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Group Dance/Movement Therapy and Attachment Theory with Female Survivors of Domestic Violence

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Group Dance/Movement Therapy and Attachment Theory with Female Survivors of
Domestic Violence

Brooke Taylor

Submitted in partial completion of the Master of Science Degree at Sarah Lawrence College,

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Acknowledgments

To my partner, Michael, and my parents, Cheyrl and Ronald: Thank you for a lifetime of support.

Love, Brooke

Abstract

One in three women in the United States has experienced physical abuse by an intimate partner (NCADV, 2015). Nearly half of all women in the US have experienced psychological aggression by an intimate partner (Black, et al., 2010). Survivors of domestic violence commonly face long-term psychological damage because of the abuse, which can lead to negative social implications throughout their lifetime. Illnesses stemming from abuse include post-traumatic stress disorder, depression, and anxiety, and can further result in low self-esteem, or being unable to trust others and build healthy social or romantic relationships (Black et al., 2010). This thesis will discuss the long-term psychological and social challenges faced by survivors of domestic violence, therapies currently offered to survivors, and how group dance/movement therapy can serve this population in their recovery. Group dance/movement therapy aids in introducing emotional regulation and coping skills through movement, and provides survivors an opportunity to build social capital and trust. This thesis also considers Bowlby's Attachment Theory as a framework of a survivor's ability to build and maintain healthy relationships after experiencing abuse.

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One in three women in the United States has experienced physical abuse by an intimate partner (NCADV, 2015) and nearly half of all women in the US have experienced psychological aggression by an intimate partner (Black, et al., 2010). Both physical abuse and psychological aggression constitute domestic violence, which is further defined as the willful intimidation, physical assault, sexual assault, threatening, name-calling, humiliation and other aggressive behavior used as part of a pattern of power and control perpetrated by one intimate partner against another (NCADV, 2015). Domestic violence can include physical, emotional, and psychological forms of abuse and is most likely to be experienced by women ages 18-24 (NCADV, 2015).

These statistics are staggering and of epidemic proportions. Survivors of domestic violence and perpetrators of abuse come from all religious, cultural, ethnic, and socioeconomic backgrounds (NCADV, 2015). Intimate partners include close relationships that are characterized by emotional connectedness and regular contact and may often be a sexual partner (Black et al., 2010). Though the intimate nature of romantic relationships should dictate a feeling of mutual trust and respect, sadly the opposite is true in abusive relationships.

Survivors of domestic violence commonly face long-term psychological damage as a result, which can lead to negative social implications throughout their lifetime. Illnesses stemming from abuse include post-traumatic stress disorder, depression, and anxiety, and can further result in low self-esteem, or being unable to trust others and build healthy social or romantic relationships (Black et al., 2010). Additionally, many survivors face isolation as part of their abuse and experience difficulty building meaningful social and romantic relationships after years of psychological or physical harm. Survivors of domestic violence

may find that it is difficult to build social capital without the ability to trust others for support. In addition to social and emotional hindrance, survivors often face logistical difficulties like accessing healthcare, finding new housing, and accessing and paying for legal services (NCADV, 2015).

This thesis will discuss the long-term psychological and social challenges faced by survivors of domestic violence, therapies currently offered to survivors, and how group dance/movement therapy can serve this population in their recovery. It will also consider Bowlby's Attachment Theory as a framework for understanding a survivor's ability to build and maintain healthy relationships after abuse. Attachment theory will be used to discuss the impact of severed trust within relationships and attachment styles that can hinder or help healthy romantic relationships.

Challenges Faced by Survivors of Domestic Violence

Domestic violence affects all aspects of a victim's life (NCADV, 2015). Survivors of Domestic Violence leave their abusive partner an average of seven times before finally ending the relationship (NCADV, 2015). Many circumstances can prevent a survivor from leaving the abusive partner permanently, including feeling financially dependent on the abuser, feeling isolated, and lacking a support system (NCADV, 2015). Fear of being left with the logistical and emotional consequences of leaving the abuser can be overwhelming. Survivors can also suffer from depleted self-confidence due to psychological harm and may succumb to the idea that they will never find love again (NCADV, 2015). The cycle between abusive actions and loving actions within the relationship also makes it difficult to permanently break ties with the abuser (NCADV, 2015). Although all relationships are

different, the cycle of domestic violence in an abusive relationship typically occurs in an obsessional pattern on the part of the abuser, rather than an expression of sudden loss of control by the abuser (Walker, 1994). The obsessional pattern of abuse includes fantasizing about abusing the victim, and waiting for an excuse to engage in this behavior.

The apologies and love gestures that happen in between episodes of maltreatment can make it more difficult for a survivor to leave the relationship and accept the reality of abuse. This inconsistent variation between affection and caring, and abusive actions, creates an insecure attachment within the relationship, as the survivor is unable to predict what type of interaction they will have with the abuser (Shaver & Hazen, 1988). In many ways, the abusive partner and unsafe home environment serves as the attachment figure for the survivor. An attachment figure is defined as someone who should provide support, protection and care (Shaver & Hazen, 1988). Attachment theory suggests that separation between the survivor and the secure base will lead to significant stress and negative emotions (Mikulincer & Shaver, 2005). Choosing to permanently leave the abusive relationship for a safer environment may be more intimidating for a survivor than staying within the familiar, yet dangerous and unpredictable home environment, due to the uncertainty associated with leaving.

