual trauma. I felt if I presented myself as survivor of sexual abuse that my interviewees would edit their responses to protect my feelings. In order to receive open feedback about sexual abuse and survivors of sexual abuse from participants, I portrayed myself as an unbiased researcher.

I also did not withhold personal information from my interviewees. I decided if an interviewee asked about my relationship with sexual abuse, sexual assault or sexual trauma, I would reveal my experience. Thus, when one interviewee asked why I chose the topic of sexual abuse, I explained my personal connection with sexual abuse. This conversation occurred immediately prior to the interview. Even though this information could have skewed the participant's responses, I felt it was imperative to explain my connection with sexual abuse.

Each interview differed depending upon the participant and the setting. The interviews lasted between thirty minutes and two hours. The average time for the interviews was approximately one hour. Follow up interviews were not conducted. The eleven interviews were conducted between the dates of April 22, 2009- July 10, 2009. The lag between the first and last interview was due to the difficulty in securing interview dates, times and locations.

Although each interview differed in time length, participation and location, I used a specified protocol for each interview. The protocol began by contacting people of whom I had knowledge were experts in DMT, AM, CD, sexual trauma, and sexual

abuse. The contacts were made in person, over the phone or through emails. Once I described my research process and the participants agreed to be interviewed, I sent them a consent form and introductory letter which further clarified my research. Once the consent form and introductory letter were signed and received by the researcher, a date, time and location for the interview was chosen by the interviewee. As a researcher I had initially suggested securing a private room at the Portland State University library. Yet, I wanted to be open and allow my interview participants to choose where the interview was conducted. Allowing interviewees to have authority over the location of the interviews helped achieve comfort between the researcher and the interview participants.

Once the interview appointments were arranged, I prepared the material needed, which included a tape recorder, note pad, 2 copies of interview questions (one for myself and one for the interviewee), a copy of the signed consent form and introductory letter for the interviewee to review. For the in-person interviews I arrived a few minutes early to make myself familiar with the location and my material. During both the phone and in-person interviews, I had a cordial exchange with the interviewees before I began the interview process. When the interviewee was comfortable and ready I turned on the tape recorder and began the interview. I first introduced myself and the interview participant and recorded the date and time. The interview questions were listed in order but were not numbered. I did not ask the questions in any particular order. The participants also had a copy of the interview

questions to look over.

As the interviewee spoke, I noted gestures, and intonations in speech. Although the questions were direct, I allowed the participants to include stories and other experiences that pertained to the particular question. Often a dialogue would continue between myself and the participant involving their knowledge about the specified question. In honoring heuristic research, which places emphasis on "hearing and honoring voices of the other person", I allowed the interviewees to take their time answering each question (Moustakas, 1990, p. 47). Some examples of dialogues and stories from my interviewees include descriptive stories about clients, personal experiences with dance and movement, earliest experience with dance as an element for healing, description of trauma, and describing their professional work environment. A fundamental technique of organic research is telling and listening to stories from interviewees (Clements et al., 1998).

Some interview participants answered the questions directly in only a few minutes, while others explained a related story that continued for a longer period of time. Some interviewees did not answer all of the questions while other interviewees added their own thoughts, feelings, and reflections about the interview questions. The diversity of each interview participant's experience was appreciated and treated equally. At the end of each interview the participants were thanked and the tape recorder was turned off. A short closing conversation thanking the participants often took place before the interviewee and I departed. Both the phone and in person

interview protocols were set up similarly. The difference was that I could not view participant's nonverbal body language in the phone interviews. Instead I transcribed vocal intonations when they were apparent. Thank you cards were sent out to every interview participant and no further contact, interviews, or discussion of the research was conducted.

In order to ensure accuracy, the interviews were transcribed shortly after they took place. The tape recorder was played as I typed every word and response to the interview questions. Observational data was collected by examining nonverbal body language and expressions from both the interviewees and myself, which were written on a note pad. The nonverbal responses were explored along with each interviewee's verbal responses to each interview question. This process allowed the researcher to accurately capture each participant's verbal and non-verbal responses to the interview questions.

Throughout the research process I was aware of my own physical, emotional, and mental experiences. Similar to the creative synthesis phase in heuristic research, I continued to dance, move and create art as a response to the research process (Moustakas, 1990). In order to stay grounded, in between writing, transcribing, and reading, I took frequent movement breaks. These experiences strengthened my connection with my research and followed principles of organic research. Organic research is [most] likely... about how women experience their bodies or relationships or psychological descent" (Clements et al., 1998, p. 123). Through this research, I

continued to transform and enhance my relationship to my body.

After every interview was transcribed I searched for developing themes. As I read through transcripts, I began to notice similar responses to interview questions. Each time I found a similar response or saying in more than two interview transcripts, I would highlight the statement in the same color. After I discovered many themes, I opened a new document and cut and pasted my different color-coded themes into labeled categories. All of my current themes were discovered from this research coding method. In order to keep the themes from overlapping, they each had a different color. In the first few phases of coding I had nearly 30 themes from my research. As I reread the themes I discovered similarities and was able to cluster the themes together forming nine main themes. These themes became the center of my research findings and structured the remainder of the research process.

The main themes that arose during the process of transcribing the interviews were DMT: a key nonverbal processing tool, ego strength/structure needed in authentic movement, clients must have ownership of their healing processes, relational connection between clients and therapist, body relationship, possible re-traumatization, body/self transformation, the body holds memory, and Evaluating PTSD.

This chapter outlined heuristic and organic methodological approaches which were used for this research. These research methodologies place importance on the researcher's experience and passion with the research topic. As a researcher, I infused

creativity with my direct experience with sexual abuse and sexual trauma to form the root of the research process. The research implementation is described through the detailed interview and transcribing process.

The themes that were discovered through transcription are further explained in the following chapter. The research findings in Chapter Six describe the nine themes which are supported through interviewee statements, literature sources, and my subjective experience with the theme. Each of the nine themes are clustered into four categories: the importance of the ego, dance/movement therapy, PTSD, and relationship with therapist. These categories provide connections between themes, and allow readers to analyze and articulate relationships between the themes and the overall research.

Chapter 6:

Research Findings

"Unfathomable loss feeds life once again." (Adler, 2009, p. 33)

My research question, do creative dance/movement therapy processes contribute to the dynamic of healing in women transforming sexual trauma was analyzed through a heuristic-organic methodological lens. Nine research themes arose related to dance/movement therapy (DMT), and the transformation of sexual trauma for women. The themes were DMT: a key nonverbal processing tool; ego strength and structure needed for authentic movement (AM); clients must have ownership of their healing processes; relational connection between clients and therapists; body relationship; possible re-traumatization; body/self transformation; the body holds memory; and Evaluating PTSD. Another added literature theme was discovered that was supported by one interviewee. Although this theme is not a research theme, it provides important information about survivor identity and health. This theme, known as 'trauma bond' will be included in my research findings.

Some of the themes were uncovered from direct answers to interview questions, while other themes were discovered by analyzing the interview transcripts, which uncovered hidden themes. Once similar phrases and statements were discovered in more than two interview transcripts, I would highlight the statement in the same in color in each of the transcripts. After I discovered many themes, I opened a new document and cut and pasted my different color-coded themes into labeled categories.

In the beginning, nearly thirty themes emerged. Similarities were discovered in the thirty themes which required further organization. The nine current research themes resulted from the research coding method. These themes accurately describe my research findings. The analysis of these themes provides a framework for the use of creative movement processes in women transforming sexual trauma.

This chapter is organized by describing these nine research themes and one literature theme, all of which are clustered under four category headings. The category headings include: ego, DMT, PTSD, and relationships. Each theme begins with both an introduction and discussion that describes the theme. In the next portion, the theme will have direct interviewee quotes from interviewees that emerged from the interview. Some of the themes are supported from literature sources, while some are not. The theme will then be analyzed and described from my direct and subjective experience as both a survivor and a researcher. From my own experience with healing from sexual abuse and sexual trauma, I will analyze how the theme provided meaning in my journey towards health. Each theme will conclude with a summary and final description. Since spoken word is not always grammatically correct, my own vocabulary was placed in brackets in order to include words that seemed to be missing from interviewees' direct statements. These words enhanced the flow of the interview dialogue. The annotation "[sic]" is also placed in the text to show when quotes are grammatically incorrect, but are presented in their original text.

Category 1: The importance of the ego

Theme A: Ego strength/structure needed in authentic movement

The theme ego strength and structure needed in authentic movement (AM), emphasizes the need for ego strength and structure in order to successfully engage in authentic movement. This theme was present in five of the eleven interviews. In its traditional format, AM is an unstructured movement modality that is guided by the mover's emotions. AM is a movement modality that quickly brings up hidden emotions and experiences, which can be potentially traumatizing for survivors. Due to its lack of structure, AM can be an unsafe modality for some survivors and clients to practice. For this reason, people who practice AM must have a well developed ego in order to safely process and contain their emotions without becoming retraumatized from past abusive experiences.

Explanation of ego and ego strength.

In order to provide readers with background information about the ego, I will include direct quotes from my interview with Helen Alberts. Alberts describes the ego and ego strength. Alberts explains that,

the ego is the navigator between the contents of the unconscious, and the conscious world. The ego is the part of our psyche that helps take care of our physical needs, our safety needs, and our security needs. ...The ego is that part of the body that comes in and [tells us when we] need to rest, sleep, and eat. Yet, in terms of consciousness, the ego has to be strengthened to a point where it can surrender to the needs of the soul. [The ego] knows our destiny, and understands

how we fit in the world, it connects us to our purpose for being here. The soul may want to take a person in a [new] direction, and the ego may think, it's new uncharted territory and, that it is too scary. The ego needs to learn to surrender to our soul. Because, that is where we need to go, in order to grow, and develop. So, the ego has to strengthen, and it has to be reassured that the human life form, the carbon life form, isn't going to be obliterated by the soul. So, the ego is a very necessary functioning part of the body, we need the ego, it just needs to be strengthened to be able to withstand daily life pressures.

Alberts believes that in order to recover from sexual abuse, survivors must have a conversation with their ego.

Alberts explains how to honor the ego by stating, "...you must pay attention to your dreams because you and your soul need them...". Alberts believes that it is important to thank your ego for its many years of service and for keeping you alive, especially under extreme threats like sexual abuse. Albert's description provides knowledge about the ego's effect on mind and body processing.

Interviewee responses.

The first interviewee who described the importance of having ego strength in order to practice AM was Linda Tremble. Tremble explains,

authentic movement demands ego strength, since AM encourages the movement from the unconscious to the conscious. Most of the people I work with are unable to maintain ego strength long enough to understand the

boundaries between consciousness and unconsciousness. It's a pretty scary place to go if you don't have the awareness, understanding, or the confidence that you can come back. I don't believe AM in its traditional form is an appropriate format for inpatient psychiatric settings.

Francine Brandt also explains that AM "can be intimidating for people who have lost control of their body, due to their trauma". For this reason, Brandt only uses authentic movement with certain clients. When working with clients, Brandt alters traditional AM in order to incorporate structured theme-based movements, "which increases safety for my clients...". In order to make AM safe for her clients, Brandt integrates guidance and structure into her sessions. Another interview participant who describes the importance of the ego as a container for authentic movement is Coraline Lent. Lent explains, "in order to engage in authentic movement you have to develop ego strength, and an internal witness,... you must have the power to hold a safe container for yourself". Lent believes that AM is a powerful tool that can only be used with people who are fully capable of safely processing their own unconscious triggers and traumas.

Interviewee Helen Alberts also emphasizes the importance of clients having ego strength before practicing AM. Alberts explains,

we need a well developed ego container that can surrender to the process of the soul, without giving up the need for safety, and security within the body.

First the container happens in the therapy room, and then moves into the body.

Then, it learns what the limits of the body are, how fast the process should go, and if it needs to go slower then it has been going.

Alberts views the ego as a container that helps keep people emotionally safe, which allows the body to process unconscious feelings, trauma, and abuse. Without an ego container it would be impossible to feel safe practicing authentic movement.

Essentially, as Albert explains, the "...ego has to strengthen and become aware and conscious, it has to grow up, so that it can bring back all the lost soul parts,...and then the trauma can begin to heal". Through strengthening the ego, survivors will begin to feel safe reconnecting to their body post abuse.

In the interview with Denise Straight the theme ego strength and structure needed for authentic movement is apparent. In her work with clients, Straight explains,

I've had a lot of experience, and when I work with someone I am sensing their brain and body all of the time, and if someone is really fragile and internally disorganized, they need a lot of structure, they need a lot of external structure. So, in that case I will not use authentic movement. Only if someone is really high functioning, do I use authentic movement. It is useful for trauma, but it is not for everybody... I know from practicing AM that it is very unstructured, and requires the individual to be able to observe themselves on their own. This means at different periods they have to have a self to observe. When the person is internally fragmented they can't go inside in that way, it would be too traumatic. They would disassociate, they would fall apart, and we would lose

them.

Straight describes that authentic movement should only be practiced by specific people who have a well developed ego and are safely able to contain their own emotional responses.

Literature integration.

DMT Valentine (2007) asserts that "movement often brings up unexpected responses, and where there is stimulation from many sources, participants need to have developed some coping strategies. They also need to be in a fairly stable state" (p. 185). Valentine maintains that when practicing movement modalities with survivors of sexual abuse, therapists and professionals must make sure their clients are stable enough to uncover unconscious emotions, feelings, and responses to their past abuses. Wyman-McGinty (1998) asserts that authentic movement provides a means for movers to access unconscious material that the body has internally stored. Practicing AM can open up new areas of abuse to be explored and healed, yet for a survivor who is not able to fully process and contain these emotions, it can be extremely re-traumatizing. Altering the traditional AM format to include structured movements can help survivors safely practice AM without becoming triggered or re-traumatized.

