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Running Head: MORE THAN A WITNESS

More Than a Witness: How Dance/Movement Therapy Uses the Body for Processing Exposure
to Interparental Violence

Kristen Taylor Reyes

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

May 2018

Dedication Page

I would like to dedicate this thesis to every child, young or old, who ever felt powerless, ashamed, unheard, or unseen due to his or her exposure to domestic violence. Do not allow those experiences to deter you. Rather, let them help you see the victories and strengths you gained through them by seeking counsel. No matter your involvement in the violence, your experience played a part in your identity, and you can decide what aspects you want to remain a part of your identity.

As an individual who was exposed to interparental violence as a child, I want to give all of the glory to God for giving me the strength, endurance, and healing to produce this thesis.

Abstract

Children are often overlooked when violence between two parents occurs. As a result, they grow up with the potential to become adults who repeat their parents' violent actions or become victims of violence. This theory based study aims to highlight the often secretive nature of domestic violence between parental figures, heighten awareness of the effects of child exposure to the violence, reveal how those effects manifest in them as adults, and educate readers about the power of the body during traumatizing events. Through this study, a modality is offered for processing those traumatic experiences using the body through movement. That modality is dance/movement therapy.

Keywords: domestic violence, interparental violence, witnesses, exposure, internalization, externalization, posttraumatic stress symptoms, dance/movement therapy

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Introduction

Some of the most traumatizing experiences that leave a lasting and changing impression on an individual occur within the home. The Adverse Childhood Experiences (ACE) Study found various long-term negative effects, including a higher fatality rate, experienced by adults who grew up in violent homes (Geffner, Igelman, & Zellner, 2003). Slipping through the cracks of public support, many children facing adversity are growing into adults without the proper guidance or tools to process and heal from their experience.

Individuals who receive high exposure to trauma during their childhood become susceptible to physiological changes that have the potential to shorten their life expectancy by 20 years (Harris, 2015). The type of childhood trauma this thesis is referring to is not the kind that happens once or twice in a school setting or a neighborhood. It is the type of trauma many children have no choice but to face in their own homes every day. It is the type of trauma that becomes imbedded into their personality, physical health, and mental health as adults. It is domestic violence between two parental figures, also known as interparental violence.

Estimates of the number of children exposed to domestic violence range from 3.3 million to as high as 10 million each year (Rudo, et. al., 1998; Onyskiw, 2003; Geffner, et. al., 2003; Martin, 2015). As victims and families attempt to conceal domestic violence effects from friends and extended family members out of fear, embarrassment, or the belief that help does not exist, statistics can only calculate those who report it; therefore, the youngest witnesses are left with no one to entrust with their experiences (Stacey & Shupe, 1983). Society failed to meet the pressing needs of children and entire communities during the overlapping epidemics of drugs, violence, and HIV/AIDS in the 1980s and 1990s (Wallace, 1996). The fact that statistics remain consistent from the 1980s to the present reflects that society continues to fail this special population.

Children are falling through the cracks of the provided public systems and becoming adults with unhealed wounds that affect their present and future.

The degree of exposure a child has to domestic violence, from interfering with the violence to seeing injuries upon one or both parental figures, can be interpreted as a form of abuse and/or neglect. Children do not need to be directly injured for their emotional health to be damaged long-term (Stacey and Shupe, 1983). The modeled behavior performed by their parental figures and the physical as well as emotional impacts create a projection for the child's own life. When facing conflicting situations in their adulthood, their reactions can be influenced by the violent examples provided from their childhood (Hague, Harvey, & Willis, 2012).

Many welfare systems, professionals, and even parental figures do not consider the long-term effects of a child's witnessing domestic violence when assessing a child for a mental disability, learning disability, or even a medical condition (Harris, 2015). In fact, public officials and legislators usually turn a blind eye to domestic violence by placing it as a low priority item on their budgets (Stacey & Shupe, 1983).

To put the problem of family violence in clearer perspective: Kentucky's Senator Wendell Anderson stated in the *Congressional Record* on March 16, 1978, the fact that while 39,000 Americans died in the Vietnam conflict between 1967 and 1973, at the same time 17,570 Americans also died literally on the home front, from family violence - most of these were women and children (Stacey & Shupe, 1983).