Survivors who make the difficult decision to leave their abusive relationship permanently face many challenges when becoming independent and striving to maintain safety. They often encounter many logistical obstacles in the immediate and long-term aftermath of leaving the abuser. These challenges may include finding housing, employment, financial help, keeping a safe distance from the abusive partner, building a new social and support network, and navigating the legal process (NCADV, 2015). Entering the legal

process of divorce or legal separation can bear a large financial burden on the survivor. It can also be emotionally difficult to make this separation from the abuser permanent and public. If children are involved, the legal process can be even more challenging considering any custody struggles. The survivor must also consider long term safety, housing, and schooling for the children.

Data suggests that the acute crisis period endured by survivors of domestic violence lasts anywhere from 6 weeks to 2 months after an abusive incident, during which time shelters are able to provide food, shelter, and safety (Walker, 2010). Domestic violence shelters offer services to help survivors fulfill immediate needs, but entering a domestic violence shelter is not without its challenges. When survivors enter a domestic violence shelter, they often find themselves in a group living situation, which can be a shock for some families. Sharing a bedroom, performing household chores, and obeying shelter rules can further make this new living situation difficult. A safe, albeit stressful living situation can apply added pressure and stress to the survivor during an already trying period.

In addition to logistical challenges, evidence suggests survivors of domestic violence may face more long-term physical illness as well (Black et al., 2010). Research suggests that victims of intimate partner and sexual violence make more visits to health providers and are at greater risk for a wide range of physical, mental, reproductive, and other health consequences over their lifetime than non-victims (Black et al, 2010). An association between violence victimization and poor health is the harmful biological response to chronic stress associated with experiences of violence (Black et al, 2010.) Diagnoses that occur most frequently include, asthma, irritable bowel syndrome, diabetes, frequent headaches, chronic pain, difficulty sleeping, and activity limitations (Black et al.,, 2010). The survey also found

that survivors of violence were three times as likely to consider their physical or mental health to be poor (Black et al., 2010).

Survivors of domestic violence face psychological consequences of emotional trauma both immediately and long after they have left the abusive relationship. Common emotional and relational challenges experienced by survivors of domestic violence during the acute crisis period include loneliness, anxiety, projection onto other family members, depression, and trouble with mood regulation (Teague, 2006). Long-term psychological consequences may include anxiety, depression, and symptoms of post-traumatic stress disorder (Black et al., 2010). The 2010 National Intimate Partner Violence Survey found that one in five survivors of domestic violence reported experiencing at least one symptom of post-traumatic stress disorder (Black et al., 2010). The long-term results of emotional trauma can result in feelings of hopelessness, guilt, and self-blame (Walker, 2000). The specific long-term challenges faced by survivors of domestic violence vary depending on the individual social context including, economic status, racial, ethnic, or cultural identification groups, sexual orientation, and physical abilities (Walker, 2000).

In her thesis examining the use of dance/movement therapy to aid in the emotional healing of survivors of torture, Gray suggests that although ruptured boundaries are a universal symptom of trauma, an intimate relationship with the torturer (abuser) intensifies this rupture (2001). The trauma of a ruptured boundary, intensified by the disregard of relationship standards, also applies to the trauma endured by survivors of domestic violence. Experiencing physical, emotional, or psychological trauma at the hand of an intimate partner one should, inherently, be able to trust, induces a specific type of emotional trauma with lasting impacts. Instances of physical abuse involve the perpetrators abuse of power and

violate boundaries that are set to ensure the safety and integrity of the victim's body (Walker, 1994). This violation of intimate relationship standards causes an unexpected rupture of boundaries in one of the most important relationships a person can have.

For survivors of domestic violence, building relationships and being part of a community can feel threatening (Gray, 2001). Due to the ruptured physical and emotional boundaries experienced by the survivor, their ability to relate intimately and socially to others is severely altered by the experience of victimization. Survivors of domestic violence often have a diminished social network and social capital due to isolation enforced by their abusive partner (Larance & Porter, 2004) as well as feelings of embarrassment regarding the abusive relationship. This embarrassment may deter survivors from reaching out to friends and family for help (NCADV, 2015). As domestic violence increases in women's romantic relationships, social contacts often decrease (Larance & Porter, 2004).

Survivors of domestic violence face logistical, physical, psychological, and social challenges when choosing to leave an abusive partner. Although safety net services, like domestic violence centers, provide short-term, logistical resources, additional therapeutic interventions are necessary to help survivors address emotional trauma. An understanding of attachment theory provides a foundation to help survivors of domestic violence learn skills to build healthy relationships.

Therapeutic Intervention Currently Offered to Survivors

Therapy and case management services most frequently offered to survivors of domestic violence focus on meeting the survivor's immediate needs. These needs often include assisting with practical, legal, and safety issues, restoring the survivor's self-esteem, building

a support network and breaking isolation (Devereaux, 2008). Therapeutic modalities offered to survivors include individual and group verbal therapy, music therapy, and art therapy. Short term therapeutic intervention with survivors has a primary goal of helping the client feel more secure in an unfamiliar situation (Walker, 2010). In contrast, the primary goal of long-term psychological intervention is to address symptoms of trauma (Walker, 2010).

In the immediate aftermath of leaving the abusive relationship, survivors of domestic violence may experience social isolation and what feels like a complete upheaval of the life they have known. These factors can contribute to short-term psychological problems including acute stress disorder, depression, and anxiety (Black et al., 2010). Due to symptoms of these disorders, survivors can also experience feelings hopelessness and need help developing coping skills. Therapeutic interventions are sometimes offered in the shelter setting, but most frequently survivors must seek outpatient treatment. Long-term consequences of intimate partner violence that require long-term therapeutic treatment include difficulty building and maintaining healthy relationships due to psychological trauma, changes in self-perception, and gaining confidence, and treating symptoms of post-traumatic stress disorder (Walker, 2010).