Subjective lens.

In my experience practicing AM as a tool to heal from sexual abuse, I have discovered that it is a modality that quickly brings up emotions, memories, and feelings associated with abuse and trauma. In one of my first AM sessions I was

purposely trying to hide my emotional feelings about my sexual abuse. Even though I was mentally trying to contain my emotions, my body and my feelings would not hold back the rage, sadness, and disgust that I felt. The format of AM does not allow movers to hide their emotions, because the body somewhat forcefully will assert the hidden and unconscious memories and feelings. I discovered that in order to practice AM, survivors and movers must feel comfortable openly displaying their hidden emotions, fears, and feelings through vocal, movement, and verbal means. The practice of AM requires a large amount of internalized security and safety, which is best achieved in women who have a well developed ego container. In my sessions I released the feelings with energetic movement and tears.

The theme ego strength/structure needed in authentic movement, emphasizes that AM is not an ideal modality for recovering from sexual abuse and sexual trauma for everyone. Authentic movement requires participants to be present with their emotions as unconscious parts of themselves emerge. Unlike the structured and guided practice of DMT, AM is guided by clients' free movement processes. These movement processes allow the mover to engage in conscious and unconscious body patterns and behaviors. Unveiling unconscious body patterns can open up new arenas for healing from sexual abuse and sexual trauma.

Summary.

Authentic movement is a powerful tool for releasing symptoms of trauma from the body. Yet, the practice of AM must consciously be practiced with people who have

an awareness of their own internal processes. Incorporating structured movements into AM sessions can curb experiences of re-traumatization for movers and survivors.

Since a core principle of AM is for the person to move freely, it is imperative that the witness, or AM educator, provide a safe container for those emotions to be expressed.

The practice of AM can quickly bring up triggers and issues related to trauma and abuse which can be explored and healed. Since AM is relatively unstructured, survivors who don't have a well developed ego have the potential of being re-traumatized from unconsciously stored abusive memories that arise from the AM experience. Though AM is a powerful tool for healing from trauma, abuse and emotional imbalances it should only be practiced by individuals who have a strong and secure ego.

Theme B: Body relationship

The next interview theme describes how practicing dance/movement therapy can help clients create a strong relationship to their bodies. The theme body relationship, demonstrates how movement processes can help survivors rebuild a healthy relationship to their bodies post abuse. After sexual abuse, survivors often disconnect from their body, in order to protect themselves from feeling the pain and anger associated with the abusive experience. Practicing movement processes can help survivors re-establish a secure connection with themselves and their bodies. This theme was from answers to the interview question: what are the positives and negatives of using dance processes to transform sexual trauma? The theme highlights

positive responses about using creative DMT processes to transform sexual trauma.

This theme repeated in six of the interviews.

Interviewee responses.

Interviewee Francine Brandt explains,

the positives of using DMT, is that it helps people learn to have a relationship with their body, and increase the positive relationship with their body. People become aware of their internal process, which gives them a way to express themselves. The body relationship is extremely important, it shows that PTSD symptoms are body based symptoms. They relate to the mind in certain ways, but hyper-vigilance, and hyper-arousal are in the body, and people are often unaware of how the signs show up for them. When they have the ability to form relationships with their body, and address the anxiety..., then they can recover from them.

Brandt argues that "learning how to be in your body and how to regulate your body is extremely important". Brandt is a strong believer that DMT provides a way for survivors to reconnect to their bodies.

Interviewee Linda Tremble explains that, from practicing DMT, she has witnessed clients build stronger connections with their bodies. Tremble states,

I can't say that I've seen people emerge from a crippled emotional or psychological stance to full functioning, but I've seen people experience being moved, and changed the relationship to their bodies, and themselves. They

begin to [develop] a healthier and more positive connection with their body.

Tremble maintains that once a person builds a relationship with her body, she becomes more capable of initiating her own recovery process. She states, "...when I'm working with people on the movement level I'm trying to focus on allowing a space for a connection with the body that is safe, gentle, and compassionate".

In the interview with Judith White, the theme body relationship arose. White explains,

...my belief is that any movement is helpful because it gets people back in touch with their body....Getting people more in touch with their body, and developing a relationship with their body, [sic] they begin to realize they have a body. A lot of sexual abuse people cut themselves off [from their body], and their movement is not free, it's very locked.

White believes that DMT provides "...a positive way for [survivors] to look at their body. It gives them a way to feel like they have a body and that it's not just something that is hurting."

Interviewee Elise Carole believes that her clients develop a healthier relationship to their bodies by practicing DMT. Carole explains,

...so many people that [sic] I work with have been traumatized, and I'm giving them a positive experience in their body. I'm providing an alternative way of relating, trusting and being in the body. I am keeping the connection open, in order for them to trust that there is wisdom, that they can tolerate whatever

they are feeling in their body, and that they can safely be in their bodies.

Interviewee Melody Elmerson also describes how DMT enhances clients' connections with their bodies. Elmerson explains that "movement therapy is helpful by providing an experience. Rather than just addressing the mental or cognitive part, [the movement] is helping people to be more in their body. Communicating through movement is much more rich...".

During my interview with Kathryn Zant, she described her work with three women who were sexual abuse survivors. While working with these women, Zant experienced the women begin to develop positive relationships with their bodies. Zant explains,

I had more of a core group and there were about three trauma survivors. These women really felt that movement therapy was helping them with their process. There were issues about safety, and about reconnecting with their bodies in a positive way. Also, being able to reclaim their bodies, and express anger, in a safe and supportive way about their trauma.

Zant describes one woman in particular, "she would come into group and feel safe in the group, and be able to slowly reclaim her body, and feel the experience". Creative DMT processes can allow survivors to reconnect to their body post abuse.

Literature integration.

A main goal of DMT and movement processes is to empower survivors and clients "to find a more compassionate, integrated relationship with their bodies"

(Valentine, 2007, p. 181). An important aspect of recovery is for survivors to release negative feelings they have towards their body. Survivors need to learn to view their bodies as a source for health and beauty, and let go of the abuse and pain in their body associated with the sexual attack. Valentine asserts that "the ultimate goal in this dance/movement therapy (DMT) work with survivors is a renewal of sensate connection and acceptance of the body" (p. 181). Valentine describes a female survivor who practiced DMT with her and states that "her ability to take in inner sensations has greatly improved; for example, in one session, noticing her tightening [sic] of her neck, shoulders and lower abdomen and , in another session, feeling the freedom of swinging her arms" (p. 191). Through the practice of DMT, this woman was able to reconnect to her body and feel her emotions that were internally trapped due to her prior sexual abuse.

Dance/movement therapists Mills and Daniluk (2002) did a phenomenological study where they explored the experiences of dance therapy for five female survivors of childhood sexual abuse. Mills and Daniluk state that, "a sense of bodily reconnection was an extremely prominent theme running through the transcripts of each of the participants. All of the women talked about how dance therapy involved a process of getting back into their bodies" (p. 6). Practicing DMT helped these survivors reconnect and re-build healthy relationships to their bodies post abuse. One participant of the DMT group stated, "I like my body a lot more. I am much more accepting of how I physically look and how I feel physically" (p. 7). Another

participant in the study stated that "you get total awareness of your body... it was exciting...it felt like coming alive" (p. 7). Mills and Daniluk assert that "in reestablishing a connection with their bodies, the participants reported feeling an increased sense of acceptance and care of their bodies" (p. 7).

Subjective lens.

From my experience, practicing creative movement processes such as DMT, AM, and CD have helped me to re-establish a healthy relationship with my body post sexual abuse. I have always been a very active person, and I often use my body to communicate my feelings nonverbally. Yet, after I experienced sexual abuse I became withdrawn and internalized the pain and shame I felt from the sexual attack. Since I have a deep passion for dance, I was ecstatic when I discovered that movement processes could be used as a source to heal from sexual abuse. In the last few years that I have been practicing DMT, AM, CD, and other movement processes as a source for healing from sexual abuse, I have felt more at ease with myself and my body. Even though the path to recovery is long, I have re-established a healthy connection with my body that has helped me heal from symptoms of sexual trauma.

Summary.

The theme body relationship, demonstrates how movement processes can reconnect survivors to their bodies. After sexual abuse occurs, survivors often disassociate and disconnect from their body, in order to protect themselves from the painful memories. The body disconnect is a direct response to the abusive experience

that was inflicted upon the survivor's body. Slow movement initiatives like DMT can begin to repair and rebuild a survivor's relationship with her body. When survivors build a healthy relationship with their body, they can begin to recover from sexual abuse and the after effects of sexual trauma.

Theme C: Body/self transformation

The next interview theme, body/self transformation, emphasizes that creative DMT processes can provide clients and survivors with an avenue for body and self transformation. This research theme differs from the theme body relationship because it instills a full transformation of a survivor's perceptions of themselves, their body, the abuse, and their life. This theme was related to two interview questions which are: have you had direct experience working with using DMT as a tool to transform trauma, and have you worked with women recovering from past sexual abuse? This theme was present in four of my interviews.

Creative DMT processes can provide an opportunity for survivors to transform their relationships to their bodies and themselves. Body/self transformation can enhance a survivor's relationship to their body by creating a new format for connection and recovery. When survivors begin their process of transformation, they can initiate a new connection with their body and themselves. A healthy body/self connection can form the basis for successfully recovering from sexual trauma.

Interviewee responses.

A variety of interview participants suggest that survivors' body/self

transformation is an important aspect of recovering from sexual trauma. In my interview with Francine Brandt she describes her experience working with clients who had a body/self transformation. Brandt explains, "I have absolutely seen transformation experienced with some of my adult clients. After they move, internal feelings arise that they weren't even aware of". Brandt further explains,

I had another client that through her [movement] work with her sexual assault discovered that her suffering was about her relationship with her Mother, and the pain she felt from her Mother's death. She felt when her Mother died, she stopped living, and she experienced all kinds of body issues, which she wasn't able to figure it out until she did movement with me.

The body movements allowed the woman to release and process her trapped emotions.

Interviewee Elise Carole describes her experience working with a client who suffered from anxiety that was related to past sexual abuse. Carole describes the experience as

...a process that took some containing in order to help her alleviate the anxiety and distance she had in her body. It was difficult for her to feel like she was doing any work, she felt like she needed to be moving more. A lot of the movements I gave her were functional techniques that allowed for and helped give her a container and a safety base. [The safety base allowed] her to feel comfortable with the process, and explore from that point. And [in the end] I did see a [body/self] transformation with her.

In my interview with Stanley Ruman he explained that returning to the body allows clients to return to themselves, which initiates a body/self transformation.

Ruman explains,

I am a very strong believer that when we return to the body in movement, the internal text that makes us who we are, and creates the emotions that we experience shifts... When we return to the body and movement, we return to our own possibilities, and we return to the promise of something that is there, that is beyond the trauma... When I'm working on my own material with myself or in partnership with somebody else, the movements can reset and they can calm, it can quite, and it can center us, but it also can go directly to those places of trauma... So, the body and movement as a vehicle can deliver us...

The final interview that included the theme of practicing DMT providing a body/self transformation was with interviewee Kathryn Zant. Zant describes one of her clients experience with transformation,

this woman really had some trauma issues, and she was able to go from crisis mode to a place where she was able to use movement therapy. She had tried a lot of modalities but she really stuck with movement therapy. She got to a place in her life where she found her voice through movement therapy. ...She went from being completely dependent, to feeling independent in her life. She began to volunteer and sing, and she really started to feel empowered. That all

happened for her from movement therapy. She began to feel her own power [and] her own empowerment in using her body. She was anorexic for quite awhile, and had a lot of body issues, and was able to work with getting out a lot of anger.

Subjective lens.

Practicing creative DMT processes has allowed me to re-connect to myself, my body, and my life, pre-abuse. I know that the abuse is a part of my life history. Yet, I can now state that I survived the violent experience of sexual abuse, and I understand that I do not have to be ruled by sexual trauma and after-effects of the abuse. Before I began practicing movement modalities as a source for healing, I would continually become re-traumatized and triggered from daily life experiences. I did not understand why the abusive experience continued to haunt me even while I was regularly meeting with a counselor. Around the same time, I started dancing again and discovered that the more I moved, the closer to my body and myself I felt. I researched movement modalities as a source for healing and began seeing a movement therapist and going to movement groups. These experiences shifted my understanding of myself, my body, and the impact of the abuse. Practicing these movement modalities re-affirmed the belief that I had as a child, that dancing was a source for full body health and happiness.

Summary.

Although literature was not located to support this theme, my experience and

my interviewees' knowledge suggest that practicing creative DMT processes can create a body and self transformation for clients and survivors. Body/self transformations shift survivors and clients perceptions of themselves, the abuse, their body, and their life. When survivors experience a body/self transformation they become capable of harnessing their strengths in order to recover from sexual abuse. A body/self transformation is a shift in life and body awareness.

Through this process, survivors can release trapped emotions and nervous tension by aligning with their body's needs. A body/self transformation could also be a beneficial practice for DMT's, clinicians, and conflict transformation professionals. Although my interview protocol did not probe the importance of clinicians and other aid workers practicing creative movement processes as a source for their personal health, I feel it is an important component. Essentially, in order for professionals to aid in their client's recovery process they also must practice their own healing. This process could help clinicians, survivors, DMT's, and conflict transformation professionals build stronger relationships.

Theme D: Trauma bond

A less frequent theme relates to survivor's identification with their trauma. This theme is not one of my research themes but was primarily in the literature review. This literature theme, also called the trauma bond, was in two literature sources and in one interview transcript.