If domestic violence were equated with the crime of assault against another person in the United States then domestic violence would be considered as the most encountered form of crime (Stacey & Shupe, 1983). As people continue to bury it under the rug, the vicious cycle of

domestic violence continues from generation to generation, impacting individual family systems and the community at large.

Unfortunately, individuals exposed to domestic violence do not usually acquire attention and support in their adulthood. If they do receive mental health support, it is usually provided to them as children in the form of a 'one size fits all' treatment application (Geffner, Igelman, & Zellner, 2003). Their individual experiences are usually not taken into account, and neither is the impact their developing bodies may have experienced due to the traumatic exposure. Many interventionists fail to construct treatment plans conducive to each individual exposed to domestic violence (Geffner, et. al., 2003). When they develop into adults, any unprocessed experiences that remain are held in the body and embedded into their identity (Martin, 2015; Harris, 2015). Without the right support, this can pose concern upon their mental health as adults.

Because each body is different, each person exposed to domestic violence carries reactions and experiences unique to their situation. Each body individually relays internal messages of how to respond to others and environmental shifts based on past experiences (Porges, 2011). Psychophysiological sensations arise within the body and inform the individual of the behavior to perform in reaction to situations, especially traumatizing events (Porges, 2011). Therefore, the body's externalization of that experience can be a manifestation of the individual's internal process. A person-centered modality is needed in order to support that person's unique process.

Dance/movement therapy is one modality that integrates the body and mind's experience for processing past traumatic events using a person-centered approach. It uses the individual's strengths and natural way of moving to produce interventions tailored to his or her experience.

Dance/movement therapy uses improvisation or “the spontaneous creation of form” as a process of free association in order to bridge the unconscious and the conscious (Krantz, 1999). Through the guidance of a dance/movement therapist, themes related to repressed emotions, unused strengths, or buried capacities can be identified and restored within group and individual formats (Krantz, 1999). Through dance/movement therapy, adults have an opportunity for processing their exposure to interparental violence when they were children.

This thesis focuses on highlighting the family secret of interparental violence to the public; clarifying the definition of domestic violence and interparental violence; bringing awareness to the effects of child exposure to interparental violence; revealing how those effects manifest in adults who witnessed interparental violence in their childhood; discussing the body’s experience to traumatic experiences; and providing a healing modality that uses the body, which is dance/movement therapy. Because individuals within this population are now adults, the ultimate aim of this thesis is to raise awareness that the experiences of adults require a particular attention. In fact, this population is either going to perpetuate the cycle of interparental violence or stop it.

Definition of Domestic Violence and Other Terminology

According to Fantuzzo & Mohr (1999), the term domestic violence has a broad spectrum of definitions, especially in regards to the family context. Domestic violence can involve sibling violence, child abuse, elderly abuse, incest, and other challenging dynamics. For that reason, clinical definitions like the one below tend to be broad:

[Domestic violence is] a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners (Fantuzzo & Mohr, 1999).

According to this definition, domestic violence is not only defined within the context of families but also between adolescents and their partners. If the focus of this thesis were solely between intimate partners, this definition would suffice because it is simple enough to comprehend and makes room for victims of all types of inter-relational abuse. This thesis, however, requires a narrower definition that can bring key people and factors to the surface that this definition does not involve – children.

One narrow model defines domestic violence as: “acts of physical harm, including voluntary sexual acts, or the threat of physical harm” (Fantuzzo & Mohr, 1999). A definition like this is helpful for victims facing physical immediate danger, granting them priority within a shelter and immediate action. Unfortunately, this means that victims who have been psychologically exploited are pushed to the back of that priority line or may be completely excluded from the domestic violence equation. If those victims are filtered out, young witnesses who have not been physically harmed or threatened are left out as well. This definition also sends the false message to victims that their situation is not “that bad,” thus the home remains to be a intoxicating launching pad for young witnesses to take off from and return to; and their

understanding of the world they live in is colored by the way they view themselves and others in their violent home (Winstok & Eisikovits, 2003).