Long-term and short-term group therapy has been shown to be particularly effective for survivors of domestic violence (Larance & Porter, 2004). Interacting with other survivors after experiencing years of isolation and the severing of social networks allows survivors to exchange advice and build relationships. In this way, group therapy decreases the sense of continued isolation in the survivor's life after choosing to leave the abusive partner. Being able to support and offer help to others can also be affirming to survivors of domestic violence and give them a sense of control and understanding (Larance & Porter, 2004). A

core goal of group therapy is to offer survivors the opportunity to build social capital, and to give and receive advice from peers (Larance & Porter, 2004).

Social support prompts a person to believe they are cared for, loved, esteemed, and valued as a member of a network with mutual obligation (Larance & Porter, 2004). Creating a network among women who have experienced intimate partner violence has been found to positively influence their ability to emotionally adapt to situations or even to make the difficult decision to leave their abuser (Larance & Porter, 2004). Support groups through an agency can provide a place for survivors of domestic violence to develop a sense of safety and trust and to build social capital.

Providing a safe space for women to gather can be a powerful tool for survivors of domestic violence. For centuries women's networks have fostered personal and intellectual autonomy and given survivors an opportunity to reflect critically on their life experiences (Larance & Porter, 2004). When women are able to share their own stories and learn from the stories of others, they build a sense of trust with female peers and lay the ground work for developing a supportive social network. The development of social capital can then help the survivor develop resilience and other protective factors to avoid re-victimization.

Larance & Porter found that through support groups, participants can engage in relational self-examination and evolutionary risk-taking in a safe, social space (2004). Women can immediately gain a sense of community through group therapy and the experience of being with women who share histories of abuse (Larance & Porter, 2004). By providing group participants with a predictable structure and the opportunity for voluntary sharing, the group facilitator can give clients a sense of control and safety. Group therapy is particularly beneficial for survivors of domestic violence because they can share their own stories, in

their own time, and feel that they are trustworthy when others share their stories in their presence. Accepting this feeling of being trusted then leads the survivor closer to developing social trust and hope. Yalom (2005) points out that the installation of hope is crucial to any successful psychotherapy. Group therapy offers this to participants through testimony and support of others who have overcome similar problems (Yalom, 2005).

Creative arts therapies are also offered to survivors of domestic violence in individual and group settings. Creative arts therapies focus on participants' strengths and can explicitly encourage self-expression and self-exploration. Music therapy has been found to benefit survivors of domestic violence by using a relaxation protocol to decrease anxiety and improve sleep quality, as well as to address symptoms of depression and post-traumatic stress disorder and increase empowerment and self-confidence (Teague, 2006).

Survivors of domestic violence experience both short-term and long-term social, logistical, and psychological difficulties after leaving an abusive partner. While domestic violence centers help survivors meet immediate needs, long-term group and individual verbal and creative arts therapies can help survivors of domestic violence develop healthy coping mechanisms, increase self-esteem and communication skills, and decrease symptoms of depression and anxiety. Considering attachment styles in individual and group therapy session can provide a basis for understanding of how survivor of domestic violence relate to those around them.

Attachment Theory and Survivors of Domestic Violence

Attachment theory is a psychological model that describes the dynamics of long-term and short-term interpersonal relationships over a person's lifespan (Bretherton, 1992).

Originally conceived by John Bowlby and Mary Salter Ainsworth, attachment theory explores the link between maternal loss or deprivation and later personality development (Bretherton, 1992). Attachment theory draws on ethology, control systems theory, psychoanalytic thinking, and cybernetics (Bretherton, 1992). These theories served as the foundation for attachment theory to develop as a psychobiological-based relational model called the attachment behavioral system (Mikulincer & Shaver, 2005). Attachment theory provides a theoretical framework to analyze relational patterns throughout childhood into adulthood (Shaver & Hazen, 1988).

Through their research, Bowlby and Ainsworth identified three attachment styles: secure, anxious, and avoidant (Bretherton, 1992). Empirical evidence from Bowlby's research finds that for a child to grow up mentally healthy, the child should experience a warm, intimate, and continuous relationship with the mother or caregiver in which both the caregiver and child find satisfaction and fulfillment, (Bretherton, 1992). Relating to Ainsworth's description of three attachment styles observed in her research, a child exhibiting a secure attachment style demonstrated distress when separated from its caregiver and joy upon reunification with the caregiver, as well as the ability to be close to others, and was trusting of others to meet its needs (Shaver & Hazen, 1988). One with anxious attachment style demonstrated distress upon separation from his or her caregiver, and was difficult to soothe upon reunification, and appeared clingy and overwhelmed (Shaver & Hazen, 1988). A child with an avoidant attachment style demonstrated minimal distress upon separation and did not seek contact when the caregiver returned (Shaver & Hazen, 1988). Research has shown that these attachment styles also predict adult attachment styles (Shaver & Hazen, 1988).

Securely attached individuals feel confident in their abilities to be independent but also feel comfortable building relationships with healthy boundaries (Mikulincer & Shaver, 2005). Securely attached individuals have the healthiest relationships in childhood and adulthood (Shaver & Hazen 1988). Anxiously attached individuals often feel uncertain of their relationships with others and may appear clingy or insecure (Mikulincer & Shaver, 2005). Avoidantly attached individuals have difficulty finding closeness in relationships and may appear aloof or distant (Mikulincer & Shaver, 2005). The expectation of finding safety and security in the attachment figure, or partner in an adult romantic relationship, is contradicted within an unhealthy or abusive adult relationship where a person's existence can be threatened by the person they love. Attachment theory provides a model to discover dynamics in adult relationships where feelings of safety and security are also important.