Interviewee response.

In her emphasis on transforming sexual trauma interviewee Elise Carole states, you need to work at it, you need to recognize and honor that [the trauma] is there and not push it away. It's important not to identify yourself with [the trauma] by stating, oh, I'm a trauma victim. [You need to] recognize that part of keeping yourself healthy is to employ techniques, and pleasurable movements that are going to keep transforming you. You can't just expect that you are healed.

Literature integration.

Like Carole, author Crenshaw (2006) also believes it is harmful for survivors to identify with their trauma. Crenshaw maintains that it is important for survivors to recover from their trauma and not identify themselves with it. Crenshaw states "it is vital that the trauma survivor not crystallize a sense of identity that is organized around [her] trauma experiences" (p. 35). Crenshaw asserts that it is important for survivors to develop strength in their own identity and realize that "the abuse or violence was situational and imposed upon them forcefully and need not define who [she] is" (p. 35). Interviewee Elise Carole and author David Crenshaw, both view the 'trauma bond' as impairing survivors' health, recovery, and personal identity.

Author Peter Levine (1997) also discusses the individual's identification with trauma, which he calls "survivor's pride" (p. 216). Unlike Carole and Crenshaw, Levine maintains that a survivor's attachment to their trauma identity is a healthy stage of early healing. Levine explains, "we also need to take pride in ourselves as

survivors. The ability to recall a terrible scenario, and knowing that you have survived it is an important element in building self-esteem" (p. 216). Levine maintains that "survivor's pride" contributes to the survivor's sense of identity and empowerment, and "...is a good place to begin the healing journey"(p.216). From Levine's perspective, a survivor's identification with their trauma is a step to prove that the person is beginning to assert themselves.

Subjective lens.

In the beginning of my journey towards health, I strongly believed my identity as a survivor played an important role in my life. I think that as a survivor I needed to grasp that I fit into some group or community in the world, that I wasn't an outcast. The experience of sexual abuse can be extremely isolating. Before I was open about my abuse, I had this feeling that I was the only one who had experienced sexual abuse. When I began to openly discuss my abuse with friends and family, I discovered that there were so many other women who also had the same experience. I think that creating a dialogue about sexual abuse and sexual trauma has helped me release my identity with 'survivors pride'. In this stage of my healing, I am most concerned with sharing, discussing, and advocating about the powerful healing elements that movement modalities can provide for survivors of sexual abuse, sexual assaults/attacks and sexual trauma. My identification with my trauma and abuse continually changes but I believe 'survivors' pride' has been an important step in my path towards recovery.

Summary.

The 'trauma bond' can be viewed as a way for survivors to assert their power after surviving such a violent act, yet, it also can be seen as an unhealthy attachment to an abusive experience. These disparate viewpoints on the trauma bond show that there is still more research that needs to be conducted about survivors and their identification with their trauma in order to remedy this division. Even if the trauma bond is viewed as a healthy first step in healing from trauma or a negative aspect of recovery, it is apparent that survivors may identify themselves with their trauma during some point in their path to recovery.

Theme E: Clients must have ownership of their healing process

The third theme is about the importance of clients having ownership of their healing processes. Clients gain ownership of their healing process by being allowed to guide and lead their DMT sessions. Therapists who allow their clients to assert their needs through their own movement sequences are building a stable path of recovery for survivors. Through my interviews, I discovered that when a client has ownership of her healing, she is more likely to reconnect to her body and find enjoyment in DMT. This theme was apparent in seven of the interviews.

Interviewee responses.

This theme appeared in my interview with Francine Brandt. Brandt explains, "I often feel my clients out before just jumping in. I ask them the first day if they want to move, and if they are comfortable in their body. More important than me doing DMT

is if the client is comfortable, and ready to move". Brandt mentioned that "therapy needs to be engaging and motivating for the client". Once the client feels respected, heard, and understood she is more likely to integrate her own healing.

The theme of clients holding ownership of their own healing was also apparent in my interview with Linda Tremble. Tremble allows her clients to guide the DMT sessions by the level of comfort they feel in their bodies. This allows DMT clients to practice large and small body movements. Tremble explains,

you can be in the body in whatever way is comfortable for you, and if this is what your movement is today (small hand movement) then that's great. People are accepted where they are at, and then we start from there. So, it's a pretty powerful thing to be connected to one's body when you've been separated from it for so long.

Yet Tremble also states, "I have to work very conservatively, and make it clear to clients who they are in control of what they do, they are no longer in the trauma situation anymore, though it may feel like it". Tremble asserts that although she "may be interested in getting people in touch with their body experience, [it won't be the right time], until they feel safe, and our relationship is safe, and strong enough to do that". Tremble explains that it can be a "pretty scary thing to be in touch with the body sensation if all you have experienced is trauma and pain. You have to be very cautious and respectful that people may need to not move or not feel". Since the body is the source of sexual abuse, movements such as DMT must be practiced slowly and safely

so survivors will not become overwhelmed or re-traumatized. When women hold the power of their own healing process they will become more capable of connecting to unconscious emotional needs and desires.

Another interviewee, Coraline Lent, maintains that when dance/movement therapists copy and mirror clients' movements, clients learn to take charge of their recovery process. Lent explains, "you have to reflect them over periods of time. Then they will start to see themselves, they will start connecting with themselves, and they will start building a relationship to themselves, before we even get to the body". Lent argues that DMT should be a slow process guided by the clients' needs, movements, and initiatives. In her practice, Lent often mirrors her client's movements and reflects their emotions. Lent believes it takes an enormous amount of time before survivors are able to fully reconnect and rebuild a relationship with their bodies.

Interviewee Judith White also suggests that clients should hold ownership of their healing. White explains,

my belief is that any movement is helpful because it gets people back in touch with their body, but my training allowed me to be aware if [the movement] became too much for people... You have to honor where the person is at, because some people aren't ready to deal with their [past abuse].

White describes her approach to DMT as slow and conscious. She argues that clients' safety and interests are the most important factors in the recovery process.

Another interview participant that shared this theme was Kathryn Zant. Zant

mentions that when clients hold ownership of their healing they become more engaged with their recovery process. She describes a woman she worked with who had experienced trauma and had been inflicting self harm. DMT helped the woman initiate her own healing. Zant explains,

she would come into group, and feel safe in the group, and be able to slowly reclaim her body. I think some self harm was involved with her from whatever trauma she had experienced... There was this part of her that was trying to escape from her body. Getting back into doing the movement work, and reconnecting with other people and herself, really helped her. She was able to acknowledge her own feelings about healing, and really felt that movement therapy processes were a powerful tool to use.

Interviewee Stanley Ruman pointed out that individuals must be interested and engaged in their recovery in order for it to be successful. Ruman explains,

when doing movement, there is a whole array of skills, and sensitivities that need to be brought forth. There needs to be ownership in the process for the person who is seeking to understand. I think 'the how' is a really important piece, and if a clinician isn't as skilled, and goes in too fast, and doesn't help to facilitate the experience in a way that is helpful, it can be a very negative experience. It can be really re-traumatizing.

Ruman emphasizes that therapists must allow client healing processes to unfold.

Ruman explains, "...if you're working clinically with people it's really important to let

them be the guide in their own work...without taking control away from that person".

Ruman also envisions an interdisciplinary approach that allows clients to lead while practicing different artistic modalities. Ruman explains that

people have preferences, and people have different styles, and preferred ways of knowing, or being, and you never know which one of the modalities is going to speak to that person at any given time. Allowing them to bring up their own experience, and their own definitions, in their own terms, can help them through the process.

Ruman expands the traditional DMT lens. His ideology mixes interdisciplinary arts such as visual arts with the traditional DMT format. Stanley believes using multiple modalities allows individuals to gain ownership of their healing process.

Literature integration.

One literature source related to the importance of clients having ownership of their healing processes. In order for survivors to become passionate about their recovery, they must be able to lead the healing process (Valentine, 2007). Valentine maintains that "participants in sessions [must] have control and choice over their participation" (p. 185). This can be done by clients suggesting issues to discuss verbally or through movements, which shows the therapist how they want their therapy session to be guided. In order for healing to be successful, therapy must be guided by the client's initiatives. It is extremely important that in therapy survivors are able to regain the power and strength that was taken from them during the abusive

experience.

Subjective lens.

Throughout my recovery process, I have worked with a variety of therapists, healers, and movement professionals that had different ideologies on healing and their relationship with their clients. In some settings, the person I worked with set up a specified agenda for me to follow in order to recover from sexual abuse and sexual trauma. In other settings, I had an open range of techniques that I could practice in the therapeutic setting. From these experiences, I discovered that while it was important for me to have guidance and structure from my therapist or healer, yet, I also needed to have the authority to guide or change the direction of the session at my own free will. In the beginning of my healing, I sat through many counseling sessions that I found extremely uncomfortable. In these settings, the therapists would ask me questions about myself, while they looked at me quizzically. I didn't realize until a number of years later, that I actually could hold the authority of my counseling sessions. By working with movement, spiritual, and artistic therapists I discovered the wide array of healing modalities. From these professionals, I learned that asserting myself in the therapeutic setting actually played a primary role in recovering from my abuse. As I grew more confident, I became able to assert myself and my needs both inside and outside the therapeutic setting. I believe that when therapists allow their clients to lead their processes towards health, they are helping them regain the power and strength that was taken from them during the abusive experience or sexual attack.

Summary.

The theme clients must have ownership of their healing processes, equalizes the client/therapist relationship, which empowers survivors. Once clients gain authority over their recovery, they will be more likely to regain their strength and power. When therapists allow clients to guide their processes towards health, survivors will feel more empowered in the therapeutic setting. When survivors feel empowered in therapy, they may begin to assert themselves and build healthy boundaries in their relationships. Unfortunately, during my extensive research, I did not uncover literature to support this research theme. Through my personal and my interviewees experience with this research theme, I discovered that survivors and clients having authority over their therapy sessions is an important role in their path towards health.

Category 2: Dance/Movement Therapy

Theme F: Dance/movement therapy: a key nonverbal processing tool

The theme DMT: a key nonverbal processing tool was present in seven interview transcriptions. This theme emphasizes how DMT can help process trapped emotions associated with trauma nonverbally. Practicing DMT relies predominantly on movement as a source for recovery. Since sexual abuse is violence enacted upon the body, practicing DMT can recreate a healthy connection with the body post abuse. In DMT, when survivors move, their bodies are unconsciously processing the traumatic event, new memories and feelings associated with the abuse can arise through the movements that can be healed, processed, and transformed. This theme is further

explored and analyzed in statements, quotes, and summaries from myself, interviewees, and literature sources from scholars and psychologists.

Interviewee responses.

Interviewee Francine Brandt explains, "people have a lot of inhibitions, and often aren't able to verbalize their feelings". Brandt describes movement as a way to reach trapped body emotions and feelings. In an interview with Coraline Lent, there was a relationship with DMT as a tool for nonverbal processing. Through a personal depiction Lent explains,

I'm a very nonverbal person and I heal through moving. I love expressing myself with my body. When I learned that you can use dance, and movement to heal developmental wounds, it made sense. Since, it is all nonverbal, you're not talking...you're using your body as a whole, to make sense of your surroundings.

Lent provides a personal an explanation of the use of DMT as a key nonverbal processing tool.

Interviewee Judith White also describes the nonverbal power of DMT. White explains, "movement is very powerful, people can talk about a lot of intense stuff without it hitting them hard. Movement is much more holistic, and movement gets people in touch with emotions that they didn't know were there". Interviewee Elise Carole describes a client who was "ritually sexually abused by her Mother" and how DMT aided in her process to health. Carole explains, "the woman had done a lot of

verbal therapy but was unable to heal and connect with her body". Carole explains that through DMT, "I saw a change in her ability to tolerate bodily sensations, to tolerate moving from that sensation, and tolerate images arising from body meditations".

Interviewee Stanley Ruman describes how DMT is a prime tool for processing nonverbal emotions. Ruman explains, "I'm a great believer in the body and movement, the body reveals, the body doesn't lie, it's not filtered through the mechanisms that our speech is filtered through". Ruman believes that some individuals can't reveal themselves wholly and completely through words. The articulation of art and movement processes

allow us to express things that words don't, they allow us to go beyond, they allow us to go under, and around, integratively with each other. We don't have to understand, and we don't have to know in that way of knowing, we can know in a different way...

Interviewee Kathryn Zant also describes the connection between DMT and nonverbal processing. Zant asserts,

I think... with body traumas, the base of therapy is with the body, it really reaches the nonverbal aspects of trauma. Emotions can emerge through the movements, and get transformed, which are more healing for body traumas. There is more of an ability to release the trauma through movement versus talk therapy.

Another interviewee who describes DMT as a key nonverbal processing tool

was Melody Elmeron. Elmeron explains that,

people who wouldn't express themselves as well in words can benefit from DMT. Also, people who went through a lot of [verbal] therapy, and are able to tell you all the things they know about themselves, [without] it touching them [emotionally].

Elmeron asserts that DMT can help people uncover trapped emotions and unconscious feelings. DMT can be used as a nonverbal toll to process and release trapped emotions associated with trauma.

Literature integration.

The theme dance/movement therapy as a key nonverbal processing tool, was also discovered in literature sources as well as my research. As described in the DMT literature, author and dance/movement therapist Fran Levy (1988) argues that unconscious memories and trauma formed in the early stages of human development become trapped in the body and are most easily accessed through body movements and expressions. Researcher and therapist Wyman-McGinty (1998) suggests authentic movement, and body based healing for clients who have trouble verbalizing their emotions surrounding a traumatic event. Wyman-McGinty's intervention begins by, "asking the person to attend to what is being experienced in the body, then they notice any images or feelings that emerge, and allowing the [feelings] to drive any inner-directed movement" (p. 241). Trauma is stored in the body and DMT and creative movement processes provide an outlet for processing and releasing emotions

following an abusive experience.