The following definition of domestic violence, taken from the Women's Aid (a domestic violence charity located in the United Kingdom), will be used for this thesis:

[Domestic violence is] an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behavior, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or [care-giver]. [Domestic violence] includes but is not limited to: coercive control (a pattern of intimidation, degradation, isolation and control with the use or threat of physical or sexual violence); psychological and/or emotional abuse; physical or sexual abuse; financial abuse; harassment and stalking; and/or online or digital abuse (Women's Aid, 2015).

Because this definition includes specific forms of violent and nonviolent behavior, it is broad enough to include various family contexts and narrow enough for each person involved to understand the gravity of his or her situation. It makes room for the possibility of witnesses who may have not been physically involved to receive help. A definition like this has the ability to extend to various types of victims, witnesses, and situations that are heterosexual, homosexual, transgendered, or involve extended family members. It also leaves enough room for families who may or may not have young children.

Most researchers, policy-makers, and special agencies agree that majority of domestic violence is inflicted upon women by men (Hague, et. al., 2012). Therefore, the research that supports this thesis consists mostly of heterosexual family contexts in which females are the victims and male partners or ex-partners inflict the violence. However, one must be aware that male victims do exist and should not be overlooked. Interparental violence is also not only

limited to heterosexual family contexts. Regardless of the gender of the parental victim or the family type, the main focus of this thesis is upon children that come from all walks of life, whether their family system is heterosexual, homosexual, transgendered, blended, etc.

The term interparental violence will also be used in place of domestic violence (domestic violence) in order to maintain the perspective of the child within the violence, which is occurring between parents or parental figures. In addition, although the violence can be perpetuated between the parental figures, children have accidentally become physically and unintentionally harmed during violent incidents. In order to clarify the placement of the child within the violence, other terms will be defined.

Researchers tend to refer to these children as *witnesses* or observers; however, such terminology recently has been replaced with the word *exposure*, in order to make each child's experience with interparental violence more inclusive (Fantuzzo & Mohr, 1999). Martin (2015) explains that the public's limited awareness is due to language. With words like *witness* being used in surveys and research studies, one may assume that the child was a mere spectator passing through (Martin, 2015). Martin (2015) argues that false terminology minimizes the true impact of the child's experience and leaves children feeling like their experience is "something [they] should be able to get over." In contrast, the word *exposure* within the context of interparental violence includes: watching; hearing; direct involvement, such as fighting back or calling the police; or experiencing the aftermath in which the child sees injury and/or maternal depression (Fantuzzo & Mohr, 1999). By using the word *exposure* instead of *witness* in this thesis, I intend to give a voice to the many children and adults deeply impacted by their experience with interparental violence as children.

The Effects of Interparental Violence on Children

Imagine what happens to the brain and the body when a person sees or anticipates danger. In the situation of encountering a bear, for example, the sympathetic nervous system sends a message to the body to either fight, flight, or freeze (Harris, 2015). What happens when the bear is a parent or a violent incident between parental figures? Imagine the impact to the brain and the body from activating and de-activating the sympathetic nervous system day-in and day-out.

Consider the effects a young child faces and processes with her developing brain that has yet to fully comprehend the survival physiological responses that occur within her young body. From a developmental standpoint, the chronic exposure for a child's young brain is life altering neurologically (National Scientific Council on the Developing Child, 2005). In an attempt to show the detrimental effects of interparental violence, developmental psychopathology perspectives reveal that there is a biopsychosocial interaction that occurs within the development of a child that affects temperament, attachment, and sensory processing (Geffner, et.al., 2003).

Ungar and Perry state in "Violence Trauma and Resilience" that the most rapid brain development occurs before birth and during early childhood (as cited in Dieterich-Hartwell, 2017). With exposure to interparental violence, structural regions meant for learning, memory, and regulating emotions can become significantly impaired, lowering the IQ and slowing the developmental process of the child (Avery, 2009). Without positive interventions that support a young brain's transitions through environmental changes (especially negative ones), emotional regulation and maturation suffer, along with cognitive development, attachment, and relational skills (Dieterich-Hartwell, 2017). Dieterich-Hartwell (2017) explains that even if a child is removed from the traumatic experience, lasting consequences on the development of the brain remain and are buried deep within the primitive autonomic parts of the nervous system. That

prolonged exposure to interparental violence is equivalent, if not worse, to that of a soldier in combat, because the traumatizing and lasting affects are carried into adulthood (Martin, 2015).

