

# Her Body Speaks: The Experience of Dance Therapy for Women Survivors of Child Sexual Abuse

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*This qualitative, phenomenological study explores the experiences of dance therapy for 5 women who had been sexually abused as children. Using in-depth, largely unstructured interviews, the women reflect on their dance therapy experiences and on their perceptions of the role of these experiences in their psychological healing. Analysis of these data revealed 6 common themes related to the women's sense of spontaneity, permission to play, struggle, freedom, intimate connection, and bodily reconnection. The implications of the findings are discussed in terms of the therapeutic nature of dance therapy and how this therapeutic modality facilitates change and healing in clients' lives.*

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Counseling and therapy have traditionally been known as "talking cures," used to relieve the symptoms of emotional distress and the problems in living encountered by clients as they progress through life. Consistent with the mind-body duality that had its origins in the teachings of Aristotle and Plato, whatever the theoretical underpinnings of the various theorists, and irrespective of the psychological or somatic nature of clients' concerns, these talking cures have all had as their goal facilitating changes in clients' thoughts, feelings, behaviors, and perceptions. Noticeably absent in most traditional approaches, however, has been attention to the body—to the embodied aspects of clients' psychosocial experiencing (Simonds, 1994). Even when clients have experienced significant physical trauma, as in the case of physical or sexual abuse or various health crises (e.g., mastectomy, hysterectomy, spinal cord injury, stroke), direct attention is rarely paid to the clients' relationships with and experiences of living in their bodies.

Yet, each individual's history is etched in their body and is reflected in their breathing, in the lines on their faces, in their eyes, and in the way they walk in the world (P. L. Bernstein, 1986; Levy, 1988; Siegel, 1995). As Alice Miller (1981/1984) aptly stated in relation to traumatic childhood experiences,

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication.

But someday the body will present its bill. (p. 316)

Vigier (1994) also speaks of the power of the "voice of the body"—a "voice inside the flesh" that is beyond interpreta-

tion, "that is simply the body speaking" (p. 236). She underscores the importance of finding ways to give voice to this "place of subtle and silent speech" (p. 236), in particular through dance.

In virtually all known cultures, dance has existed as a form of communication, ritual, and celebration (Schmais & White, 1986). However, it was not until the 1930s that dance was formally adapted for therapeutic purposes (Levy, 1988), to provide individuals with mental illness or disabilities with a means of communication. Since then, it has been used in the treatment of anxiety disorders (Leste & Rust, 1990), eating disorders (Wise, 1984), Parkinson's disease (Westbrook & McKibben, 1989), addictions (Murray-Lane, 1995; Rose, 1995), head injuries (Berrol & Katz, 1985), multiple personality disorder (Baum, 1995), abused children (Goodill, 1987), battered women (Chang, 1995), older persons (Sandel & Hollander, 1995), people who are blind (Fried, 1995), people with learning difficulties (MacDonald, 1992), individuals with physical disabilities (Levy, 1988), and survivors of sexual abuse (B. Bernstein, 1995). B. Bernstein uses numerous case examples and anecdotal material to illustrate how dance therapy can be used to work through and resolve various issues that commonly arise in therapeutic work with sexual abuse survivors. These include shame, guilt, dissociation, sexuality, boundaries, intimacy, and personal power.

Commonly referred to in the literature as "dance therapy" or "dance-movement therapy" (Payne, 1992), this approach to facilitating therapeutic change uses psychomotor expression as its major mode of intervention. On its Web page (<http://www.adta.org>), the American Dance Therapy Association defined dance therapy as "the psychotherapeutic use of movement as a process which furthers the emotional,

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cognitive and physical integration of the individual." Conducted individually and in groups, dance therapy is aimed broadly at facilitating personal mind, body, and emotional integration; emotional growth (P. L. Bernstein, 1986); and clearer self-definition (Payne, 1992). The movement component of dance therapy can include rhythmic dance, spontaneous and creative movements, thematic movement improvisations, unconscious symbolic body movement, group dance, and range of movement and relaxation exercises (P. L. Bernstein, 1986). It may or may not include music and verbalizations.