Researchers in the fields of trauma psychology and neuroscience, also support the notion that practicing body based healing can aid in recovering from traumatic experiences. Since trauma directly effects the brain's verbal processing, words cannot accurately portray the sensations and actions that are stuck in the body (van der Kolk, 2003c). Thus, "the effects of trauma are often stored in body memories, and verbal therapies aren't able to release the trauma" survivor from this condition (p. 23).

Neuroimaging scans have revealed that when a person remembers a traumatic event, the left frontal cortex (known as the Broca area) shuts down, which stalls the individual's language and speech. During this time the right hemisphere of the brain, associated with the person's emotional states and the automatic arousal response for detecting threat located in the amygdala, light up.

These neuroimaging scans show that when an individual remembers a traumatic memory their frontal lobes associated with thinking and speaking become impaired, while their emotional centers become heightened (Crenshaw, 2006). Traumatic experiences often impair survivors verbal processing, which makes nonverbal creative movement processes such as DMT a valuable tool for transforming and healing sexual trauma.

Researcher David Crenshaw (2006) maintains that movement and the creative arts are prime modalities for releasing stuck emotions and body traumas. Crenshaw explains, "music, dance, and drama can evoke feelings that traumatized [individuals]

would find difficult, if not impossible, to access directly by verbal means, and likewise the capacity for soothing, and calming that these modalities offer is also quite beneficial to the disquieted spirit of many traumatized children and adults" (p.32). It is difficult to access and transform traumatic memories that occurred in pre-verbal stages of early childhood development. Movement based healing gives survivors the capacity to access past abusive memories.

These memories can be accessed through slow movement integrations which are practiced in a safe container provided by a trained DMT or movement specialist. DMT Loman (2005) asserts that "since dance/movement therapy intervenes on a nonverbal level, it is a modality appropriate for people who have difficulties that began pre-verbally, or for those who have suffered bodily trauma such as accidents, illness, physical or sexual abuse, or post traumatic stress disorder" (p. 69). As Levy (1988) describes "unconscious material, especially memories formed during pre-verbal stages of development, and bodily trauma, are stored in the body and are more easily accessed through physical expression" (p. 3). In order to process and release trauma, preverbal memories must be reclaimed through the use of body-based modalities (Lewis, 1996). Dance/movement therapy is a body based modality that can enhance survivors' emotional growth. As Loman (2005) and other dance/movement therapists explain "movement doesn't lie", and getting to the core of the body's needs can be a physically demanding, daunting, and beautiful journey (p. 68).

Research from neuroscientists shows how the body stores and processes

unconscious memories associated with past trauma. Humans have a variety of unconscious bodily stored memories, emotions, and feelings trapped in the body's system (P.L. Bernstein, 1986). In order for these unconscious memories to heal, they must be incorporated into the person's psyche. Safely incorporating triggering memories and events into a person's psyche can best be achieved through the use of body based modalities (Levy, 1988).

Memories of traumatic events are developed and stored in nonverbal portions of the brain. When trauma occurs during a child's preverbal stage it is extremely difficult to access. Loman (2005) asserts "reclaiming preverbal memories which lie in the body,... allow the client and the therapist to reconstruct early trauma" (p. 69). Since trauma is processed in nonverbal portions of the brain, it is difficult to access trauma through solely verbal processes. During the abusive event, survivors' frontal lobes, associated with speech and cognitive thinking, become inhibited by the fear response, while their amygdalas', or emotional centers, become stimulated. This experience explains why survivors have difficulty discussing their abusive experience. Loman explains "since dance/movement therapies intervene on a nonverbal level, it is a modality appropriate for people who have difficulties that began pre-verbally or with those who have suffered bodily trauma such as accidents, illness, physical or sexual abuse, or post traumatic stress disorder" (p. 69).

Subjective lens.

In my experience using DMT as a source for healing from sexual abuse and

sexual trauma, I have found it to be a modality that allows me to successfully portray my feelings through movements. In the past, it was extremely difficult for me to talk about my abuse without becoming triggered or emotionally overwhelmed. I would often get all choked up, and cry uncontrollably and was unable to successfully verbalize my feelings. When I learned I could use movements to express myself, I discovered a path that felt safer and more comfortable. When I practiced DMT I expressed myself mostly nonverbally and did not become triggered from my past abusive experience. I acquired the ability to use my body as a tool to show my therapist what I was going through, which felt extremely affirming for my process of recovery.

Summary.

The theme DMT: a key nonverbal processing tool, emphasizes survivors' need for movement-based healing post abuse. This theme is important for survivors of sexual abuse because it provides a resource for transforming and releasing unconsciously stored body trauma. Through the use of a safe container provided by dance/movement therapists, authentic movement professionals, and creative dance educators, internal emotions associated with past abuse can safely be explored. Creative movement processes such as DMT, AM, and CD can strengthen sexual abuse survivors' recovery processes.

The use of creative movement processes such as DMT provide an outlet for female survivors of sexual abuse to process and release trapped emotions associated

with past abuse and trauma. Van der Kolk (2007) and Levine (1997) assert that trauma occurs on a body level, and the body must be used as a source to activate and release trapped emotions. Neuroscientists, dance/movement therapists, trauma specialists, and survivors provide diverse perspectives on the nonverbal aspects of trauma and sexual abuse. These populations describe a relationship with the use of nonverbal movement processes and the transformation of sexual trauma. This research uncovered that body movements such as DMT, AM, and CD can be tools for women transforming sexual trauma.

When a woman experiences sexual abuse she may find it difficult to verbally express her story. Since sexual abuse is a direct violation inflicted upon the body, it can successfully be healed by practicing a body-based modality such as DMT. Using movement as a source for recovery can rebuild survivor's healthy connections to their bodies following sexual abuse. The theme DMT: a key nonverbal processing tool, reveals the importance of using movement processes to unlock emotions, trauma, and abuse that are stored in the body.

Category 3: PTSD

Theme G: Evaluating PTSD

This theme discovered was related to the interview question: do you feel like advanced states and symptoms of trauma such as PTSD, disassociation, and flashbacks are a life sentence or are processes that can be transformed? This interview question evoked a variety of responses from all interviewees. After leading five interviews I

discovered that using the term "life sentence" to describe trauma symptoms was a negative description upset some interview participants.

The theme Evaluating PTSD shows the variety of perspectives about survivors and advanced states of trauma. The sub themes related to PTSD were symptoms of PTSD don't go away but become manageable, presenting the two perspectives, trauma is not a life sentence, and trauma is a gift. A majority of interviewees mentioned that trauma will always be an aspect of survivors' lives, but after practicing healing, the trauma will no longer be the main component in their life. Survivors who are able to confront their abuse and immediately begin recovery processes are less likely to develop long term PTSD. PTSD is "the set of characteristics that occur when a traumatic event is recalled on a cognitive, intuitive, and/or nonverbal level" (Valentine, 2007, p. 194). Not all experiences of sexual abuse develop into advanced states of trauma associated with PTSD. The development of long term PTSD can occur when a survivor denies the abuse or their experience is silenced.

Some of my interviewees mention that advanced states of trauma can be transformed and are not a life sentence, while others assert advanced states of trauma don't go away but can be managed. The interviewees' responses that fit into both categories were placed under the heading presenting the two perspectives. One interviewee and one dance artist whom I spoke with viewed trauma as a "gift". The themed responses were placed into the following categories: symptoms of PTSD don't go away but are managed, presenting the two perspectives, trauma is not a life

sentence, and trauma is a gift. Some interview participants' responses only fit into one sub category, while other participants' responses fit into multiple categories. Direct quotes were used from interviewees to allocate the specific themes and categories.

Interviewee responses.

Subtheme a: symptoms of PTSD don't go away but become manageable

Nine of the interviewees suggest that advanced states of trauma associated with PTSD, such as disassociation, and flashbacks don't go away but become manageable. These interviewees assert that by practicing movement and healing processes survivors can lessen their triggers so they no longer rule their present lives. Coraline Lent states,

I tell clients you are not going to get rid of stress in your life, you're not going to get rid of problems in your life, but you're going to learn how to cope with them and you're going to learn how to manage it.

Another interviewee Judith White asserts,

I think as people become more aware of their triggers they become more aware of when those things are happening and they become able to focus more on the body. The [triggers] might not ever go away but they don't have to be in charge, the client can be in charge of those symptoms, the symptoms don't have to be in charge necessarily.

These interviewees argue that trauma symptoms can be lessened and managed but that they will always be an aspect of survivors' lives.

Subtheme b: Presenting the two perspectives.

Eight interviewees' responses had an overlap between the belief that advanced states of trauma such as PTSD can be transformed and that these traumatic symptoms will always be a part of survivors lives, similar to the theme, symptoms of PTSD don't go away but are manageable. These interviewee responses include the possibility of transforming and managing effects of trauma. Interviewee Linda Tremble explains, "I think they can be transformed, but I don't think one loses the experience on some level. I think they are probably always there but one becomes less controlled by it. The trauma itself is no longer the initiator...". Another interviewee Stanley Ruman suggests that there is hope for trauma survivors but, "...at the same time the trauma is a part of their life experience. Yet, the interplay with holding those experiences in a way that doesn't create a life sentence is an interesting platform to work in a clinical situation".

Interviewee Francine Brandt states,

for some people, [advanced states of trauma] don't go away completely. Yet, they learn to use their experience of getting to know their body, in order to be able to walk themselves out of a flashback. I believe the more times they are [successfully] able to do that then they will experience less flashbacks [sic].

Interview participant Elise Carole suggests,

I think that the trauma is always there but you can rescript, reprocess, and reimage the trauma. The more positive movement experiences you can imprint upon your body the better, or healthier, or happier you are at

modulating and transforming what the trauma is...

Later on in the interview, Carole states "I do think you can transform your trauma".

Interviewee Kathryn Zant asserts that

the trigger may always be there but the response to the trigger, and how the person responds and acts to the trigger can be transformed. I think that our body, and our memory is never going to forget that we had a trauma, but the reenactment of it can be transformed to a place where the person can say, that happened to me and I survived it.

Zant also argues, "I definitely think trauma can be transformed".

In my interview with Denise Straight she maintains that,

I do believe a person can get to a place where they can function better in their lives, they may have times when they are feeling more triggered, or more activated, but can be able to manage and self regulate. ...People can really move into much more normal lives and depending on the trauma, things can be resolved but the earlier in life the trauma occurred the more complex it is. We have to be realistic, you can only do so much. The scars are always there but people can still function quite well.

Interviewee Melody Elmerson explains,

I believe there are times in our life that we fall back on previous patterns, or there are things that revive trauma that can be a setback. People definitely can improve their life, yet, I believe in improvement in increments, it doesn't have

to be full recovery...

Yet, Elmerson also states, "I believe that trauma can be released". These interview participants believed that advanced states of trauma must be managed throughout survivors' lives, but that there is a possibility of transformation.

Interviewee Helen Alberts argues that, "... [advanced states of trauma] can be worked through, healed and transformed but it's only in facing [them], and being willing to do the work that they heal, they don't heal on their own". In a personal communication with artistic dance teacher Susan Banyas, she states,

I think that anything can be transformed. ...There has to be the will, and the recognition that your involved in your own healing. I don't think you can just make it happen, you have to want to get engaged with the process and then there will be good results... (personal communication, may 20, 2009).

These interview participants maintain that advanced states of trauma can be transformed by survivor's direct actions and initiatives.

Subtheme c: Trauma is not a life sentence.

Three interviewees mention that post trauma-effects should not be described as a "life sentence". Interviewee Stanley Ruman explains,

of course I don't think advanced states of trauma are a life sentence, in that sense. In different development places in our lives we can be retraumatized when we bring up old trauma. So, no I don't think any of them are a life sentence, but I think they are a part of the fabric of our lives, and the fabric of

how we have been constructed...

Interview participant Helen Alberts states,

...I believe that whatever doesn't kill us makes us stronger. Through the traumas that we experience as children, or as young adults, or at any point in our life, we become strengthened. I'm not sure I'd call them a life long sentence.

Interviewee Elise Carole states, "I believe that we all have life experiences, and those life experiences shape us. I think change is always possible. I don't like the word 'life sentence', because it instigates that pain is inevitable, and suffering is optional". These interviewees mention that advanced states of trauma should not be labeled as a life sentence. They argue that trauma should be viewed as life experiences that shape survivors reality.

Subtheme d: Trauma is a gift.

A smaller sub theme discovered is that trauma can become a life gift. This theme was in two participant responses and one personal communication. Each of these people maintain that trauma can be transformed. Interviewee Melody Elmerson states, "... some people change their lives and some people grow with the trauma and have a better life then before". In a communication with Susan Banyas she asserts that "the thing that has traumatized you can become your gift of transformation" (personal communication, May 20, 2010). Interviewee Helen Alberts suggests that transforming trauma can provide openings for future healing to occur for survivors. Alberts

explains, "I think trauma is our gift, and they are the ways to which we heal...". These interview participants all associate trauma with positive life changes and the possibility for major life transformations.

Literature integration.