The negative effects of a child's exposure to interparental violence range from mild emotional and behavioral disturbances to clinical level symptoms of posttraumatic stress disorder and other psychiatric disorders (Rosenberg, Giberson, Rossman, & Acker, 2000). Children with interparental violence exposure were found to have symptomatic behaviors that reflected denial, numbness, rage, aggression, and depression as coping strategies (Rudo, Powell, and Dunlap, 1998). Children also experience reactions consistent with trauma, including poor concentration, irritability, hyper-vigilance, depression, intrusive memories of past violent experiences, and social withdrawal (Rosenburg, et. al., 2000).

The behaviors and emotions mentioned thus far are examples of the most prominent effects on children exposed to interparental violence: externalized behavior (i.e. aggressive behavior and conduct problems); internalized behavior (i.e. depression, anxiety, and low self-esteem); negative influences on intellectual and academic functioning; negative influences on social development (such as social competencies with peers and adults); and negative impacts on physical health and overall development (Fantuzzo & Mohr, 1999). Some children will show signs of 'regressive behavior,' in which they revert back to young childhood habits such as thumb sucking, bed-wetting, or temper tantrums, because they find relief in primitive self-soothing methods (Stacey & Shupe, 1983). Without age appropriate coping mechanisms or positive interventions, a child's emotional strain and pressure has the potential for resulting in schizophrenia or other psycho-emotional problems (Stacey & Shupe, 1983).

Typically, each child will express the stress of interparental violence through internalized behavior or externalized behavior (Emery & Buehler, 2009). According to Onyskiw (2003),

externalization is under-controlled behavior that can be seen as aggressive and antisocial, such as fighting, disobedience, and destructiveness. It is the type of behavior that is seen and disrupting to others and the environment at large. It is typically most prominent in children exposed to ongoing interparental violence (Emery & Buehler, 2009).

An example of this can be seen in a case study about a 7-year-old girl named Maria (Rosenberg, et. al., 2000). Maria had difficulty expressing her emotional needs and modulating her distress by reacting with anger, aggression, or intense sadness. In addition to biting her nails, crying, screaming, and using aggressive behavior as self-soothing mechanisms, she sought age-inappropriate nurturance from her mother by either clinging onto her or squeezing in between her mother and younger sister on the couch. Maria's behavior was explicit enough for others to notice and seek intervention for her; however, other children are not so fortunate in receiving help because their behaviors are not explicit.

Children often respond to their exposure to interparental violence in more subtle ways that require detective work (Stacey & Shupe, 1983). Such subtle behavior is referred to as internalization, behaviors that are over-controlled, anxious, and inhibited (Onyskiw, 2003). They can be seen through sadness, withdrawal, and/or anxiety. An example of this can be seen in a case study about a boy named Billy, who is also 7 years old (Rosenberg, et. al., 2000). In summary, his coping style was to isolate his feelings from his thoughts. He demonstrated difficulty with creativity, using his imagination, and expressed a striking aversion to discussing emotional topics by attempting to change the subject or self-direct his attention elsewhere. The dynamic of his family system was such that his father only inflicted violence upon his mother and brother but never on Billy because he was deemed as the favorite (Rosenberg, et. al., 2000).

Social learning theory suggests that children exposed to interparental violence learn maladaptive ways of dealing with conflict by modeling the aggressive behavior seen between their parents. This behavior then presents in their peer interactions, and possibly later on in their intimate relationships (Geffner, et.al., 2003). In many cases, like Billy's, children will also express a need to maintain affection with the parent who inflicts violence, increasing the likeliness of the child to imitate the violence of that parent (Stacey & Shupe, 1983). If the child does not imitate the violence in the present, there remains a likelihood that they may imitate it in their future as adults.