Attachment theory in adult relationships

Shaver and Hazen explore the role of attachment theory in adult romantic relationships in their paper, *A Biased Overview of the Study of Love* (1988). In this paper, the researchers explore the integration of three behavioral systems in the context of romantic love: attachment, caregiving, and sexual mating. The authors explore the idea that because attachment is the first of the socially oriented behavioral systems to develop, these patterns affect a person's caregiving and sexual behavior in adulthood (Shaver & Hazen, 1988). A person's attachment style is typically shaped in early childhood and shows up in relationships throughout a lifetime, especially in romantic relationships (Shaver & Hazen, 1988).

To understand the relationship between attachment theory and romantic love, one must understand the definition of an emotion. Emotion can be defined as an organizational construct that can be both long term and short term; and can be outwardly hidden or expressed (Shaver & Hazen, 1988). Shaver and Hazen point out that it is possible to feel conflicting emotions concurrently, especially in an intimate relationship (1988). It is possible to love someone on a long-term basis, just as it is possible to hate or fear someone on a long-term basis. Within relationships, emotional language is used to express both momentary feelings and emotional dispositions towards another (Shaver & Hazen, 1988).

Shaver and Hazen write that the five major emotion constructs in the English language (fear, sadness, anger, happiness, and love) all play a role in the attachment-theoretical perspective on romantic love (1988). Each of these emotions has the ability to elicit certain reactions and behaviors from the person feeling them. These actions can then be viewed by the outside world as an attachment style (Shaver & Hazen, 1988). Shaver & Hazen theorize that it is possible to identify characteristics, actions, and tendencies that are elicited by each of the five major emotions, (Shaver & Hazen, 1988).

Within an unhealthy relationship, the emotion and disposition of “love” does not match abusive actions within the relationship, creating a disconnect between expressed feelings and expected correlating actions. An example of this is an abuser verbally expressing his love for his partner, but physically abusing them. This inconsistency can create a feeling of uncertainty or anxious attachment for the survivor. In the *Assertiveness Guide for Women*, Julie De Azevedo Hanks defines emotions as “felt bodily sensations that offer information, guidance, and cues about our experiences,” (p. 50) These felt bodily sensations inform one’s

decisions about what they want and need in order to improve their lives (Hanks, 2016). This information leads to an understanding that emotions are paired with physical sensations.

Shaver & Hazen found that the word “love” used in the dispositional sense (e.g. ‘I fell deeply in love with X’) refers to attachment (1988). People in intimate relationships and attachments experience feelings like affection, security, fear, anger, and sadness, and experience behaviors and behavioral tendencies associated with those feelings (Shaver & Hazen 1988). Frijda’s analysis of emotions that patterned action tendencies suggest that, emotions are not just an idea (1986). Love is much more than a feeling and idea; it is a complex tendency to think and act in certain ways toward another person, (Frijda, 1986). Actions that would typically be associated with love include kindness, patience, gentleness and trust (Shaver & Hazen, 1988). Survivors of domestic violence do not consistently experience the associated actions of love in their abusive relationship. This creates a disconnection between feelings and actions which can influence security in the survivor’s attachment style and expectations in future relationships.

As a behavioral system, attachment theory includes an appraisal process, emotions elicited by this appraisal process, and emotion-related actions and action tendencies (Shaver & Hazen, 1988). Survivors of domestic violence do not experience congruency in the behavioral system during their romantic relationships. They may hear “I love you” (emotion elicited by appraisal process), but endure being physically, emotionally, or psychologically harmed, which does not fit within the expected behavior of the emotion of love (emotion-related actions). Each of the behavioral systems involved in romantic love (attachment, caregiving, and sexual mating) have their own function within the relationship (Shaver & Hazen, 1988). Healthy romantic relationships include a balance of all three of these, but in

some cases one or more may be completely absent. For a relationship to be considered healthy and stable these behavioral systems must be reciprocal.

Shaver & Hazen offer examples of the direct reflection of attachment styles found in infancy and romantic love (1988). Attachment theory research shows that when an infant's attachment relationship is secure, the infant is happier, has a higher threshold for distress, and is more willing to explore unfamiliar environments and interact with strangers, while romantic love research finds that when adults describe themselves as being "in love", they often report similar feelings of being more relaxed, less worried, less defensive, more creative and spontaneous and more courageous (Shaver & Hazen, 1988). These emotion-related actions directly correlate to secure attachment.

Comparison also shows that negative emotions in attachment styles and romantic love can reflect each other. Attachment theory research shows that separation from the attachment figure or caregiver causes intense distress, initiates vigorous, attention-consuming reunion efforts, and can result in despair if reunion proves impossible (Shaver & Hazen, 1988). In romantic love, unchosen separation from one's partner causes intense distress, initiates attention-consuming reunion efforts, and results in grief if reunion is impossible (Shaver & Hazen, 1988).

Attachment theory provides a model to interpret relationship patterns throughout a person's lifetime. Secure, anxious, or avoidant attachment styles are typically developed in childhood and can also be seen in adult romantic relationships. Survivors of domestic violence experience a disconnect between the idea and experience of love with abusive actions of their partners (attachment figure). This unpredictability and disconnect can lead

survivors of domestic violence to have long-term difficulties connecting to others and developing healthy romantic relationships and attachment.