The theme PTSD as a possible life sentence was in two literature sources. In the literature this theme had varying perspectives related to the transformation of advanced states of trauma and PTSD. The sub-themes presenting two perspectives, and trauma is a gift are explored and supported by literature from Peter Levine. Levine (1997) explains, "trauma is a fact of life, however, it does not, have to be a life sentence" (p. 2). Levine states that "not only can trauma be healed, but with appropriate guidance and support, it can be transformative" (p. 2). Similar to three of my interviewees Levine argues that "trauma has the potential to be one of the most significant forces for psychological, social, and spiritual awakening and evolution" (p. 2). Levine maintains that traumatic experiences can provide positive life transformations for survivors once they are healed.

On the other hand, van der Kolk (2003c) maintains that traumatic experiences can temporarily and permanently alter survivors' psychological functioning. van der Kolk asserts that

traumatic events such as family and social violence, rapes and assaults, disasters, wars, accidents and predatory violence confront people with such horror and threat that it may temporarily or permanently alter their capacity to

cope, their perception of biological threat, and their self-concepts.

Traumatized individuals frequently develop PTSD, in which the memory of the traumatic event comes to dominate victims consciousness, depleting their lives of meaning and pleasure (p. 168).

van der Kolks (2003c) descriptions of post trauma after-effects, portrays PTSD as a life sentence for survivors, who may have a lifetime of controlling and managing their symptoms. The diversity of viewpoints from these two literature sources show that new knowledge and research continue to shape individual perceptions of PTSD and advanced states of trauma.

Subjective lens.

Similar to my research sub-themes trauma is not a life sentence and symptoms of PTSD don't go away but become manageable, I believe that traumatic experiences can continue to be an aspect of a survivor's life if they do not consciously choose to heal, recover, and accept that the sexual attack happened to them. I believe that survivors can transform and release their traumatic after-effects if they are willing to explore and engage internalized memories, feelings, and emotional perspectives of their abuse. From my own experience, I have been most successful with releasing my traumatic symptoms when I explored the associations and the abusive experience. For instance, when I became triggered from hearing a sound that reminded me of my sexual attack, I learned to take deep breaths and explore what body feelings and memories arose from this sound. Then I used my body to release the unexpressed

emotions, each time I had these experiences I continued to transform my bodies association to the sound and eventually I no longer became triggered from the environmental stimuli.

Similar to two interviewee responses I believe that trauma can become a gift of life transformation. Even though sexual abuse and the onset of sexual trauma have brought extremely challenging experiences into my life, I believe these abuses and life traumas have transformed me as a person. I recreated my love of dance and discovered my passion for movement modalities as a source for healing. Through my healing, I have become a more grounded person who receives joy from incorporating the movement arts into my daily life experiences. I feel that I have reconstructed myself as a person and have discovered how valuable life is and that in every moment there is an opportunity for me to grow, love, and learn.

Summary.

The development of advanced states of trauma such as PTSD continue to be a complex issue. Clinicians, trauma specialists, and neurobiologists, all offer diverse perspectives about the continued development and transmission of trauma. Individual and situational factors are a major source of dispute surrounding the development of advanced states of trauma. Long term trauma and abuse that occurred in early stages of a child's development are believed to have more adverse affects then single occurrence adult trauma. This situational factor differs depending upon each individual experience.

The majority of my research observations suggest that sexual trauma causes negative mental, emotional, and physical reactions for survivors which need to be healed. A small percentage of research participants mention that trauma is a life gift that provides a transformational opportunity for people to be more connected to their true selves. The existence of trauma as a transformational life gift is a theme that needs further research.

Although painful, an important aspect of releasing trauma and PTSD is expressing the emotions and movements that were trapped in the body during the attack. Unexpressed trauma can lay dormant in the body for many years and become activated during times of intense stress (Levine, 1997). In order to fully heal, survivors must successfully process and release the traumatic experience from their mind, body, and psyche. Having knowledge about the development and recovery of advanced states of trauma like PTSD, is valuable for clinicians, DMT's, and conflict transformation professionals working with survivors of sexual abuse.

Although I did not change my terminology in my interviews, I would suggest future researchers omit the term "life sentence" and directly ask participants if post trauma effects can be transformed. This would allow an open dialogue to continue between researchers and interviewees.

Theme H: The body holds memory

The next interview theme is the body holds memory, this theme was discovered in five of my interviews. This theme differs from the theme possible re-traumatization,

in that it describes directly how the body stores and processes abusive experiences in life. While the themes are related, the theme possible re-traumatization asserts how survivors can become re-traumatized from practicing movement modalities. The connection between the body and the brain shows how the body holds and processes memories. The body holds memories of life experiences within its tissues, muscles, and bones. All experiences in life, whether good or bad, become imprinted into the mind and body and can become triggering. This theme was discovered through the interview question: do you have an understanding of how our bodies process trauma?

Interviewee responses.

Interviewee Elise Carole explains,

the body holds memory, and you don't know when the circuit will get triggered and there [sic] be a stress response. ...There are different ways of processing depending on circumstances, but we do have a chemical, visceral, and neurophysiological effect that happens in our body. In every layer of our being we experience it holistically, and all the senses can be affected. Ultimately, the amygdala and the brain light up when there is stress which triggers the fight/flight response within lower portions of the brain. Once you have had trauma, it is harder to settle the body and nervous system's automatic response.

Carole maintains that movement processes help survivors release and transform their traumatic memories which are stored in the body. By connecting traumatic memories to the body and the brain through practicing movement processes, their residual effects

may be released.

Interview participant Helen Alberts reiterates how trauma becomes trapped in the body which connects with the theme, the body holds memory. Alberts explains, trauma gets stored in the body at a cellular level. So, when we begin with movement, in the body we are freeing the body, [and] even the voice. The cells of the body will release memories and trauma, which may be felt from a body symptom, or seen in a vision. We are working to express [the trauma] and get it out of the body so it can release, and new energy can come in. Since trauma keeps the body locked in old patterns, we are breaking free those patterns to move that energy out, [in order] to heal it. ...anything that happened throughout life that has not been expressed, or felt emotionally by the body will recreate situations so we can go back and feel [and express] those emotions. The term is ex press [sic], meaning, we press them out of the body.

Interviewee Kathryn Zant explains that the body holds memory through her explanation of the body/mind connection. Zant states,

our muscles have a voice and when there is a trauma, the muscles and tissues of the body carry the memory of the trauma along with our mental memories. ...Some things can be tapped into using muscle movements that open them up to explore those traumas.

Interviewee Francine Brandt also states that

the reason we're incorporating the body into the therapeutic process is because

there is scientifically proven evidence that there is a body/mind connection.

There is a nerve that goes from your body to your brain not just your brain to your body. This is where your brain gets information on how your body is doing. Are we still in fight or flight, are we cold, where are we at? With trauma survivors, their body and mind aren't talking to each other they are not regulated.

Brandt educates her clients on post trauma effects like PTSD and disassociation.

Brandt believes this information helps her clients understand their own bodies' responses which strengthens their own process of recovery.

Interviewee Denise Straight contributes to the understanding of the theme the body holds memory by describing how the body processes trauma and how movement releases stored trauma. Straight explains

a person goes into freeze mode because they were unable to fight to protect themselves [during the time of the abuse or attack]. As we process the memories, we start to pay attention to the tiny movements that indicate an effort to fight, for example, and then we watch sensations without even much movement. We watch the sensations of arousal, and the small movements that perhaps will develop into an active push ..., which is what their body wanted to do in the trauma attack but was unable to do. [The movement] resolves and clears the bodies' impulse. ...The body then has the experience of being able to protect itself and resolve the blocked trauma response. [An example of a

movement] might be running, or whatever movement impulse the person was unable to do during the trying experience.

Literature integration.

Levine (1997) asserts that memories of abuse are fragments of emotional feelings that are stored in the body at a cellular level. Essentially, a survivor's memory of a traumatic experience becomes more emotionally upsetting than the actual abusive event. Also the body's external features and makeup such as posture, fear, and startle response are altered due to the rupture. The vital organs and energy systems of the body become shocked, and alter their cellular response in the body. When the body is shocked, survivors will experience increased post traumatic reactions. Levine suggests that trauma cannot be healed and transformed until it is fully integrated and released through the body. Levine explains, "we must understand how the body is affected by trauma and its position in healing the aftermath [of trauma]. Without this foundation, our attempts at mastering trauma will be limited and one-sided" (p. 3).

Female survivors of sexual abuse that practiced DMT in a group setting discussed how "their bodies contained information about past traumas and about how that powerful and sometimes shameful material surfaced..." (Mills & Daniluk, 2002, p. 10). These survivors discovered first hand that their bodies held memories of their past traumas and abuses, which could be triggered through daily life experiences and events.

Subjective lens.

I have had experiences in my life where I have uncovered hidden memories associated with my abusive experiences. From my experience, I have an understanding of the power my brain and body holds in past memories, emotions, feelings, and sensations. I have had body memories emerge from fragrances from certain plants and flowers in my neighborhood. The first time this occurred, I was flooded with a memory of my sexual attack. I was completely overwhelmed and did not understand how a certain flower could actually trigger the past abusive experience. As I researched more about PTSD and the after-effects of sexual trauma, I discovered that my brain was associating that particular scent with the abuse. Essentially, every time I smelled that flower, my body and brain reacted as if I were still in the abusive experience, my body temperature would raise, and I would experience anxiety. This response triggered my brain's primordial stages of fight-flight-flee, which caused me to become aroused and fearful. From these triggered experiences, I learned how to calm my brain's primordial stages and finally began to regain power of my body, myself, and my daily well being.

Summary.

The theme, the body holds memory, implies that memories of trauma and abuse are internally stored and become trapped in the body. Fragmented traumatic memories can continue to haunt survivors. These memories can become triggered through daily experiences that recreate the traumatic event. Simple activities such as going for a walk, watching a movie, and hearing loud sounds, can trigger an affective

response that floods the body with fear and arousal associated with the abusive experience. Sexual abuse is a direct violation and threat to the entire structure of the body. All structures of the body are affected by the ruptured boundary including internal organs (especially sexual organs), muscles, and cells.

Theme I: Possible re-traumatization

The next theme was that survivors could possibly become re-traumatized from practicing creative movement processes such as DMT, AM and CD. This theme arose from the interview question: what are the positives and negatives of using dance processes to transform trauma? The theme possible re-traumatization uncovers a possible negative effect of using dance processes to transform sexual trauma. The body holds unconscious memories and using movement as a source for healing can cause potentially traumatizing emotions and experiences to surface. This theme was in eight of my interviews.

The research theme possible re-traumatization, dissolves the perception that movement processes are a safe healing modality for all people transforming trauma. In order for movement processes to not re-traumatize survivors they must be done slowly and guided by clients' directives. Practicing movement processes such as DMT, AM, and CD can be re-traumatizing for survivors if they are not done consciously and carefully with a trained movement professional who follows the client's lead.

Interviewee responses.

Interviewee Linda Tremble explains,

the negative is you have to be very cautious when working with people who have been sexually and physically traumatized. You must really respect [survivor's] need for safe body boundaries, and the need to close off bodily experiences, because they are so painful....when you ask people to pay attention to their body experience, the body memories emerge, and they are re-traumatized again. Even though, it may feel like a comfortable experience for you to lie on your back, and give into gravity, it may be incredibly scary for someone who's been sexually traumatized, because it is a totally open and vulnerable position. For some people working on a body level is too scary. People with sexual trauma are often very disconnected, and disassociated from body experience, and you must respect that disassociation as a survival technique.

Tremble mentions that clients must have primary ownership of their healing which will help alleviate re-traumatization. DMT sessions must be guided through the clients' level of comfort with the movements.

Interviewee Stanley Ruman describes his experience in working with students who were trauma survivors. Ruman explains,

...I'm mindful that sometimes experiences can be very strong, and provocative, and can trigger [past events]. An individual could move their arm a certain way, and it might bring a memory back of somebody moving their arm back when they were younger as a child in a traumatic situation. You never know

quite what the triggers might be, so it's helpful to be aware and know that triggers are possible.

Ruman also asserts, "...I think in different development places in our lives we can be re-traumatized when we bring up old trauma". Ruman believes it is extremely important for clinicians to be aware of their clients' healing process, so they will be less likely to become re-traumatized.

In my interview with Kathryn Zant, she describes a woman she worked with in a group DMT setting that had past abuse and became re-traumatized from the process. Zant explains when she was working with

...a lady that had multiple personality disorder she became triggered by the body processes, which was difficult for me to witness. I felt I could have prevented it from occurring if I would have had more information about her ahead of time. I would've been aware of what her triggers were, that would've really helped the process more.

From her experience, Zant argues that it is important to have knowledge of each client's emotional, mental, abusive, and physical histories before practicing movement processes.

Interviewee Denise Straight explains "that it is a very delicate process when you are working with people who have experienced trauma and abuse, because they can easily become re-traumatized". Straight describes the process of bodily re-traumatization and explains trauma survivor's experience. Straight asserts that

"aspects of themselves have been taken over [by the abuse] and they feel terrified, and out of control and they don't know why. So, when working with the body you have to go slowly, and watch each person carefully...".

Interviewee Coraline Lent explains that movement processes must gradually be incorporated into the therapeutic setting. Once DMT and movement processes are slowly added into the therapeutic setting, re-traumatization is less likely to occur. Lent explains,

when working with trauma patients you must be very careful about working with their bodies because often the body is not a safe place. They are often very disassociated from their bodies, which is why they have problems in their life. They can't trust their experience in the world because they are very disconnected from their selves [sic]....the muscles in our bodies contain memory and when you shape your body, and put it into position, it will trigger an affective experience. Our body is a very powerful thing...so it's a very gradual and slow process when I work with trauma patients.