Theories in psychology that have been most influential in the field of dance therapy include Reichian, psychoanalytic, Gestalt, object relations, humanistic, family systems, and Adlerian. Levy (1988) noted a trend toward increasing theoretical eclecticism and integration in the field of dance therapy. However, there are some key conceptual themes that are common to most dance therapy approaches. Human beings are assumed to have unconscious memories, feelings, and motivations that need to be introduced and integrated into individuals' conscious awareness (P. L. Bernstein, 1986). Furthermore, it is assumed that some 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 (Levy, 1988). Within the holistic conception of the individual conscious intellect, the emotions, the unconscious, and the body are considered interconnected, with the experiencing and processing of physical experiences believed to positively affect emotional and cognitive growth and functioning (P. L. Bernstein, 1986; Espenak, 1981).

Despite the growth in this and other nonverbal modes of intervention (Levy, 1995; Simonds, 1994; Zwerling, 1989), dance therapy remains a "diverse, complex, but little-known subject area" (Payne, 1992, p. 1). Therapeutic goals are rarely or poorly defined, and change is often measured based on the dance therapist's intuition and judgment rather than on the client's self-report or on concrete behavioral indices. The theoretical and empirical literature in this area is sparse. The few available efficacy studies involve single cases (Hammond-Meiers, 1992), rely on anecdotal reports of client change and symptom improvement (e.g., Lawlor, 1995; Liebowitz, 1992; Meekums, 1992), or attempt to assess change based on only one dance therapy session (Brooks & Stark, 1989). Descriptive accounts of intervention strategies abound, to the neglect of conceptual discussion and theoretical application (P. L. Bernstein, 1986; Levy, 1995; Musicant, 1994). Overall, the reader is informed about *what* dance therapy looks like in practice but is left to wonder about *how* it works and *why* certain interventions are used in certain circumstances. Little is known about client's subjective experiences of this form of therapy and their perceptions of how dance therapy facilitates client change.

We undertook this qualitative study in an attempt to begin to understand how dance therapy effects change in clients' lives. The purpose of this phenomenological exploration was to explore the lived experience and meaning of dance therapy

for women who found that this form of therapy contributed to their personal growth and healing. The question that guided this research was, "What is the lived experience and meaning of dance therapy for individuals who found it to be facilitative of their personal growth and healing?"

## METHOD

### *Participants*

Participants were required to have been involved in individual or group dance therapy that was facilitated by a certified dance therapist. This requirement differentiated between those who had experienced dance "therapy" and those who had engaged in dance as a performing art or for reasons of physical rehabilitation. Consistent with verbal methods of data collection, participants had to be able to describe their experience in a way that would help to uncover the nature and essence of the phenomenon of dance therapy (Colaizzi, 1978; Osborne, 1990). Only those who considered their dance therapy experience to have been facilitative of their personal growth or healing, or both were included in the study. According to Osborne (1990, 1994), a person who has had a meaningful experience is more likely to be interested in describing it and to provide the kind of rich descriptions that are needed for phenomenological analysis. To ensure that they had adequate exposure to this form of therapy, participants had to have completed at least six sessions of dance therapy. Finally, a minimum requirement of 1 year since completion of dance therapy was established to allow for some integration of the therapy experience. Also, to ensure that participants could recall the details of their experience, the maximum time since completion was set at 5 years.

Participants were recruited through word of mouth and through notices posted at social service agencies and at the studios of certified dance therapists. All of the inquiries regarding the study were made by women. Individuals were screened through telephone conversations, and the first 6 women who met the inclusion criteria were included in the study. However, when it became apparent during the data collection that 5 of the 6 participants had histories of child sexual abuse, we decided to limit our analysis to the 5 abuse survivors.

The 5 participants ranged in age from 25 to 48 years ( $M = 39$  years). The participants were Caucasian women of Euro-American ancestry. All of the women had participated in group dance therapy, and 1 had also worked individually with a dance therapist. One was single, 1 divorced, and 3 were involved in a cohabiting or marital relationship. Three had some postsecondary education, and 2 had graduate degrees.