Discussion

Dance/movement therapy provides a non-verbal experience to survivors of domestic violence and helps re-pattern unconscious attachment processes and behaviors. Although traditional therapies and creative arts therapies can offer benefits to survivors of domestic violence, they are missing an important component of a non-verbal therapy to address attachment issues. While they do address many symptoms of trauma, dance/movement therapy is the only treatment that provides a body based intervention to address unhealthy attachment styles and emotional and physical trauma. A body based, non-verbal form of therapy, like dance/movement therapy, is particularly suited to aid in short-term self-expression and long-term healing from emotional and physical trauma for survivors of domestic violence. Due to its incorporation of verbal and non-verbal expression, dance/movement therapy gives survivors of domestic violence complete and total autonomy within their bodies and control over the therapeutic experience.

Some aspects of physical and emotional trauma experienced by survivors of torture can be paralleled to the experience of survivors of domestic violence (Gray, 2001). Gray suggests that the trauma experienced during torture has a profound impact on both physical and psychological organization (2001). Torture survivors are left with a somato-psychic imprint of trauma which impacts the survivors experience of physical and emotional sensations (Gray, 2001). Like survivors of torture, survivors of domestic violence can also experience bodily and psychological disorganization due to their trauma. The experience of

psychological and physical abuse at the hands of an intimate partner can severely alter one's relationship with the body and self. Through the therapeutic relationship and movement, dance/movement therapists can help survivors of domestic violence regain a sense of self-acceptance and organization.

Dance/movement therapy has a unique ability to address physical and emotional disorganization stemming from trauma through its inherent focus on the mind-body connection and the impact of emotional trauma on the body. Dance/movement therapy provides survivors of domestic violence the opportunity to take ownership of their bodies, and make choices through movement. By giving survivors control of their bodies, their movement, and decisions, the door can be opened to take control of their emotions and change the way they see themselves and their relationships. Dance/movement therapists are trained to use movement patterns and musical rhythms to promote organized body movements. Organized patterns of movement can also work to increase awareness of body parts in survivors. By beginning with organizing the body through movement, survivors of domestic violence can become familiar with the feeling of organization, and eventually translate this feeling into action in their everyday life, resulting in psychological organization.

Dance/movement therapy also offers a body-based approach to addressing attachment disorders and unhealthy relationship behaviors. Attachment patterns develop early in life and become unconscious as we grow older (Cozolino, 2005). Dance/movement therapy helps clients access unconscious thoughts, feelings, and behavioral patterns and sensory memory through movement. Dance/movement therapy specifically provides the benefits of group

movement, introducing emotional regulation and coping skills through somatic experiences, and also brings focus to unhealthy attachment behaviors in relationships.

The Use of Group Movement with Survivors of Domestic Violence

Although, traditional group therapy offers many benefits to survivors of domestic violence, group dance/movement therapy uses verbal and non-verbal therapeutic interventions to increase socialization, self-expression, and help survivors give and receive support. Group rhythmic action is often used in group dance/movement therapy. Group rhythmic action is the use of synchronized, rhythmic movement within a group to create a sense of unity and inclusion among all participants (Sandel, et al., 1993). An example of group rhythmic action is when all group members clap or march in unison to the rhythm of a song. Marian Chace used rhythm to organize individual behavior and create a sense of solidarity among individuals in a therapeutic group, (Sandel, et al., 1993). Group rhythmic action is often used to encourage participation in even the most resistant or withdrawn participants. Movements used in group rhythmic action are often repetitive, making this an accessible form of participation for all clients. The accessibility of the movement helps to incur a sense of equality within the group. Creating a sense of equality and solidarity in group therapy with survivors of domestic violence can encourage clients to be more receptive to feedback from the therapist and group members. Chace used group rhythmic action to facilitate and support the exploration and expression emotions in an organized and controlled manner (Levy, 2005).

Along with creating a sense of inclusion, group dance/movement therapy is beneficial for survivors of domestic violence who may suffer from a depleted sense of self confidence

because it allows each group member to be fully seen by their peers. The Chacian method also includes the use of a circle, to ensure all group members can be seen and heard and are at an equal position in the room (Sandel, et al, 1993). Because of this arrangement within a group dance/movement therapy session, clients are unable to hide, physically or emotionally, from fellow group members. This forced vulnerability within the group encourages clients to show their authentic selves and receive support and affirmation from the group through movement. The vulnerability of being seen by a group is particularly beneficial and intimidating for survivors of domestic violence because they were not fully seen or accepted within the abusive relationship. Dance/movement therapy provides the opportunity for survivors to be seen and accepted by a group and use movement as a form of self-expression in front of peers. By encouraging survivors to explore and create their own movement in a group setting, survivors of domestic violence can begin to develop a sense of total self-acceptance through movement.

Emotional Regulation Through Movement

Emotional regulation can be defined as a person's active attempt to manage their emotional state by enhancing or decreasing specific feelings and reactions to situations (Shafir, 2016). Experiencing violence or traumatic events can biologically affect a person's ability to regulate their emotional response to external stimuli (Cozolino, 2005). After a traumatic experience, the brain develops a new pattern of responding to external stimuli based on past experiences and can induce disproportionate emotional or physical reactions. Emotional reactions are accompanied by specific sensations in the body and chemical changes in the brain (Cozolino, 2005). Neurophysiological findings suggest emotions are

generated by conveying the current experience of the body to the brain through sensory input (Shafir, 2016). Consequential brain activation patterns represent learned reactions and conscious feelings (Shafir, 2016). This idea suggests that the change in proprioception and interoception experienced when intentionally re-patterning motor movements, can help people develop the capacity to regulate emotions (Shafir, 2016). Dance/movement therapy provides a unique way of reintegrating emotional regulation for survivors of domestic violence through proprioceptive changes and movement.