Interviewee Judith White asserts that a negative aspect of practicing DMT is that clients can become re-traumatized from memories that arise from their body movements. White explains,

a negative aspect could be that the person is not ready to deal with the feelings that arise. Getting in touch with other areas of their body, can be really scary. People are scared to get in touch with their bodies. They are so disconnected

from their body that they don't know how to be aware of their body, [either] good or bad.

Another interviewee who believed practicing DMT could possibly re-traumatize clients was Helen Alberts. Alberts explains,

the negatives [of DMT] may be that the person may try to force themselves through a movement before the soul is ready. A lot of women that [sic] have been traumatized are not aware of what their body's needs are, so they often have an over developed masculine [identity], and a drive to push the process forward. We force our way through things and we drive ourselves. The body approach, [or] the feminine approach, is at a much different pace, it slows [the body] down, in order to step into the process. A negative could be if someone tries to force you into something that you're not ready for.

Interview participant Melody Elmerson explains that, "...some people feel so resistant to DMT because it is so unfamiliar, and threatening for them. There is no need to push anybody, it is just a method and if it works that's great". Elmerson asserts that DMT can be re-traumatizing if the clinician is unaware of their clients' needs and pushes the experience of movement. Clients and clinicians must practice DMT slowly, and be aware of any triggers that arise due to past abusive experiences and memories.

Literature integration.

Valentine (2007) states that "survivors face special challenges doing [DMT] work. For them, to move may recall the danger of being noticed by the perpetrator; to

allow themselves to feel interior sensations may trigger flashbacks and/or very painful feelings..." (p. 184). Valentine maintains that "when introducing survivors to movement, it is essential to keep a constant check on their reactions" (p. 184). Valentine argues that DMT must be done slowly, and have sufficient boundaries and structure when working with survivors of sexual abuse.

One female survivor and participant of a group DMT session states that "moving is like opening a book... it wasn't just like opening the book, it was like ripping it open. It was really difficult" (Mills & Daniluk, 2002, p. 9). Another participant of the same DMT group stated that "being in my body always feels like walking through a minefield... you know there's danger out there, you just don't know where... you're waiting for the inevitable" (p. 10). Another survivor and participant of the DMT group asserted that "there were times when I really didn't like the stuff [DMT] brought up... but at the same time it's what helped free me" (p. 10). Some of the survivors who participated in the group DMT session reported that "they struggled with how to deal with painful memories and feelings that arose during their dance therapy sessions" (p. 9-10). Although the female participants and survivors of the DMT group became triggered and at times re-traumatized, they all agreed that therapy was helping them heal from their sexual abuse.

Subjective lens.

I have become re-traumatized many times during my healing process, yet none of those experiences arose when I was practicing DMT or other movement modalities.

From my experience, movement modalities have helped me release emotions and feelings that I had about my abuse. There were instances when I was moving and I would recall a particular memory associated with the sexual abuse, yet I did not become re-traumatized from these experiences. Instead, I was able to use my body and my voice in order to process my anger, and release and transform the memory of the abusive experience. The times where I became re-traumatized in therapy were when I was engaging in strictly verbal therapy and the therapist was questioning me about my sexual abuse. I know that movement processes have the potential of being re-traumatizing for survivors, but in my experience they have only heightened my recovery process post abuse.

Summary.

When survivors practice movement processes they can become re-traumatized by memories from their past abusive experience. Memories associated with abuse and trauma can become trapped in the body and movement processes such as DMT can re-stimulate past abusive experiences. Before engaging in movement processes, clients and therapists must have a well established relationship with one another. Using creative movement processes to transform sexual trauma can enhance survivors' capacity to heal. Yet, movement processes must only be used when the client is fully capable of containing, processing, and releasing memories that arise. The process must be led by the client's initiative, and guided and supported by a trained movement clinician. When DMTs, conflict resolvers, and clinicians have the ability to notice

when their client is becoming triggered they will be more apt to halt survivors' process of re-traumatization.

Category 4: Relationship with therapist

Theme J: Relational connection between therapists and clients

The next theme I discovered related to DMT and the transformation of sexual trauma was the relational connection between therapists and clients. A healthy relationship between therapists and clients can aid in survivors' recovery from sexual abuse and sexual trauma. A healthy client-therapist relationship must be built upon safety, trust, empathy, understanding, boundaries, and compassion. Survivor safety is extremely important. Since survivor's physical safety was demolished from the abusive experience, she must learn to trust people again. Therapists who work at building a relationship over time with their clients will gain survivors trust. Once survivors feel safe in the therapeutic setting, they will be able to successfully heal from sexual abuse and sexual trauma. This theme was discovered in four of my interviews.

Interviewee responses.

The first interview where the relational theme is apparent is with Francine Brandt. Brandt explains that "so much of the beginning of the work is building a relationship because these are possibly secrets that they haven't told anyone, so attunement is very important". Brandt asserts that building a relationship with her clients is one of the most important factors in clients healing.

Linda Tremble explained, "I think the process of change is very slow, and incremental, and in some sense what you do is less significant, than the connection between the therapist and client". Another interviewee expressing the importance of the relational connection was Coraline Lent. Lent explains that, "...a lot of the process is about repertoire, and relationships, and building trust over time. That is such an important part of being a clinician, it's really about the relationship and building the trust that happens over time." Lent emphasizes the importance of trust in the therapeutic relationship when she states, "trust is a major issue, they have to be able to trust you, trust that you're going to be there at that time, and in the whole environment".

The interview dialogue with Denise Straight also emphasizes the importance of the client and therapist connection. Straight explains that,

...relationship building between the client, and therapist is fundamental, since probably the main damaging wound of trauma is the rent, or break in social engagement. So, trauma is a result of an overwhelming experience when a person feels completely helpless. They feel that there isn't anyone to help them, and that they can't help themselves. That is extremely important, it causes people to have terrible experiences. Some people that had these terrible experiences occurred in a context in which they didn't have anyone to help them.

A strong and healthy connection between clients and dance/movement therapists can

aid in survivors' recovery processes.

Literature integration.

The research theme the relational connection between clients and therapists was also discovered in literature sources that were reviewed. The literature came from scholars in the fields' expressive arts therapy, trauma psychology, and Interpersonal Neurobiology. Expressive arts therapist Melinda A. Meyer (1999) asserts that, "one of the most agreed upon important healing factors in therapy is the relationship between the therapist and the client" (p. 252). Meyer (1999) states that "the ability of therapists to be present in the moment with themselves, and the other is the basis for the therapeutic relationship"(p. 252). Turner, McFarlane, and Van der Kolk (1996) explain that "...establishing a sense of personal safety is a primary goal of treatment" (p. 538). A client's sense of safety is grounded in "the patient-therapist relationship" (Turner, McFarlane, & van der Kolk, 1996, p. 538).

The therapeutic alliance contributes to survivors' successful path towards recovery. In the client-therapist relationship exists "the patient's ability to tolerate intimacy", and, "the patients capacity to trust another person with his/her helplessness and pain" (Turner et al., 1996, p. 538). Interpersonal Neurobiology professional Dan Siegel (2003) maintains that, "therapeutic relationships promote healing by enabling the self-organizational processes of the mind to move toward complexity" (p. 6). Siegel (2003) maintains that social engagement through relationship building allows the mind to function in more complex states. A healthy client-therapist relationship can

strengthen clients' social skills and enhance their social relationships. Once the connection between the client and therapist progresses, survivors can experience a sense of safety and cohesion amongst themselves and their environment (Seigel, 2003). Seigel (2003) asserts that "a sense of trust begins to infuse the growing connection between the client and therapist" (p. 6). A healthy client-therapist relationship can help survivors release and transform their traumatic pasts.

Subjective lens.

Throughout my process towards health, I have formed different relationships with therapists, healers, and movement professionals. Each of these experiences have taught me the importance of having a strong and trusting relationship with my therapist. I have worked with therapists and healers who were extremely compassionate, and I have worked with some who were more closed and unemotional. Each of these experiences taught me that I need to have a therapist who listens and understands me and my life experiences empathetically and without judgment. I have felt safer in therapeutic settings when the client-therapist relationship was well-established before I divulged secrets about my sexual abuse. Developing healthy relationships with my therapists has helped me to build strong interpersonal relationships in all aspects of my life. From my experience, I think that a healthy relational connection between therapists and clients can become a primary building block for survivors' continued recovery and health.

Summary.

A healthy therapeutic relationship between therapists and clients can rebuild survivors' trust after sexual abuse. Before survivors uncover their experiences with sexual abuse and sexual trauma, a strong relational connection should be built between clients and therapists. When survivors feel protected, heard, and understood by their therapists, they will feel safer disclosing secrets of their sexual abuse. If survivors or clients are questioned or pressured about details of their abusive pasts from their therapists, their safety may become disrupted which could cause them to become triggered, withdrawn, and fearful of expressing feelings about their sexual abuse. Through my experience and my interviewees knowledge, I have learned that therapists must establish a relationship with their clients gradually, which involves a slow process of change and connection between both the client and therapist. When survivors feel safe in the therapeutic setting, they will be able to successfully heal from sexual abuse and sexual trauma.

Summarizing research themes

These themes add credibility to my research and provide a framework for the development for future research. The themes are organized into four main categories including ego, DMT, PTSD, and relationships with therapists. These categories help the reader to clarify the meanings of my literature themes. Each of the themes are clustered under their similar category title. The emergent themes are directly related to my research question, do creative dance/movement therapy processes contribute to the dynamic of healing in women transforming sexual trauma? Several of the themes,

including body relationship, body/self transformation, the body holds memory, and DMT: a key nonverbal processing tool, place importance on the body as the source of healing from sexual abuse and sexual trauma. Two of the themes, including ego strength/structure needed for authentic movement, and possible re-traumatization, emphasize that movement has a potential negative effects if it is not guided slowly by following clients' movements. The theme clients must have ownership of their healing processes shows the necessity of healing and movement processes to be guided by clients' initiatives. Another theme, the relational connection between therapists and clients demonstrate that strong and healthy connections between therapists and clients can strengthen survivor recovery. In order for healing to be successful, the client must own the power of her journey to health. The theme Evaluating PTSD revealed the diversity of interviewees' responses about advanced states of trauma. Through my research, advanced states of trauma were viewed as a life gift, a process of transformation, and life experiences that could be managed.

Since my research only includes my experience as a survivor of sexual abuse and sexual trauma, these findings are inconclusive for the greater population of survivors of sexual abuse, sexual trauma, sexual assaults/attacks, and other traumas. Yet, they do provide creative ideas for female survivors of sexual abuse, DMT's, AM professionals, CD teachers, clinicians, and conflict transformation professionals. These findings are limited to the researchers' and research participants' experiential knowledge about sexual abuse, sexual trauma, DMT, AM, and CD. The knowledge

provided by my direct experience with the research provides survivors with a personal account of the healing capabilities of creative movement processes.

In order to achieve a new outlook on sexual abuse, sexual trauma, and intrapersonal conflict transformation, a variety of disciplines, perspectives, and methodologies were practiced. The disciplines conflict resolution/transformation, DMT, AM, CD, trauma psychology, and neuroscience provided a larger framework of knowledge for my research. Blending organic inquiry and heuristic approach provided a unique methodological avenue. These methodologies allowed me to incorporate my dialogue about sexual trauma with interviewee statements and literature sources.

The diverse perspectives of research enhanced the studies credibility. By melding these subjects I created a new format for research. This format provides future researchers, clinicians, survivors, DMT's, and conflict transformation professionals with a broader scope of philosophical and experiential evidence that supports the use of creative movement processes to transform intrapersonal conflicts associated with sexual trauma for women. By gaining awareness of common symptoms associated with trauma and PTSD, conflict transformation professionals may become more capable of resolving and transforming relational and interpersonal conflicts.

The after-effects of trauma and abuse should not be viewed as a life sentence. Although sexual abuse, and sexual trauma are inextricably painful and emotionally overwhelming, if healed they can provide a source for transformative life experiences.

Practicing creative movement processes such as DMT, AM, and CD can enhance a survivor's recovery process from sexual abuse.

Chapter 7:

Personal Conclusions

Introduction

The research uncovered ideas and themes related to creative DMT processes and the transformation of sexual trauma for women. The research themes and ideas are presented through a personal and an academic lens. These research perspectives provide ideas for using creative movement processes to recover from sexual abuse. Ideas introduced are intended primarily for women who have experienced sexual abuse. Female survivors of sexual abuse are a diverse population of people with varying needs. Creative movement processes such as DMT, AM, and CD are tools that have the potential to transform sexual trauma for women. Numerous tools and resources exist for recovering from sexual abuse and sexual trauma that are outside the scope of this research.

Using a subjective lens of research uncovered my own path of recovery post sexual abuse. Through this lens, I discovered a correlation between creative movement processes and trauma healing. The research themes are described by emphasizing their importance for female survivors of sexual abuse, clinicians, DMT's, AM professionals, CD teachers, and conflict transformation professionals. My experiences and personal conclusions about the research process are included in the traditional thesis format.

During the research process, I was aware of my own emotional responses. Since I am an integral part of the research, I acknowledged my feelings as an active

part of the research's transformation. The research provoked my own recovery from sexual abuse and sexual trauma. The use of organic and heuristic methodologies allowed me to incorporate my experiences into the framework of the research. Each of these methods of inquiry emphasizes transformational aspects of research, which honored my own journey towards health. Sexual abuse is a direct threat to a person's sense of safety. After sexual abuse occurs, survivors often blame themselves for the abusive experience. Internalizing self blame often arises from stigmatization felt from societal pressures and guilt. These negative experiences can cause survivors to conceal their sexual abuse and internalize trauma symptoms in their body. Trauma symptoms are diverse problems such as anxiety, depression, insomnia, body aches, migraines, and extreme emotions. Survivors of sexual abuse often do not realize that their pain is a symptom of their past abuse. These traumatic reactions occur from an imbalance in the body's systems and can be released through conscious movement processes.