### *Procedure*

In phenomenological research, the data are descriptions of experience (Osborne, 1990; van Manen, 1984). In this study, individual in-depth interviews were used to gather the data. The audiotaped interviews lasted an average of 1.5 hours. Each interview began with a general orienting statement to

ensure that the context of the study was presented in a consistent manner to each woman. We followed the guidelines for qualitative research interviews detailed by Kvale (1996). According to Kvale, "the outcome of the interview depends on the knowledge, sensitivity, and empathy of the interviewer" (p. 105). As such, the interviews centered on the life-world of each woman, and we focused on establishing an atmosphere in which each participant felt safe enough to talk freely about her experiences and to share her thoughts and emotions without fear of judgment. Van Manen (1984) described this life-world as "the world as we immediately experience it rather than as we conceptualize, categorize, or theorize about it" (p. 37). Accordingly, the interviewer (the first author) sought to understand the meaning and experience of the phenomenon of dance therapy for the 6 women in the study.

The narrative interviews were largely unstructured (Holstein & Gubrium, 1995; Mishler, 1991) in that they were focused on the subjective experiences of each woman. The interviewer attempted to facilitate an in-depth exploration of each participants' lived experience of dance therapy at a level that allowed for the explication of meaning. Some open-ended questions (e.g., "What differences can you detect in your experience/understanding of yourself after experiencing dance therapy?"), paraphrasing, and empathic reflections were used to help deepen the exploration of issues raised by each woman and to elicit rich, detailed descriptions. The term *empathic reflection* is defined as mirroring the deeper feelings and meanings implicit in the words and communications of those interviewed (Mishler, 1991). The interviewer endeavored to conduct interviews in a sensitive manner, conveying an attitude of interest, openness, trust and respect. Each interview continued until the participant believed her experience of dance therapy had been thoroughly described.

In an effort to ensure that the interviewer did not lead the participants based on her own biases and assumptions, an independent observer who was trained in qualitative research methods reviewed the transcripts. The interviewer attempted to articulate her biases and presuppositions before engaging in the interviews and kept detailed process notes, highlighting her reactions to, and experience of, the data collection and analysis. Although the coconstructed nature of this type of research (Osborne, 1994) is acknowledged, reflecting on these notes helped the interviewer to maintain awareness of and to put aside, as much as possible, her biases and assumptions.

### Analysis

The audiotaped interviews were transcribed verbatim. Listening to the interviews provided a richer understanding of the communication nuances than could be obtained from transcriptions alone. We used phenomenological data analysis procedures drawn from Colaizzi (1978) to analyze the data. Initially, we read each transcription in its entirety in order to acquire a sense of the whole. Significant phrases were highlighted, and the underlying meaning of each one was identified. This involved using "creative insight," while taking care to remain faithful to the data. Through an ongoing

process of dialogue, discussion, and rereading of the transcripts, we identified common themes and subthemes in the participants' experiences of dance therapy. We reviewed the transcripts to ensure that the identified themes and subthemes accurately reflected the experiences of all participants. Identification of common thematic content was further refined when we wrote each thematic description, using the words of the participants to explicate the meaning and essence of their dance therapy experiences. The thematic descriptions were then returned to the participants, and follow-up validation interviews were conducted (Colaizzi, 1978; Osborne, 1990). Participant feedback was used to further refine the descriptions of the findings, which, according to all of the women in the study, represented an accurate and valid portrayal of their experiences of dance therapy.

## RESULTS

Six themes that were common to the participants emerged from the data analysis. The words of the participants are used in the following descriptions of the themes and subthemes to more accurately capture the essence and meaning of their dance therapy experiences. To enhance reporting, each subtheme is italicized within the thematic descriptions.

### *Theme 1: Reconnection to Their Bodies*

All of the women in this study mentioned having felt disconnected to varying degrees from their bodies. Some spoke about a rejecting attitude they had toward their bodies, either because it seemed fragile or because it had attracted a child abuser. As one participant put it, "I thought of my body as this unfortunate accessory . . . it has just caused me trouble . . . it always felt like the enemy."