Dance/movement therapy offers body-based interventions to help survivors of domestic violence recognize the physical sensations that accompany emotions and provide tools for them to recognize and modulate responses. Through dance/movement therapy, survivors of domestic violence can experience and explore new movement patterns which can lead them to experience and recognize new emotional states (Shafir, 2016).

Dance/movement therapy incorporates specific interventions to help clients develop skills to self-soothe and develop impulse control. These skills will help survivors temper their emotional reaction to negative situations in life. Incorporating starting/stopping exercises during group dance/movement therapy will help survivors of domestic violence develop the skill of impulse control. The dance/movement therapist can also guide the group in moving between movements with strong movement qualities and gentle movement qualities. Finding this feeling of “medium” movement can introduce the feeling and idea of middle ground, encouraging a tempered reaction to life situations. Dance/movement therapy also works to increase body awareness and will ultimately help survivors of domestic violence recognize their physical responses to emotions and help them employ somatic coping mechanisms to manage overwhelming feelings. By helping survivors of domestic violence learn to temper

emotional responses to stress in everyday life, dance/movement therapists can help them create emotional space to build healthy relationships.

Dance/movement therapists often use kinesthetic empathy to build rapport and encourage emotional regulation in clients (Chaiklin & Wengrower, 2009). Mirroring or recreating a client's posture or movements fosters understanding by validating the client's movement choices. Moreover, the activation of mirror neurons deepens the therapist's understanding of the client through a physical insight into what it is like to live a felt experience within the client's body. In dance/movement therapy, a mutual kinesthetic empathy provides a foundation for the therapeutic relationship (Chaiklin & Wengrower, 2009). Through the experience of the client mirroring the therapist's movements or body posture, the client can experience kinesthetic empathy within the therapeutic relationship. The experience of shared kinesthetic empathy encourages emotional regulation in survivors of domestic violence by giving both the therapist and the survivor access to new felt experiences through movement.

Both quantitative and qualitative changes in motor patterns can encourage emotional regulation through movement (Shafir, 2016). Quantitative changes in movement refers to the amount of movement, while qualitative changes refer to size, muscle tension, speed, and direction of movement (Shafir, 2016). A change in quantitative movement engages the autonomic nervous system (increasing heart rate, increased blood flow, etc.), which releases different chemicals in the brain to elevate mood and contribute to the reduction of depression and anxiety symptoms (Shafir, 2016). Qualitative changes in movement provide different proprioceptive input to the brain regarding the current state of the body and its muscle

activation patterns (Shafir, 2016). The brain examines these movement patterns and creates a correlation between certain proprioceptive input and specific emotions (Shafir, 2016).

Dance/movement therapists are trained to introduce different movement qualities by means of Laban Movement Analysis (LMA) (Schwartz, 1995). In using LMA, dance/movement therapists can analyze existing movement patterns and introduce new qualitative movement to help survivors of domestic violence experience both unfamiliar and familiar emotions. Through the use of different movement qualities, dance/movement therapists will help survivors recognize changes in proprioception and connect those experienced changes to emotional states.

LMA introduces and analyzes eight different movement qualities: light, strong, direct, indirect, bound, free, quick, and sustained (Schwartz, 1995). The dance/movement therapist uses LMA to help the client transform their movement by introducing different movement qualities to evoke new feelings. For example, to introduce a feeling of strength and confidence, the therapist may ask the client to engage in strong and direct movements like stomping or punching. The therapist would then discuss how the different movement qualities felt and if the client recognizes the sensations in the body and emotions that occur. Helping survivors of domestic violence connect sensations felt in the body with emotions encourages emotional regulation and emotion recognition.

Introducing emotional regulation through dance/movement therapy provides clients the opportunity to manage their emotional experiences through movement choices. By engaging in movement with different qualities, clients can experience control over their felt and emotional experiences. Developing the skill of emotional regulation will help survivors

of domestic violence process their conscious and unconscious feelings from past experiences, and help prepare them for healthy relationships and self-expression in the future.

Introduce Coping Skills Through Movement

Redeveloping healthy coping mechanisms is essential in re-establishing the capacity for healthy relationships in survivors of domestic violence. Introducing somatic coping mechanisms will help survivors of domestic violence not only manage the stress of their trauma, but also everyday inconveniences that may feel overwhelming. Dance/movement therapy offers a unique way for survivors to rediscover coping mechanisms and experience them through movement.

Survivors of physical and emotional trauma often suffer from higher levels of anxiety (Black et al., 2010). Because emotions often manifest in the body, higher levels of anxiety are often associated with increased muscular tension (Levy, 2005). Dance/movement therapy uses different movement analysis systems to introduce new movement patterns and movement qualities to relieve this muscle tension and help survivors become more relaxed physically, leading to less anxiety mentally.

