

## **Book Review: *Dance/Movement Therapy (DMT) for Trauma Survivors: Theoretical, Clinical, and Cultural Perspectives***

**书评: 《创伤幸存者的舞蹈/动作治疗(DMT): 理论、临床和文化视角》**

Giselle Ruzany  
Expressive Arts Therapy, USA

---

Rebekka Dieterich-Hartwell and Anne Margrethe Melson gathered a diverse group of dance/movement therapists (DMTs) to share their theories, practice, and experiences when working with multiple populations in the process of working through trauma. Throughout the book, the reader is sure to find nuggets of information that even the most trauma-informed DMT can appreciate as jewels to keep. This book will give readers an overview of where the field is in this conjunction using DMT with trauma. Furthermore, the book acknowledged its unique time framework when it was in production, when racial inequality and COVID-19 challenges were present, influencing its content, written with awareness and consciousness on these topics. This book contains essential resources and references, presenting tools, techniques, theoretical frameworks, research, inspirational stories, and vignettes. The many case examples will enrich the reader in seeing how others have tackled such a sensitive topic. Historically, the field of DMT had worked from a movement-based and body-centered healing practice, even before the American Dance Therapy Association's (ADTA) was established in 1966. This book helps place DMT as a psychotherapy modality for trauma care.

*Dance/Movement Therapy for Trauma Survivors* has brought together experts working from a trauma-informed DMT lens with different populations, locations, and healing practices. The book is divided into three sections; the first section articulates the foundational concepts of working with DMT and trauma and how they inform one another. The second section explores DMT clinical applications with various survivors' populations: such as children (chapter 5), adolescents (chapter 6), persons living with schizophrenia spectrum disorders (SSDs) (chapter 7), substance abuse (chapter 8), processing sexual abuse and international human sex trafficking (chapter 9), persons living in the criminal justice system (chapter 10), refugees (chapter 11), eating disorders (chapter 12), veterans (chapter 13), and persons living with medical illness (chapter 13). The third section opens the focus on working in telehealth (chapter 14), working informed of the impact of transgenerational trauma when working with different populations (chapter 15), and working with mental health professionals (chapter 16). It finishes with a chapter on how to approach the subjects of education, practice, and research when attentive to trauma-informed healing (chapter 17).

In the first section, the book begins (chapter 1) with A. E. Gray and A. Fargnoli briefly exploring the history of DMT and their own theoretical and practical methodologies development as DMT's working with trauma survivors. Gray's background includes her experience working with survivors of human rights abuse and historical and collective trauma, and Fargnoli's in working with refugees, immigrants, and survivors of human

trafficking. Both authors, respectively, are influenced by dance as healing in Sri Lanka and Haiti. They were able to write about their inspiring journeys; Gray created a form called restorative movement psychotherapy, and Fargnoli writes about leading a collective care approach using DMT for therapists' wellbeing. In chapter 2, Maria Rivera, Charné Furcron, and Nancy Beard all discuss the "brutality against browns and black bodies, systemic racism, oppression, and white supremacy"(p. 24). Each author came from a different perspective on the topic as they identified their experience based on culture, identity, education, historical, economic, and political perspectives. In the third chapter, Rebecca Barnstapple and Rebekka Dieterich-Hartwell write about the neurobiological implications of trauma and DMT. The authors thoroughly explain the impact and shifts on brain function due to developmental trauma, explaining dissociation and hyper vigilance associated with brain structures and communication shifts between regions or elements in brain function. The authors describe how DMT techniques help to resource, augmenting one's tolerance window through titrating different sensations that are trauma and non-trauma related. Authors describe DMT tools in integrating top-down with bottom-up approaches while remaining attentive to monitoring and integrating multisensorial signals. In chapter 4, Marianne Eberhard-Kaechele and Andrea Goll-Kopka describe the importance of therapeutic relationships when working with clients with trauma. Using Porges' polyvagal theory, the authors describe the tenets of co-regulation of stress and emotion: "warm eye contact, soothing vocalization, breath, touch, and gestures of the head and hands (p. 61). Authors are comprehensive, giving specific suggestions such as "comfortable, safe and predictable" environments (p.61). Other nuggets of wisdom include using props to mediate contact, repairing ruptures of trust, and encouraging the development of resources and skills when dealing with stressful situations.

Section 2 takes a less broad approach and begins with chapter 5 by C. Deveraux and L. Harrison, speaking of the implications of working with children with complex PTSD. The authors wrote an excellent chapter on defining attachment and epigenetics in transgenerational trauma. The authors describe trauma-informed principles to help clients learn to tolerate feelings and sensations while modulating arousal. The authors describe a case study with vulnerability and strength, showing the challenges for both the child and the therapist. Chapter 6 has C. Sherrel and W. Allen open the focus on adolescent care and understanding their traumas caused by oppressive systems. Furthermore, the authors advocate that the therapists know their biases and privileges when working with this population and the difference between "unsafety and discomfort" when addressing those issues (p.107).

Chapter 7 takes a complicated topic in understanding the intersection between trauma and SSDs. Jacelyn Biondo and Karolina Bryl describe how SSD diagnoses have evolved from 1919 to today, where they introduced "'recovery' to support social, psychological, and biological functioning" (p.116). Trauma in this population is very common, while misdiagnosis and over diagnosis are common with people of color. "The experiential process of DMT supports processing healthy body boundaries, movement dysregulations, self-awareness, self-esteem, and ego development"(p.119).