Others talked about a general sense of not having been present in their bodies. One recalled, "I had spent most of my life feeling that my body either walked in front of me or behind me, so that's what I mean by not being in my body." At the extreme were various descriptions of dissociation, which seemed to be related to experiences of childhood sexual abuse. For example, one participant reflected on her sense of having been a collection of pieces: "I always felt sort of fractured, fragmented, like parts of my body are on different planes and they're not connected to me personally." Another stated, "because of the nature of the abuse done to me . . . I was encouraged to dissociate . . . shut off, literally right down the center of my body, one side or the other." These women reported having felt sad and angry when they reflected on the personal costs associated with being split off from their bodies and dissociated from their feelings.

In fact, having experienced various other forms of more traditional "talk" therapies, these women specifically sought dance therapy as a means to help them reconnect to their bodies. It is not surprising, then, that a sense of bodily reconnection was an extremely prominent theme running through the transcriptions of each of the participants. All of the women talked about how dance therapy involved a pro-

cess of *getting back into their bodies*. One woman defined this as "being conscious and at the same time aware of my physical parameters." The women related stories of becoming aware of their body parts and the thrill of new physical sensations. As one put it, "you get total awareness of your body . . . it was exciting . . . even talking about it now I get tingly . . . it felt like coming alive." By becoming more connected to their bodies, the women were able to become more "present" in and more comfortable with the range of energetic and emotional sensations in their bodies.

In reestablishing a connection with their bodies, the participants reported feeling an increased *sense of acceptance and care of their bodies*. One woman reported, "I like my body a lot more. I am much more accepting of how I physically look and how I feel physically." Another woman commented that subsequent to dance therapy, she shifted her attitude regarding self-care and was making healthier food choices and exercising more frequently. Three of the participants talked about how dance therapy provided them with a sense of safety and control, which allowed them to stay present in their bodies during times when painful feelings or sensations related to past bodily trauma resurfaced, rather than distancing or dissociating themselves from their bodies. In this way, these participants believed that dance therapy helped them "reprogram" themselves by learning an alternate response to the resurfacing of painful memories. They talked about how, through dance therapy, they were able to *use their bodies to anchor themselves in the safety of the present* time and place when faced with, or when processing, distressing psychological material. One woman's story illustrates this process.

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.

The participants also talked about their previous tendencies to cope with physical and psychological discomfort by "going into their heads" through intellectualizing, minimizing, and denying. One woman stated that she entered dance therapy "wanting to know what happened to [her] without [her] mind's censor involved." The participants reported that, unlike traditional talk therapies, dance therapy offered them *a way to bypass this defensive reaction to discomfort*, because this therapeutic process was rooted in bodily expression. As one participant observed, "I think the moving repeatedly helps you to stay in your body, and not go back into your head." Another stated, "Dance therapy is good because it doesn't let you analyze yourself to the nth degree and never come up with any answers."

Participants in this study also talked about the experience of getting to know themselves better through dance therapy. They spoke about *discovering bodily "truths"* that had previously been inaccessible to them. As one woman put it, "I knew somehow my body would tell me the truth . . . the

surprise was how deeply my body felt the things that happened to me . . . for the first time I understood what body memory means." Another woman had a similar realization: "Dance therapy was one of the first experiences of discovering how much was stored in my body. . . . I discovered that there were whole aspects of my body and my experiences that I hadn't gone into . . . it was a *powerful way of getting connected to myself*."

The women also reported an *increase in their emotional awareness* through dance therapy. By becoming more connected to their physical selves, the women felt they were able to detect and identify their deeper feelings more accurately and more easily. They reflected on how working in the medium of movement rather than just words helped to make their emotional worlds more accessible to them. As expressed by one participant, "It's being able to move and show the emotion in some way that helps the words come out . . . I don't have to just say how I feel, I can show how I feel."

All of the participants also reflected on how, through their enhanced connection to their bodies, they experienced *a sense of wholeness and integration* that had been lost to them for many years. Through their experiences of dance therapy, the participants believed they were able to reunite their minds and bodies, to reconnect to split-off parts of the self, and to recover and reclaim their emotional and psychological worlds.