Coping skills are often learned early in life and help people to cope with difficult situations and overwhelming emotions. The Kestenberg Movement Profile, developed by Dr. Judith Kestenberg and Anna Freud, links developmental movement patterns and psychological tasks in children (Kestenberg Amighi, et al. 1999). In each stage of development, Kestenberg identified a fighting rhythm and an indulging rhythm inherent in children's bodies (Kestenberg Amighi, et al. 1999). Indulgent tension flow rhythms used to encourage the development of coping skills include the: sucking rhythm (oral phase, 0-6

mo.), twisting rhythm (anal phase, 9-18 mo.), and swaying rhythm (inner genital phase 3-4 yrs) (Kestenberg Amighi, et al. 1999). The repetitive nature of these indulgent rhythms make these movements accessible to clients.

The sucking rhythm begins in the oral phase of child development and ensures the child's ability to retrieve nourishment from its environment (Kestenberg Amighi, et al. 1999). As a biological instinct, the sucking rhythm is inherently linked to comfort and gratification. This rhythm can be introduced to survivors of domestic violence through whole body movements and movements in specific body parts. Movements resembling the sucking rhythm are smooth, gentle and rounded. These movement qualities can be introduced by gently bobbing the head up and down, or by making a gentle petting motion with the hand. These gentle movements have a calming effect on the nervous system and induce a feeling of lightness (Kestenberg Amighi et al. 1999).

The twisting rhythm begins in the anal phase of child development (Kestenberg Amighi, et al., 1999). The twisting rhythm can take place in different parts of the body, including the torso, arms, legs, hips, and hands. This rhythm typically includes sharper and indirect movements. The twisting movement pattern encourages the mover to explore the space in their small, medium, and large kinesphere. The twisting rhythm is used to support flexible thinking through the experience of flexible movement (Kestenberg Amighi et al., 1999). Flexible thinking is paramount to coping with daily stress and can help survivors of domestic violence manage their reaction to their changing environment and habits.

The swaying rhythm begins in the urethral phase of child development (Kestenberg Amighi, et al., 1999). This motion is used when rocking babies side to side and, like the sucking rhythm, immediately calms the nervous system (Kestenberg Amighi, et al., 1999).

The swaying rhythm is a more mature version of the sucking rhythm. Although the swaying rhythm and sucking rhythm have similar qualities of being smooth, gentle and repetitive, the swaying rhythm is made up of longer, slower movements. The swaying rhythm can be introduced to survivors of domestic violence by swaying side to side or forwards and backwards. This movement can also involve the arms swaying side to side. The large and repetitive nature of this movement allows clients to eventually rely on gravity to do the movement for them, encouraging a sense of trust in the environment.

Introducing coping mechanisms through dance/movement therapy provides tools for survivors to manage overwhelming feelings encountered in daily life. Dance/movement therapy can reintroduce inherent and soothing rhythms to survivors of domestic violence through small and large body movements. The indulgent movement patterns are calming and low intensity and allow the survivor to experience these sensations in her body. A somatic experience offers survivors of domestic violence concrete coping skills they can take with them and use outside of dance/movement therapy sessions.

Attachment Theory In Dance/Movement Therapy with Survivors of Domestic Violence

Adult Attachment theory operates under the assumption that the same reward and response systems developed during childhood within a child-caregiver relationship are active in emotionally intimate adult relationships (Shaver & Hazen, 1988). Cozolino suggests that the quality of our early attachment experiences activates a positive or negative state of mind throughout our lives (2005). Even though these experiences become unconscious, they shape our neural infrastructure and influences our social brain throughout our lifetime (Cozolino, 2005). In his work, Cozolino discusses the internalized mother, which is a network of

visceral, somatic, and emotional memories from our earliest interactions with our primary caregiver, which ultimately shapes our expectations about the world (2005). Through these unconscious memories, the Mother informs our sense of self-esteem, our ability to self-soothe, and the nature and quality of our adult relationships, (Cozolino, 2005).

Dance/movement therapy with survivors of domestic violence uses somatic and sensory experiences to tap into these unconscious, biological patterns to introduce new relational patterns.

The experience of interpersonal trauma creates negative expectations about relationships in both the conscious and unconscious mind (Cozolino, 2005). The brain detects and uses past experiences to analyze current experiences and make predictions about the future (Cozolino, 2005). Past traumatic experiences in relationships not only create conscious negative thought patterns about interactions with others, but they restructure the brain's ability to make predictions about how future relationships will be. The brain connects sensory experiences with decision making functions to translate motivation into action (Cozolino, 2005). This function allows the brain to examine the body's needs and what has been rewarding in the past to create a pattern of behavior. By introducing new sensory experiences through movement, dance/movement therapy can help survivors of domestic violence re-pattern their brain to create new behavioral patterns in relationships.

Attachment styles and social relationships influence and change the biochemistry in the brain similarly to addictive drugs (Cozolino, 2005). Cozolino indicates that relationships and addictive drugs regulate the same biochemical systems in the brain (2005). Both relationships and drug addiction induce experiences of cravings, dependency, and withdrawal (Cozolino, 2005). A person with insecure attachment style may seek out unhealthy

relationships because their brain is seeking a rush of attachment chemicals and experiencing the distress of the withdrawal of the same chemicals. Dance/movement therapy uses movement to release endorphins and help re-associate positive brain chemistry with healthy relationships and activities. Dance/movement therapy can address this addictive behavior in survivors of domestic violence by providing consistency and a healthy relationship with the therapist.

By establishing a healthy therapeutic relationship, the therapist can serve as the secure base for survivors of domestic violence, in the pursuit of developing other secure attachments and building healthier relationships. Many aspects of the therapeutic relationship can be likened to secure attachment, including the provision of a secure base, the emergence of a shared narrative in therapy, and loss/termination in psychotherapy (Holmes, 1993).