Study Limitations and Suggestions for Future Research

A variety of questions could be asked about the credibility of using creative DMT processes to transform sexual trauma for women. The topic of sexual trauma and creative movement processes could be analyzed and explored through a broad range of disciplines. This research is limited to the researcher's personal experience and the research participants' experience with DMT, AM, CD, and sexual abuse. Only ten individuals were interviewed, which provides only a limited connection between the use of creative dance/movement therapy processes and the transformation of sexual

trauma for women. Of my ten interviewee's, six were registered DMT's, one was a therapist and AM professional, one was a CD educator, one was a registered DMT and CD educator, and one was a registered DMT and AM professional. The findings could provide a more precise analysis if a wider range of participants were interviewed who had direct and personal experience with sexual abuse and sexual trauma.

Female survivors of sexual abuse were not picked for my research population. I chose not to interview women who had experienced sexual abuse, because I feared it would be distressing for the women to discuss their experiences with sexual abuse and sexual trauma. Particularly if the survivors were still traumatized, then re-experiencing and re-living their sexual abuse could be extremely harmful to them. As a researcher, I did not want to engage in a research that had the potential to be re-traumatizing to my interviewees. For this reason, this research only divulges my connection with sexual abuse and sexual trauma.

Even though I took extreme precaution in protecting my interviewee's anonymity, some interview participants disclosed their personal connection with sexual abuse. Once an interviewee disclosed her status, I did not further question her relationship to sexual abuse. For the safety of my research participants, no further information will be provided involving their personal connections with sexual abuse. The qualitative methodology allowed my research participants to openly express their feelings about sexual abuse.

Also, as a researcher, I chose not to disclose my relationship with sexual abuse

to my interviewees. In order for interview participants to feel open with their feelings and beliefs about sexual abuse, I decided to keep my status as a sexual abuse survivor private. Yet, when interviewee Elise Carole asked about my relationship with sexual abuse, I divulged my status. The differentiation of my disclosed and undisclosed status as a survivor could have limited the quality of my research, yet future research is needed.

My research is limited to my direct experience with the subject matter, the literature sources, and the experiences and responses of my ten interviewees. Thus, the only question that accurately expresses my research is: how do I as a researcher, and the ten DMT's, CD educators, and AM professionals believe that creative DMT contributes to healing for female survivors of sexual abuse? My findings cannot accurately predict whether all female survivors of sexual abuse can heal their sexual trauma by practicing creative DMT processes. My own personal experience using creative DMT processes for healing sexual abuse does provide some knowledge for survivors and researchers. Although limited, my experiential knowledge with creative movement processes such as DMT, AM, and CD has provided a successful healing journey for myself as a woman transforming sexual trauma.

Another added limitation was the lack of diverse literature sources about intrapersonal conflicts and intrapersonal conflict transformation. It was also extremely difficult to locate peer reviewed, scholarly articles that discussed the relationship between intrapersonal conflicts and sexual trauma. For future research, I suggest that

conflict transformation/resolution and trauma psychologist scholars collaborate on research that emphasizes the relationship between trauma, sexual trauma, intrapersonal conflicts, and interpersonal conflict resolution and transformation.

International and cultural findings in my research were limited. All but one of my interviewees was from North America. In order to include an intercultural analysis, it might prove beneficial to interview individuals with a variety of ethnic backgrounds. I believe incorporating input from people from indigenous tribes and cultures could provide knowledge regarding the history of dance and movement as a form for healing and recovery.

In order to gain more diverse research data, it would be useful to interview an equal amount of men and women from various countries and cultures. A much lengthier research project would be to interview 100 individuals (50 men, 50 women) from different countries and cultures, who had experience with DMT, AM, CD, sexual abuse, sexual trauma, indigenous healing dances, and creative movement processes. This would provide a well rounded perspective about how dance and movement can be used as tools to heal and recover from sexual abuse and sexual trauma. Information could be gathered regarding different societal perceptions about sexual abuse and the use of dance and movement as a tool for recovery. This knowledge could provide another avenue of development for further research.

Unanticipated Problems

The main unanticipated problem that arose with the research was related to my

personal relationship with sexual abuse and sexual trauma. Since the research was subjective, it was difficult as a researcher, survivor, and participant to emotionally separate myself from the research process. As I was gathering research and analyzing data, I discovered that I was emotionally intertwined with all aspects of sexual abuse, sexual trauma, sexual attacks, and creative movement processes.

As I was researching and reading articles about female survivors of sexual abuse, I discovered that I began placing myself as a survivor and subject of the literature. I noticed that I became emotionally overwhelmed when I read documents that used disempowering and victimology language, such as victims, perpetrators, patients, and rape. Equally, in readings, I became angry when women who had experienced sexual abuse were portrayed as weak and dependant. However, as a researcher, I knew it was imperative that I separate myself from my subject matter in order to successfully complete the research process. I took a break from research, did more healing work and discovered how to create an emotional barrier between myself and the research material. The emotional separation from the research process allowed me to explore thematic areas of development in my research.

When the interviews began, I portrayed myself as a neutral researcher and withheld my status as a sexual abuse survivor. This process allowed for an open dialogue to flow between interviewees and myself. Yet, while transcribing the interviews, I had an array of emotional responses that arose in response to the initial interviews. As a way to resolve the inner conflict I felt towards the research, in-

between transcribing and writing, I began to practice my own healing work such as journaling, and creative art and movement processes. I became aware that my own healing and process work played an equal role in my research. Since I chose the topic as a way to portray my own dialogue, my art and process work was an added aspect to the thesis.

Even though using a subjective strategy of data analysis provided added challenges, it also included depth by incorporating personal struggles I had as a researcher. While facing my own intrapersonal conflict, I began to transform my past identity and beliefs about sexual abuse. My openness as a researcher provides an outlet for readers, researchers, and survivors alike to transform their prior perceptions of sexual abuse, sexual trauma, sexual attacks, and creative movement processes. If this research inspires one individual to begin their process of healing and recovery, then I consider it to be a successful venture.

The experience of ‘othering’

Through my personal observations as a researcher, survivor, client, and creative mover, I discovered that a level of inequality exists between clinicians and clients. I have attended workshops, classes, and lectures that were comprised of therapists and survivors. These diverse experiences showed me the various angles of client, survivor, and therapist identities. In some settings I disclosed my identity as a survivor, while in others I remained a silent observer. In order to fit into settings primarily comprised of therapists and clinicians, I carefully altered my language, and

demeanor. I became anxious and worried that my survivor status would be noticed, and I would be classified as an outsider.

From my experience, I discovered a hierarchical relationship between clients and clinicians. The hierarchical relationship occurs when clients and therapists view themselves as opposite and unequal from one another. Feminist therapist Miriam Greenspan (1986) explains that some forms of therapy have "an eminently masculine model of therapy in which the therapist is yet another patriarchal figure, the expert whose superior knowledge cures the passive, powerless and unknowing patient (p. 6-7). This unequal relationship is further strengthened through victimology language, which is frequently used to describe clients and survivors in clinical settings. Clients may believe that their therapist is more intelligent, emotionally apt, and surpasses their own developmental capabilities. Survivors will continue to feel disempowered when clinicians are viewed as superior to themselves. Ultimately, an unequal client-therapist relationship can halt a survivor's successful recovery.

Clinicians, DMT's, researchers, and conflict transformation professionals must be conscious about presenting themselves as equals to the people they work with. When therapists view their clients as insecure and powerless, they are creating a power imbalance that encourages their clients to be dependent upon them. I believe abolishing inequality between clients and therapists must begin through therapists' initiatives. Therapists need to be proactive and engage in dialogues with their clients about their own past and history of healing and recovery. When professionals and

clinicians are open about their past experiences with trauma or abuse, they will be more apt to engage their clients in a safe, equal, and successful relationship.

Miriam Greenspan (1986) asserts;

Most therapies, however much they differ in philosophy and methodology, share a common injunction against therapists revealing themselves as people to their clients. I will argue that the therapist's ability to disclose her feelings, beliefs and experiences as a person can be a profound therapeutic tool. The disciplined and skillful use of self-disclosure helps women in the empowerment process which is at the heart of feminist-and all good-therapy (p. 5).

In order to forgo client-therapist hierarchy, clinicians and other professionals in the social service arena, need to engage in their own process of healing. When clinicians attend to their own healing needs through therapy, they will be more apt to help their clients through their processes of recovery. Also, when clients and therapists are both engaged in healing work, communal support will exist that will continue to support equality in their relationship. Once equality exists in the client-therapist relationship, survivors will begin to feel more stable in their relationships and life experiences.

Suggestions for future research

In order to provide a well rounded perspective on sexual trauma and creative movement processes, more research questions could be added to the interview

protocol. It would be helpful if interviewees were asked in what setting they practice DMT, AM, CD, and creative movement processes. A possible theme could be developed related to the differentiation between DMT's who work with individuals or groups, in inpatient or out patient facilities. Further questions could be explored including: whether their clients receive medication or were they diagnosed with specific disorders, were the clients receiving other treatment options besides DMT, and if so how did this affect their level of healing, and how do they view themselves in relation to their clients (the client/therapist relationship).

Follow up interviews with each interviewee would provide more knowledge related to the creative use of movement processes to transform sexual trauma for women. Two weeks after the initial interview, another subsequent interview could be initiated. In the second interview, questions could be asked about themes that developed from the first interview. Asking participants direct questions related to their use of verbal and nonverbal body language could further enhance the research. Interviewees could openly discuss their feelings and responses to the first interview. Participants would also be asked if any emotional responses arose, and if they needed any support. The researcher could offer closure and support through an open ended dialogue between the interviewee and themselves. This conversation could provide closure for participants, and could also develop more themes for the researcher to explore.

Another avenue for future research would be to develop an understanding of

different individual perceptions of trauma. One of my interviewees spoke about trauma having different developmental levels. Essentially, some people view their trauma as more traumatizing than others. An event that is traumatizing for one person may not be for another. It would be interesting to explore individual and societal responses, and definitions of trauma, specifically sexual trauma. Every human being is susceptible to experience some form of trauma in a lifetime. Yet, the development of PTSD and other advanced states of trauma differ depending upon individual and situational factors. Even if two people experienced the same event, traumatic reactions might develop for one person, yet not the other. This disparity can be viewed as a result of different factors including upbringing, development, individual responses to violence, genetic predisposition to violence, connection to the body, prior trauma or abuse, communal support, societal response to violence, cultural and spiritual community.

Little research has been done incorporating researchers' direct relationships and experiences with sexual abuse and sexual trauma. Interweaving interviews from other female survivors of sexual abuse with my direct experience would provide more insight into the diverse experiences of sexual trauma. A few interview participants expressed their relationship to sexual abuse/ assault. It would be interesting to explore this topic further and ask personal questions related to their experience. Questions of particular interest with clinicians, DMTs, AM professionals, and CD teachers who are survivors of sexual abuse are: whether they feel their personal experiences with sexual

abuse inspired them to work directly with survivors of sexual abuse, and how they keep their experience with abuse separate from their clients', and whether they also use creative DMT processes to transform their sexual trauma? Providing more personal information about clinicians being interviewed would enhance the credibility of my research and reduce 'othering' between clients and therapists.

Concluding Gift

From childhood into adulthood I have been a confidante for women expressing their grief and anguish about their sexual abuse. I took a vow of silence to protect these young women's anonymity. As a young child, not knowing what to do or say, I bookmarked these experiences as an untold chapter in my life. Hearing the horrifying stories from girlfriends behind park benches and young women in night clubs, I felt sympathy for all women who had experienced sexual abuse. Yet, deep down I felt grateful that I had been spared, I still had my innocence. Then the opening began, the denial I had been hiding behind dissipated and I found I too was 'one of them'.

Opening up the history of my sexual abuse has been a long and difficult journey that has strengthened my capacity to heal, love, and experience life. While writing this thesis, I discovered that I am not only expressing my relationship with sexual abuse and sexual trauma, I am also telling the untold stories of all the young women and girls who are unable to verbalize their experiences of sexual abuse. In the spirit of many unheard and silenced voices, this thesis is presented as a gift to all women and survivors of sexual abuse. May your journey to health bring you strength,

hope and renewal.

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Appendix A

Explanation of vocabulary

A key element of this research is the terminology that is used throughout the thesis. A few of the key terms used include: sexual abuse, sexual trauma, sexual assault, dance/movement therapy (DMT), authentic movement (AM), creative dance (CD), transformation, creative movement processes, ‘othering’, humanization, re-traumatization, body symptoms, safety, internal processes, healing, safe holding environment/safe container, intuition, re-victimization, victimology language, mirroring, movement empathy, visceral response, empowering, PTSD, trauma bond, and triggers. Since the research is viewed through a subjective lens, many of the terms presented are described from my knowledge and direct experience with sexual abuse, sexual assault/attack, sexual trauma and creative movement processes. For instance, I use the term sexual abuse, sexual trauma, and sexual attacks/assault throughout the thesis. These terms each signify slightly different scenarios or occurrences.

The term sexual abuse is used to describe sexual acts forced upon either children or adults. It commonly denotes abusive acts that have occurred multiple times, but it can also constitute a single act of sexual abuse. Another similar term is sexual assault or sexual attacks which will be used to describe forced sexual acts and forced copulation. For the sake of this research, this term will be used primarily to describe forced sexual acts committed in adulthood. Sexual assault is similar to sexual abuse and can occur in childhood or adulthood and can denote single or multiple acts

of abuse.