### **Theme 2: Permission to Play**

The women in the study had experienced talk-based therapies as sometimes serious and hard work and were surprised that play was encouraged as an integral part of the dance therapy process. One woman found that, contrary to her expectations, she really enjoyed the dance therapy sessions. She remarked, "I thought, aren't we supposed to be crying and upset and angry?" The women described the playful element of this therapy as "delightful" and "exciting." They experienced it as a means of *recapturing a sense of carefree youth* that had been lost to them over the years. This aspect was particularly significant for some women who remembered childhood years in which play and fun were lacking or forbidden. Through dance therapy, these women were able to experience, as adults, a sense of the type of playfulness that is characteristic of childhood.

The participants noted especially, how the *playfulness of dance therapy provided a balance* to and a relief from some of the emotionally heavier aspects of therapeutic work. As one participant said, "There was at least one moment every time I went where I just had a good time. And that was a neat thing to learn, that I could do some healing work and it didn't have to be totally serious and really hard all the time." Indeed, *that play and work could coexist* and, in fact, that both together could lead to healing and growth was considered a significant new insight by the women in this study.

### **Theme 3: Sense of Spontaneity**

Spontaneous movement was mentioned as an important aspect of the dance therapy experience by the women in the

study. When they spoke about spontaneous body movement, the participants described *movement that was free, self-determined, natural, and uncontrived*. They spoke about a progression during their dance therapy experiences toward *increased spontaneity in their body movements* and toward overcoming the various obstacles they encountered along the way.

One obstacle that emerged from the women's stories of their group dance therapy experiences was what one participant referred to as having an "outer focus." They reflected on how, at times, their concern with "what others might think" about the way they moved led to self-conscious and constrained body movement. One woman explained, "If I'm in the middle of [moving] and someone else is there, I'm so busy gauging what they're feeling about what I'm doing, that I stop being in what I'm doing." This tendency toward heightened self-consciousness was particularly salient for two of the participants who had had formal ballet training. They reflected on how this painful self-consciousness became an obstacle at times—impairing their ability to honestly express themselves through spontaneous movement.

The women in this study described how dance therapy was about challenging themselves to focus less on the evaluation of others and more on *expressing themselves authentically*. One woman described her therapeutic process in terms of moving her attention away from the "gaze of others" and into her own body. Another participant talked about dance therapy helping her to open the passages to her emotions and to express herself in a more authentic way: "Because of dance therapy . . . I'm moving naturally as opposed to moving in a controlled way . . . more from my body as opposed to my head . . . I think more of me will come out, I'll be freer in how I express how I feel."

The women also talked about how their inclinations toward rigid mental control blocked their connection with their bodies and their authentic emotions. For example, one woman reported that she had never felt safe to move and be present in her body without mental vigilance. While engaged in dance therapy, however, she experienced a dramatic shift: "It suddenly dawned on me that I had actually moved without thinking first! It's in the nature of an epiphany!" She talked about how this experience *opened her to a "whole other way of being,"* one in which she could enjoy being present in her body without expending large quantities of energy on being "in control."

#### **Theme 4: Sense of Struggle**

All of the women in this study reported that their experience of dance therapy was infused with a sense of struggle. Initially this involved the unfamiliarity of this type of therapy. Many found dance therapy to be new and strange and used words like "challenging," "difficult," and "uncomfortable" to describe their experiences. Some felt inhibited and embarrassed at the idea of dance itself, whereas others felt apprehensive because this approach to therapy was non-traditional and represented uncharted territory.

As discussed previously, the women struggled with the discomfort of being seen by others. They felt self-conscious

and worried about looking foolish. For some, the experience went beyond embarrassment to a more acute *sense of vulnerability and exposure*. One woman's metaphor poignantly conveyed this feeling: "Moving is like opening the book . . . it wasn't just like opening the book, it was like ripping the book open. It was really difficult."

Some of the women also reported that they *struggled with how to deal with painful memories and feelings* that arose during their dance therapy sessions. Many talked about how their bodies contained information about past traumas and about how that powerful and sometimes shameful material surfaced while they were engaged in the therapeutic movements. Anticipating the emergence of new and potentially painful material contributed to the women's sense of apprehension. This was dramatically captured in one woman's metaphor: "Being in my body always feels like walking through a minefield . . . you know that there's danger out there, you just don't know where . . . you're waiting for the inevitable."