The chapter illustrated how these aspects helped reduce symptoms and promote skills for stabilization and grounding.

In chapter 8, M. Patterson and M. Melsom advocate for a trauma-informed DMT approach to engaging in substance abuse treatment. This chapter includes bringing one's authentic self as a facilitate or and holding the environment with presence, using music as a relational and cultural bridge to the group, giving attention to the aesthetics of dance, and infusing strength and vitality into the session. Chapter 9 tackles the challenging journey of women's recovery process to reclaim their bodies and boundaries after surviving sexual abuse and sex trafficking. S. Chakraborty and L. Tant share theoretical and practical wisdom, allowing the reader to gain perspective and see the possibility of healing, empowerment, and strength in these women's lived experiences.

Chapter 10 includes a beautiful love letter to the incarcerated and their healers by Rosey Puloka. Ella Dumaresq follows Puloka by describing running a group for women navigating the justice system. This chapter is sensitive, realistic, inspiring, and tear-provoking, but primarily educational and, if not cliché, awoke! Chapter 11 is another sensitive chapter in working with refugees temporarily relocated to Germany and then being between spaces with COVID and surviving the genocide of the Yazidi. S.C. Kosh and I. Konopatsch reported the need to focus on reclaiming safety in their bodies and listening to music versus moving as it brought up trauma memories, stabilization becoming the goal, and unpacking through verbal exchange a more adequate part for the still grieving refugees. Here the need for stillness is honored and, therefore, important information against generalizations or misconceptions that movement could always be the proper intervention.

Chapter 12, Elise Billock Tropea and Susan Kleinman tackle individuals with eating disorders by focusing on the underlying emotional symptoms. The authors described interventions within the areas of kinesthetic awareness, rhythmic synchrony (attunement), and kinesthetic empathy. Case examples illustrated essential elements in the therapeutic process, including soft eyes, quality movement descriptors (such as space, weight, time, and flow/force), breath, music, and props to facilitate trusting the body towards a sense of a safer home.

Chapter 13, "Dance/Movement Therapy with Active Duty and Veteran Military Populations," was written by A. F. Winters Fisher and E.K. Freeman. This chapter is very informative, describing the difference in treatment goals depending on duty status and the importance of being familiar with the language and skills of this population when it comes to building resources for self-regulation and stress management. Furthermore, this chapter divides invisible wounds of war into different categories that affect treatment, such as traumatic brain injury and PTSD, moral injury, and military sexual trauma. The chapter discusses personal, transitional, and family challenges, plus it provides a case vignette emphasizing "skill building in self-awareness, autonomic regulation, self-care, and social connection"(p. 211).

Chapter 14, by Minjung Shim, Eri Millrod, and Monica Gaydos, describes the use of trauma-informed dance/movement therapy in the context of medical illness. In light of promoting resilience and post-traumatic growth through an existentially oriented

DMT, the authors explain the importance of discussing mortality, the body as a threat, and ruminations about disease progression with clients with medical illnesses. The authors emphasize multicultural considerations within this population regarding medical information and family dynamics. Important tools examples include using creative process, aesthetic knowledge, and meaning-making.

Part 3 of the book holds chapters 15 to 18, focusing on specific areas when using trauma-informed DMT. This section begins with chapter 15, unpacking the shift of health care toward telehealth, written by A. Coote and J. Ellyson; followed by considerations when working on cultural and transgenerational trauma spoken by S. Coburn, A. M. Grayson, and G. Z. Sterenfeld (chapter 16), who are able to speak from the perspectives of Native Americans, African Americans, and Holocaust descendent groups. This chapter helps clarify why including transgenerational trauma and adaptive resilience are essential elements for creating therapeutic alliances, treatment goals, and collective healing when working with trauma survivors. Next, in chapter 16, D. Morningstar and A.V. Ruzic define the needs for, and when working with, the helping professional to avoid burnout and vicarious trauma while building resources for self-care. Lastly, the book finishes with chapter 18 by J. Young, R. Flaum Cruz, and A. Robinson, who promote using a trauma-informed and healing-centered DMT lens in pedagogy, practice, and research. Part 3 illustrates and concludes the book's discourse on trauma-informed and healing-centered theory and practice and the many sectors in which DMT is presently involved. Rebekka Dieterich-Hartwell, a therapist and researcher interested in the neurobiological effects of trauma, and Anne Margrethe Melsom, a DMT educator at Drexel University's Creative Arts Therapies Master's program, both engaged with the ADTA, did an excellent service to the community putting this book together. Furthermore, Rebekka Dieterich-Hartwell and Anne Margrethe Melsom were able to pause in the middle of a collective trauma and ask their writers to bring a multicultural context; their effort enriched and elevated the discourse. In conclusion, this book is a must-have for any practitioner in psychotherapy working with trauma survivors.

### **About the Author**

Giselle Ruzany is a Brazilian-American artist, choreographer, and psychotherapist. She has worked for the last 12 years at the George Washington Corcoran School of Arts and Design Theater and Dance Department and as a licensed professional counselor in private practice for the last 20 years, presently with an office in Washington, DC. She has a master's in Somatic Psychology with a concentration in Dance/Movement Therapy from Naropa University, advanced post-graduate certifications in Gestalt Therapy and EMDR, and a Ph.D. in Expressive Arts Therapy from Lesley University. She works through embodied movement research and is interested in how the somatic world informs psychology and dance. She is a published writer who has presented workshops and performed dance works worldwide. Giselle is grateful to have had the opportunity to review this book.