The term sexual trauma is used to describe the mind and body sensations that occur following sexual assault, sexual abuse, or sexual attacks. Experiencing sexual abuse or sexual attacks/assault does not automatically institute the development of sexual trauma. Sexual trauma occurs when a survivor is unable to accurately release the memory of the abuse from the body. For instance, if a woman was assaulted while she was alone in her house, she may develop a fear of being alone. Long after the event has occurred, the woman may develop mind and body feelings that cause her to be fearful of being alone. From these symptoms the body and mind will have immediate uncensored reactions towards the experience of being alone that surface through different body and emotional sensations, known as body symptoms.

An example of some of the body feelings and triggered bodily responses are: raised body temperature, sweaty palms, upset stomach, and bodily felt states of uneasiness or anxiety. These symptoms are also known as triggers and often occur when an individual is overloaded with a memory of the abuse, and thus becomes "triggered". Although experiencing sexual abuse/ assault is traumatizing, it does not automatically develop into sexual trauma or advanced states of trauma associated such as PTSD. The development of advanced states of trauma can be associated with the level of support and care following the assault/ abuse, length of abuse, situation of abuse and the survivor's own body connection and awareness. Since every woman is different, sexual trauma and long term traumatic issues may develop for one person

but not another. A multitude of situational and individual factors exist which involve the development of sexual trauma and PTSD.

Post Traumatic Stress Disorder (PTSD) is associated with long term traumatic issues. Van der Kolk and McFarlene (2007a) describe PTSD as an individual's "inability to come to terms with real experiences that have overwhelmed their capacity to cope" (p. 4). The delineation of an individual that develops PTSD from a person who merely has a stress response, is that the individual's life becomes completely organized around the trauma (van der Kolk & McFarlene, 2007). The body becomes triggered and distressed with certain sights, smells and sounds that remind them of the abusive event. The survivor will become obsessed and preoccupied with the triggers, which often turn out to be more disturbing than the actual abusive event. From these experiences, the survivor will develop dissociative feelings and thoughts, which further strengthens the individual's identification with the abusive situation.

A complete description of dance/movement therapy, creative dance, and authentic movement is provided in chapter four, section two of the literature review under the DMT section. This research presents creative movement processes as possible tools of healing for survivors of sexual abuse. From my experience as a survivor, creative movement processes have proven beneficial for healing sexual abuse and sexual trauma. Since movement goes directly to the source of the abuse, it allows women to reconnect with their body following the abusive experience.

For further explanation about victimology language please refer to chapter 2:

victimology language. Essentially, using victimology language such as victims and patients to describe survivors can dehumanize survivors and cause them to feel weak and powerless. Another term that is further explored in the thesis is the 'trauma bond'. This term is one of my literature themes and is located in Chapter 6: category 4: relationships. The 'trauma bound' is known as a survivors attachment to their identity as a sexual abuse survivor. As noted in the paper, this theme has conflicting beliefs from literature sources and one interviewee.

Humanization plays an important role in survivor acceptance and healing. The process of humanization involves recognizing the common humanity in others, this process can help de-escalate conflicts and create equality amongst individuals (Maiese, 2003). "Othering is a process that identifies those that are thought to be different from oneself or the mainstream, and it can reinforce and reproduce positions of domination and subordination" (Johnson et al., 2004, p. 255). The process of 'othering' can occur in therapeutic settings when clinicians separate themselves from their clients and view themselves as superior. This power imbalance negatively effects survivors' processes of healing and can recreate cycles of dehumanization and re-victimization (Anderson, 2004). Advocacy leader Janet Anderson (2004) describes re-victimization as a situation in which survivors that have experienced sexual abuse in childhood are at greater risk to experience sexual attacks later in life.

A few of the terms used throughout the research that illicit empowerment for women are: healing, intuition, safe holding environment/safe container,

transformation, and the mind/body/spirit connection. The terms healing, transformation, and mind/body/spirit connection are used to describe a shift in body consciousness and awareness, that allows survivors to fully recover from the after-effects of sexual trauma. The process of healing provides a gentle awakening and opening for transformation to arise (Stromsted, 2001). The process of transformation provides a whole body shift to occur that can alter survivors' conscious awareness. This transformative awakening provides an avenue for recovery sexual abuse and sexual trauma.

Mirroring and movement empathy are movement practices that DMTs and other movement practitioners use as a way to give survivors ownership in their process of recovery. During the mirroring process, therapists repeat and follow their client's movements. This process is also called movement empathy, since the therapist is using their body movements to empathize with their client. These movement processes create a visceral body response for survivors. As Berrol (2006) explains a visceral response is an automatic response in the body that is triggered from the brain's mirror neurons. Essentially, the process of mirroring creates movement empathy both biological and psychologically.

Survivors' emotional safety is an important aspect of their recovery process. Although each survivor's level of safety differs, the establishment of a safe holding environment or safe container provided by the movement professional can increase survivors' safety and create boundaries. A safe container or safe holding environment

is initiated by the therapist being fully attentive to their clients through processes of listening, emotional support, confirmation, assisting, assuring, communication, and empathetic attunement. These aspects help the client and therapist build a trusting relationship.

When survivors follow their own intuitive processes they will feel a sense a personal empowerment. The use of the intuition allows people to follow their instincts in all life experiences. For the use of this project, intuition also refers to: self guidance, feelings, spiritual connections, internal processes, and relationship with self. Internal processes refer to the body's internal emotional and physical feelings. In order for survivors' to successfully reconnect to their bodies, they must process and release difficult memories, feelings, and emotions associated with their abuse.

The mind/body/spirit connection describes the emotional, physical, and psychic connection that survivors may experience from healing and transforming their sexual trauma. When sexual abuse is inflicted upon the body, it is felt in all levels of a survivor's body. Thus a healthy mind/body/spirit connection provides individuals with a sense of full emotional and body awareness, peace, and presence.

Appendix B

Interview Questions

- What is your profession? How many years have you been doing it?
- What personal and professional experience have you had with authentic movement (AM), creative dance (CD), or dance/movement therapy (DMT)?
- Have you had direct experience with using dance/movement therapy a tool to transform trauma? If so, how did the process progress?
- Have you worked with women recovering from past sexual abuse? If so, then in what sort of setting? Please do not give any details about your past clients regarding, names, or specific individuals, I want to make sure we keep up with client confidentiality. I am most interested in the overall process and dynamic of change, related to trauma transformation.
- What are the positive and negatives of using dance processes to transform trauma?
- From your own experience in what ways have creative dance principles impacted your life?
- Do you have an understanding of how our bodies process trauma? If so, please explain...
- Do you feel like advanced states and symptoms of trauma such as PTSD, disassociation and flashbacks are a life sentence or are processes that can be

transformed? Please explain...

- Please describe your first experience with using dance processes for personal healing... How did it feel?
- Is there any more information you would like to share about this topic?

Appendix C

Initial Letter

Creative Dance Movement Therapy Processes for women transforming sexual trauma

Dear :

My name is Emily Fern Dayton, and I am a student in the Conflict Resolution Department at Portland State University. I am beginning a study on the use of Dance Movement Therapy processes to transform trauma for women, and I would love to invite you to participate.

You are being asked to take part because you have direct personal or professional experience with Dance/Movement Therapy, transformative dance or sexual trauma transformation. As part of the study, I am interested in your opinions and attitudes about how creative and movement based processes can potentially alter the positive transference of trauma. I hope that the information that I collect will help us to better understand how women can transform and heal from past sexual abuse. If you decide to participate, you will be asked to have either a face to face interview or phone interview at an agreed upon location, date and time. This will involve answering questions pertaining to sexual abuse against women, Creative Dance, Authentic Movement, Dance/ Movement Therapy processes and trauma psychology. The interview should take approximately two hours to complete.

As a result of this study, you may feel discomfort in discussing the sensitive topic of sexual abuse. However, I assure you that I will provide as comfortable of a

setting as possible to ensure you freedom of expression. I will also describe the guidelines as well as my interview questions and topic before our actual interview will take place. I will send my interview questions and my thesis proposal to you to look over and decide if you still wish to continue with the interview process. You will have the absolute freedom to decide whether or not to respond to potentially upsetting questions. You will also have the authority to end the interview at any time due to any level of discomfort it is giving you. You may not receive any direct benefit from taking part in this study, but the study may help to increase knowledge that may be beneficial for individuals in the future.

If you choose to remain anonymous within this study then all information that can be linked to you or your identity will be kept confidential. This information will be kept confidential by using a pseudonym to conceal your real name and identity. Throughout the research process as well as thereafter I will be the sole person accessing the research data. This process will ensure that your confidentiality will be protected and not be known by anyone other than myself. If you have any questions or concerns you can contact me directly before, during and after the research process. All materials related to my thesis (interview notes, articles and clippings) will be stored within a file cabinet within my home and will be kept there for the duration of three years after the research is completed. After the three years are up I will shred any and all documents which contain your name. If you wish to participate within the study using your true identity then your name could be used within my thesis document as

well as in further discussions about my research.

Participation is entirely voluntary. Your decision to participate or not will not affect your relationship with the researcher or with the Conflict Resolution Department at Portland State University in any way. If you decide to take part in the study, you may choose to withdraw at any time without penalty. Please keep a copy of this letter for your records.

If you have any concerns or problems about your participation in this study of your rights as a research subject, please contact the Human Subjects Research Review Committee, Office of Research and Sponsored Projects, 600 Unibus Bldg., Portland State University, (503) 725-4288/ 1-877-480-4400. If you have any questions about the study itself, contact Emily Fern Dayton at (address and phone omitted)

(Signed by author) Conflict Resolution Department/ PSU.

Appendix D

Consent Form

You are invited to participate in a research study conducted by Emily Fern Dayton from the Conflict Resolution Department located at Portland State University. The study is being conducted in partial fulfillment of the requirements for a master's degree, and it is under direct supervision of Rob Gould, the Conflict Resolution Departments Director. This study is designed to give the researcher and her audience a better understanding of how creative Dance Movement Therapy processes aid within the transformation of trauma for women healing from sexual abuse. It is also

important to note that this study is completely experimental. You were selected as a possible participant in this study because you have direct personal or professional experience with at least one of the following areas: Dance Movement Therapy, Authentic Movement, Creative Dance, artistic and transformative dance and sexual trauma transformation.

If you decide to participate, you will be asked to do either an in person or a phone interview due to your personal convenience and location. The one time interview will last approximately two hours and the date and time will be specified by you in order to fit within your scheduling needs. The face to face interviews will take place at an agreed upon location that feels most comfortable to you. I will begin the interview with an overview of my research. I will also describe that as an interviewee your purpose will be to provide me with the open and honest answers to the best of your ability. I will emphasize that if at any time you feel discomfort we can stop the interview and you will not need to complete the remaining responses. In that same regard you will not have to answer any questions that make you feel uneasy. I will then begin my interview questions and will be writing notes and answers to your responses during our interview. Both the phone interview and face to face interview will be tape recorded. It is completely up to you if you wish to be tape recorded or not. If you are deciding to do a phone interview then the specific time and date will be arranged due to your availability. The phone interview will follow much the same outline as the face to face interview, with the only difference being that we will be

using telecommunications and may have to adhere to the lag in the conversation.

While participating in this study it is possible that you may feel a level of discomfort when describing the vulnerability of a topic such as sexual abuse. If at any time you feel uneasy describing this sensitive topic within an open setting then you may choose to end the interview at any time. And if you decide that you would like to continue the interview at a later date then we will reconvene with an agreed upon location, date and time that best fits your needs. I will take great care to describe the guidelines as well as my interview questions and topic before the actual interview will take place. I will send my interview questions and my thesis proposal for you to look over and decide if you wish to continue with the interview process. You will also have complete control in deciding whether or not to respond to potentially upsetting questions. To ensure a low level of inconvenience I am allowing you to set the specific date, time and location which will best fit your schedule and comfortability. You may not receive any direct benefit from taking part in this study; but the study may help to increase knowledge about the use of Dance Movement Therapy principles to transform trauma related to sexual abuse which may help women and others in the future.

If you wish to remain anonymous then all information that can be linked to you or your identity will be kept confidential. This information will be kept confidential by using a pseudonym to conceal your real name and identity. Throughout the research process as well as thereafter I will be the sole person accessing the research data. This

process will ensure that your confidentiality will be protected and not be known by anyone other than myself. If you have any questions or concerns you can contact me directly before, during and after the research process. All materials related to my thesis (interview notes, articles and clippings) will be stored within a file cabinet within my home and will be kept there for the duration of three years after the research is completed. After the three years are up I will shred any and all documents which contain your name. If you wish to participate within the study using your true identity then your name could be used within my thesis document as well as in further discussions about my research.

Your participation is voluntary. You do not have to take part in this study, and it will not affect your relationship with The Conflict Resolution Department at Portland State University. You may also withdraw from this study at any time without affecting your relationship with The Conflict Resolution Department at Portland State University.

If you have concerns or problems about your participation in this study or your rights as a research subject, please contact the Human Subjects Review Committee, Office of Research and Sponsored Projects, 600 Unitus Bldg., Portland State University, (503) 725-4288/1-877-480-4400. If you have questions about the study itself, contact Emily Fern Dayton (address and phone omitted).

Your signature indicates that you have read and understand the above information and agree to take part in this study. Please understand that you may

withdraw your consent at any time without penalty, and that, by signing, you are not waiving any legal claims, rights or remedies. The researcher will provide you with a copy of this form for your own records.

Subject: _____

Date

Signature

Witness: _____

Date

Signature