The women also reported their *struggle to cope* with the fact that particular aspects of the dance therapy process (e.g. music, certain movements, structured activities) could trigger physical and emotional responses associated with past trauma. Certain kinds of music triggered in one woman a deluge of emotion and frightening mental images related to the ritual abuse she had experienced as a child. An exercise that involved holding still reminded another woman of being bound and confined as a small child, and these memories resulted in considerable emotional and physical distress during the session.

Although these women *struggled to keep from being overwhelmed* by body memories and emotional triggers, they were also aware that this material was necessary "grist for the therapy mill," the identification and working through of which was critical to their own growth and healing. As such, these women considered it essential to develop a sense of safety in the group. They reported that the therapist and other group members helped create a safe environment in which they were able to challenge themselves to explore difficult and painful issues.

Despite these struggles, the women said they continued in dance therapy because they saw their hard work actually helping them to grow and heal. One woman remarked, "I kept going back because I felt like some of the problems . . . weren't as significant as the benefits I was getting." Another participant's summary reflects the sentiments of the other women in the study: "There were times when I really didn't like the stuff [dance therapy] brought up . . . but at the same time it's what helped free me. I think if it had just been fun and playful, I would have felt really cheated."

#### **Theme 5: Sense of Intimate Connection**

The women in this study reflected on their experience of a *unique kind of emotional connection with others* while engaging in dance therapy. They remarked on how this intimacy was created without words, simply by moving together and at times, physically connecting with each other. The words of one participant captured this experience:

I was feeling very connected to that person, as if we were sharing something very special and we did it without words, we didn't organize it, we didn't plan it in advance, we didn't have a script, we just seemed to move together in some collective space that was warm and caring and quite beautiful.

The women talked about how the *sense of intimacy* they experienced with other participants during dance therapy was uncontrived. It seemed to emerge spontaneously through the wonder of simple gestures, playful moments, and dances that conveyed trust and caring. The women also spoke about factors like music and synchronized movement that contributed to a *feeling of unity in the group*. The participants believed that this connection and intimacy added greatly to their growth and healing through dance therapy, because they felt *supported by others and accepted* both physically and emotionally within the group.

The participants in this study remarked that observing another person being vulnerable while dancing was also a meaningful aspect of their dance therapy experience. They called this observation "*witnessing*" and said it was important for them in several ways. Seeing others taking risks and being vulnerable made them more willing to risk and to open up and share more of themselves and their struggles. The women also felt "honored" to receive the gift of another's dance and said this contributed greatly to their own sense of self-worth. In the words of one participant:

In talk therapy I didn't have so much of a sense of being honored at the presence of the sharing. I guess in the dance therapy that came across more for me because there were so many people who weren't able to do it at all . . . so those who stayed and shared, I felt really honored to be in their presence . . . they trusted me to hear their pain."

The women also discovered that during group sessions, they gained insights about themselves and were engaged in their own work, even when bearing witness to the struggles of other members or when others were working individually with the therapist. As one participant said, "My experience was that things always came up for me. It never stayed feeling like it was the other person's time; it was always my time as well."

### **Theme 6: Sense of Freedom**

The word *freedom* appeared repeatedly in all of the women's stories in many different contexts. The participants reflected on how they appreciated the *freedom of choice* that characterized dance therapy. They talked about having their choice of the activities that were presented and about feeling free to adjust their participation according to their own needs, agendas, and comfort levels. One woman explained, "It was clear to me that I could choose not to do any exercise, which was very important, or I could choose to do it in my own way." For one woman, this freedom of choice and control over the therapeutic process was especially significant and meaningful in light of her past abuse experiences: "For most people that have been sexually abused, that's one thing that was taken away from them, their ability to move, emotion-

ally, physically, mentally, everything. So you've got this freedom that is so important." This woman described the sense of personal freedom as *entitlement—reclaiming her right to be in charge of her body and her experience*.

The women also spoke about how the particular *freedom not to talk* was a very significant part of their dance therapy experiences. Verbal processing was optional, and this was important to the women for various reasons. Some commented on how nonverbal expression provided a welcome reprieve from talk-based therapy. One woman expressed a sense of being tired of talking about her pain and wanting an alternative way to process it. Another described how talking was a pitfall for her because it kept her "in her head," unaware of her feelings and experiences. She found that nonverbal modes of expression were more fruitful for her in terms of making the connection to her inner world.