In exploring unconscious emotions and past experiences, the therapist serves as a secure and safe base for the survivor to explore from, and turn back to if any intolerable or overwhelming emotions are encountered. This is reflective of the exploratory stage in child development, when the toddler begins to explore their environment, but continues to turn back to ensure their caregiver is still available and watching (Bretherton, 1992). By establishing a secure base, people gain the capacity to explore their environment and themselves (Holmes, 1993). In dance/movement therapy, this exploration begins outwardly with the physical sensations and the environment, but turns inward by relating movement with inner experiences. Holmes suggests that the nonverbal behavior of the therapist, including the posture, vocal tone, and patterns of interactions, create a responsive atmosphere to help clients develop secure attachment (1993). Dance/movement therapists are uniquely

equipped to provide this type of non-verbal communication and interaction to clients through appropriate kinesthetic and vocal attunement, kinesthetic empathy, and the acute knowledge of non-verbal language.

Developing the ability to explain both positive and negative life experiences with another person, is an important skill to enhance and deepen the therapeutic process (Holmes, 1993). Empirical research has confirmed the reciprocal relationship between secure attachment and autobiographical competence (Holmes, 1993). Through consistent therapeutic meetings, the therapist and client can create a shared narrative (Holmes 1993). By creating a shared narrative and increasing autobiographical skills, the client can gain a sense of mastery and control over their past, present, and future experiences. This sense of mastery can inherently introduce the feeling of security and is a hallmark of secure attachment (Holmes, 1993). Dance/movement therapy provides a space for survivors of domestic violence to explore non-verbal storytelling and use symbolism and metaphors to express themselves and take ownership of their own stories and experiences.

In acting as a secure base for survivors of domestic violence, dance/movement therapists can help them process loss and grief. Addressing loss is an important process in psychotherapy, especially with survivors of domestic violence, as they have lost a romantic relationship. Those with secure attachment styles often have an inner knowledge that they will be able to make it through any type of loss that may be experienced, while people who are insecurely attached do not possess this feeling of confidence (Bretherton, 1992). Through the therapeutic relationship, the therapist can help clients who are insecurely attached develop the confidence to address loss and grief. Dance/movement therapists can help clients process grief both verbally and non-verbally through movement and symbolism. By

providing survivors of domestic violence the opportunity to fully experience and express the grief of their lost relationship through movement and verbalization, clients can begin to heal.

In a healthy therapeutic relationship, the therapist acts as the attachment figure for the client. In healthy romantic relationships, this type of support is typically found within an intimate partner. Shaver & Hazen (1988) noticed similarities within the child-caregiver relationship and adult romantic relationships including a feeling of safety when the other is nearby and responsive, engaging in close, intimate bodily contact, playing with one another's facial features and exhibiting a mutual fascination and preoccupation with one another. If behaviors in adult romantic relationships stem from the same motivational system as infant-caregiver relations, one must assume individual attachment styles will be developed in adult relationships including secure, anxious, and avoidant attachment (Shaver & Hazen, 1988).

It is worth noting that initial research of adult attachment style in romantic relationships shows that adults with secure attachment style, on average, have significantly lower, divorce rates than adults with insecure attachment styles (Shaver & Hazen, 1988). The same study also shows that adults with insecure attachment styles “score significantly higher on measures of trait loneliness,” (Shaver & Hazen, 1988).

Due to the inconsistency in abusive relationships, it is likely that survivors of domestic violence have developed attributes of anxious and avoidant attachment. Dance/Movement therapy can also reintroduce the separation-individuation process to survivors of domestic violence. The separation – individuation process initially happens during infancy and is influenced by the microculture created by the family (Bretherton, 1992). When final individuation occurs, the infant realizes they are separate from the mother (caregiver) and are their own human being. Just as attachment theory and attachment styles

can translate to patterns in adult relationships, the principles of individuation also transfer to adulthood.

Survivors with anxious/ambivalent attachment styles often engage in dependent behaviors with the abuser. In abusive relationships, the attachment figure (partner) is unpredictable – sometimes loving, and sometimes mean or angry, which creates the cycle of domestic violence. Through the therapeutic relationship, dance/movement therapists work to help clients disengage from this behavior and understand that in a securely attached (healthy) relationship, there is consistency. The therapeutic relationship can provide this consistency and secure base for survivors of domestic violence.

It is also known that behaviors reinforced under variable reinforcement, which is inconsistent (similar to an abusive relationship), are harder to disengage in. With unpredictable reinforcement of kindness and respect, the survivor can hold onto the hope that this time, the abusive partner will continue to treat her with kindness rather than engage in abusive behavior.

Dance/movement therapy can help survivors of domestic violence learn to set physical boundaries and ultimately translate this into emotional boundaries. By moving between synchronized movement with the therapist and individual movement, the survivor can experience the difference between having a mutual experience, and a separate experience. By addressing the separation-individuation process through movement, dance/movement therapists help survivors develop confidence and understand where they have been, where they are, and how they can move through the world in the future.

In conclusion, group dance/movement therapy is particularly well suited to address short term and long-term psychological consequences in survivors of domestic violence.

Dance/movement therapy can also address insecure and unhealthy attachment patterns in survivors of domestic violence through therapeutic movement interventions. By providing a non-verbal form of therapy, survivors of domestic violence are free to express themselves through movement and symbolism. Dance/movement therapists can help survivors of domestic violence experience familiar and unfamiliar bodily sensations associated with emotions and introduce emotional regulation and coping mechanisms to help survivors manage symptoms of their emotional and physical trauma.

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