Freedom not to talk was also perceived as valuable for those who were processing distressing memories or flashbacks to abuse experiences. In these cases, expressing feelings and memories first in movement was reported as being a safer and more gentle way to begin to work on these very painful and difficult therapeutic issues. For some of the women, not having to engage in talk and analysis was important in terms of not "spoiling" a significant moment of bodily connection. One woman explained, "It was a great experience in my body . . . and I didn't want to observe it, didn't want to form some conclusion. I didn't want to leave my body and go into my head."

The women in this study also spoke about experiencing *freedom on a visceral level*; that is, they were *not restricted in their use of space or in the intensity of their emotional expression*. Some of the women told stories about breakthrough cathartic experiences that illustrated the powerful potential of dance therapy. One woman told her story:

My epiphany was a complete body experience. I started sobbing, and I ended up on the bathroom floor curled up in the fetal position screaming at my dad, screaming at my mom, that I wasn't going to hold onto this anymore . . . and my body let it go. Since then, I remember the beatings and the sexual abuse, but the pain isn't attached to it anymore. I'm not reexperiencing the pain with every memory.

All of the women told stories of emotional release, which they experienced to some degree in more traditional forms of therapy. What the women believed was unique to dance therapy, however, was the *opportunity to discharge some of the physical energy* that accompanied these powerful emotions. As one woman put it, "When stuff comes up in dance therapy you've got some way to expend the energy that's involved . . . to deal with it in terms of your body, and to get the energy out of your body, not just out of your mouth."

The women stated that releasing the emotional energy through their bodies helped deepen their therapeutic process, and they found that this gave them an unprecedented sense of resolution. One participant expressed it this way: "A lot of emotion shifted and came out . . . somehow a lot of whatever had been building up was gone." Another remarked:

"The whole approach was so different than talk therapy. It just freed me up to let that stuff go."

## DISCUSSION

A review of the findings indicates that four of the themes are reflective of the participants' experiences of the therapeutic modality of dance (i.e., reconnection to their bodies, permission to play, sense of spontaneity, sense of freedom), whereas two of the themes, also related to dance therapy, are more specific to participating in this type of therapeutic work in a group setting (i.e., sense of struggle, sense of intimate connection). What follows is a discussion of the implications of these findings based on these apparent distinctions.

In terms of the participants' experiences of dance therapy, the results suggest that for the women in this study, all of whom had prior experiences with more traditional "talk" therapies, dance therapy provided a forum for therapeutic work that, while emotionally painful and psychologically challenging, was also infused with pleasure. With observations similar to those of other clinicians and researchers (B. Bernstein, 1995; Schmais, 1985), these participants identified spontaneity of movement, permission to play, and the freedom to construct and control their own therapeutic experiences as important components of dance therapy. As Espenak (1981) contended, vitality and playfulness seem to be central to the effectiveness of dance therapy, because they help to counterbalance some of the more painful and difficult aspects of therapeutic work.

A progression toward increased spontaneity in their bodies and in their emotional expression through their bodies was also noted by the participants in this study. Through dance therapy, the women became aware of various blocks and inhibitions in themselves and gradually learned how to move in ways that were more unconstrained and authentic. Originally conceptualized by Mary Whitehouse (Levy, 1988) as authentic movement, this involves the relaxing of the ego's defenses against spontaneous expression so that unconscious aspects of the client's inner world can be expressed (Espenak, 1981; Levy, 1988; Simonds, 1994). Indeed, the women in this study underscored the importance of being able to move "out of their heads" and past their cognitive defenses, so that they could begin to attend to their bodily sensations, feelings, and impulses. In so doing, they confirmed the contentions of many dance therapists and theorists (e.g., P. L. Bernstein, 1986; Payne, 1992; Penfield, 1992) that they became more "aware" of and connected to their inner emotional and psychic worlds. Referred to by Yalom (1975) as the process of recognition, expression, and integration of previously unknown or disowned aspects of the self, participants in this study emphasized the therapeutic value of getting in touch with their inner strengths, as well as the more problematic and painful aspects of their experiences.

The findings also underscore the importance of the physical discharge and expression of emotional and psychological energy through bodily expression. For the participants in this study, spontaneous physical movement was perceived

not only as an avenue to access their inner worlds, but also as a vehicle for the physical expression and release of sometimes intensely painful emotions. The women talked about the importance of being able to express and expend through spontaneous movement the energy generated by this therapeutic work—a type of physical catharsis (Payne, 1992; Schmais, 1985; Simonds, 1994)—allowing for a physical release that participants perceived as an important part of their "healing" and a critical aspect of reconnecting to their bodies.

All of the women in the study had felt disconnected from their bodies to varying degrees—a very common experience for survivors of child sexual abuse (Ambra, 1995; Bass & Davis, 1988). Perhaps a consequence of the dissociation that is common among abuse survivors (Bass & Davis, 1988; Sanderson, 1995), each woman in the study learned through dance therapy how to "become attentive to the body, to feel safe in having a body . . . to be present in the body as an adult" (Simonds, 1994, p. 9). They learned to trust their bodies and to feel more grounded and safe and comfortable within their own skin, resulting in greater acceptance and care of their bodies and a greater sense of physical and psychological integration.

More specific to the participants' experiences of dance therapy in a group format, the results suggest that the group setting both impeded and enhanced their therapeutic work. Similar to the reactions of those in more traditional forms of group therapy (e.g., Corey, 1991; Gazda, Ginter, & Horne, 2001; Yalom, 1975), the women in our study struggled with feelings of vulnerability and fears related to emotional disclosure within the group. Many talked about their heightened self-consciousness in sharing their emotional worlds through such a physical medium and about the difficulty of being "observed," especially given their personal discomfort with living and moving in their own bodies. They emphasized the need for safety and trust, underscored the power of this type of work, and emphasized the importance of their readiness to work within a group context. They also reflected very positively on the benefits of working in a group, describing the deep emotional connection that seemed to emerge spontaneously with others in the group in the absence of speech and their feelings of unity as they moved together in a synchronized fashion. The women also spoke about the therapeutic power of bearing witness to the experiences of other group members, and of others bearing witness to their experience. Musicant (1994) underscored the value of witnessing in dance therapy, suggesting that this process involves watching another person in a compassionate, nonjudgmental manner while also following one's own feelings, thoughts, and sensations. He claims that learning to witness another with compassion and acceptance facilitates the development of compassionate and accepting self-observation.

## IMPLICATIONS FOR COUNSELING PRACTICE

Overall, the findings from this study provide some important insights for counseling professionals. First, counselors should remember the importance of play and fun as a counterbal-

ance to some of the more emotionally challenging aspects of therapeutic work. It is also important to liberate clients from the constraints of the therapy chair and from having to verbally articulate all of their feelings and concerns. In addition to dance therapy, there are a variety of nonverbal, expressive interventions that counselors can incorporate into their practice (see Simonds, 1994) to help clients access the landscapes of their inner world, and to assist them in expressing and releasing intensely charged emotional material.

Counselors need to be cognizant of the ways in which clients' psychological worlds are etched in their bodies and in their relationships to their bodies and find ways to include embodiment work in their clinical practice, a task that for most counseling professionals is not easily undertaken. According to McNiff (1981), "probably no single feature of artistic and general human expression is as consistently missing in training psychotherapists as the language of the body" (p. 131). A body-inclusive counseling approach is critical particularly when working with adult survivors of child sexual trauma, as in the case of 5 of the 6 women in this study.

The impact of sexual trauma on the body demands that the body itself be a major topic at some point in treatment. Reconnecting with the body, learning how to care for the body, developing more positive feelings for the body, and recreating sexuality must occur in the process of healing. (Simonds, 1994, p. 10).

Indeed, clients' experiences of and relationships with their bodies are implicated in many of the issues that they commonly bring to counseling (e.g., health problems, aging, physical injuries, reproductive concerns, eating disorders). As such, counselors may need to work along with other mental health professionals who are trained in therapeutic body awareness methods or they may need to undertake professional training in these areas if they are to more fully meet the needs of a wide range of clients.

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