In the book, *The Family Secret: Domestic Violence in America*, the following examples reflect the ways that a child will mimic the negative behavior:

One woman told in tears how the father would persuade the boy to hold his mother's legs while the man sat on her chest and beat her face and head with his fists. In another instance the father would chase his wife around the house, throwing objects at her, and the six-year-old son would gleefully follow after, hurling his own toys, mimicking his father's shouts and curses, as if it was all a game (Stacey & Shupe, 1983).

In other words, the home becomes a "training ground for future generations of violent adults" (Stacey & Shupe, 1983). If a child does not become a victim, their chances of becoming desensitized to violence increases, their levels of empathy decrease, and they may become the aggressor of their own future, family, intimate relationship, or community (Rudo, et. al., 1998).

Theories on the intergenerational transmission of violence propose that children exposed to interparental violence are also at great risk for becoming the victims of future maltreatment (Geffner, et. al., 2003). As children enter adolescence, identity construction takes place and becomes the most pivotal point in which they view themselves within the home and within the

world (Winstok, Eisikovits, 2003). If their home is a violent one, they will view and process their experiences through hostility and conflict instead of harmony and intimacy (Winstok, Eisikovits, 2003).

The Outcomes of Interparental Violence Seen in Adults

Adults who lost the opportunity to deal with conflict healthfully due to their interparental violence exposure during childhood tend to demonstrate a lack of self-worth, hopelessness, an inability to settle happily into adult life, and are challenged with sexual and interpersonal relationship problems (Hague, et. al., 2012). They face the highest likelihood of encountering marital and relationship dysfunction (Hague, et. al., 2012). This particular population is also more likely to abuse drugs and alcohol, inflict violence upon another person, and commit suicide (Martin, 2015).

Martin (2015) recounts his personal story with interparental violence beginning from the age of eight:

When I heard my mother screaming downstairs, I ran down grabbed her hand and sprinted out the front door in our pajamas. We ran to the nearest police station to report her boyfriend, Keith, who had been abusing her. Later, Keith was arrested but managed to whisper to me, 'Now I am really gonna hurt her.' It was difficult for me to hear those words as an eight-year-old. I had a large degree of fear, guilt, worthlessness, and hopelessness. I believed that I was the cause and that I would be unable to stop the violence from occurring in the future... At the age of seventeen, I managed to make money hustling jewelry. With the money I was able to help my mother and buy her a car. I assured her that as long as Keith did not come by the house anymore, I would be able to take care of her... One day Keith's car was parked in front of the house, I reached under

my car seat for my gun, and made my way to the house. I froze the moment my feet hit the sidewalk. I could not go through with it. I knew I would get caught and end up in jail. Angry with myself I pointed the gun to my own chin only to discover that I was too afraid to pull the trigger. I felt that I was a failure at trying to kill myself too (Martin, 2015).

Many children grow up without intervention or support to help them process their exposure to interparental violence. When they reach adulthood, the feelings of shame, powerlessness, fear, and symptoms of post-traumatic stress remain.

Despite the examples of famous individuals who have been exposed to interparental violence and now appear successful, like Haley Berry, Oprah Winfrey, Patrick Stewart, Drew Barrymore, Christina Aguilera, and Bill Clinton, many individuals still carry their traumatizing memories into adulthood (Martin, 2015; Hague, et. al., 2012). At the age of 50, Juliette, a woman described in the book, *Understanding Adult Survivors of Domestic Violence in Childhood* (Hague, et. al., 2012), wrote the following poem:

She couldn't help remembering,
even though she's well past 50.
Arms stretched to them.
The pain comes sharp at the back of her mouth.

She couldn't help remembering.
It won't go away.

Hurrying anxiously back from school,
knowing she had to go back into that hurtful house,
where she loved everyone so much.
The feeling of the shades coming down.

She couldn't help remembering,
her glowing mother.

Just a young woman really,

making her dresses,
cooking home-made cakes,
laughing with the children in the garden,
loving them with a deep brave fierceness.

And the light gradually going out of her eyes.

Turning bitter and argumentative,
being awkward
or martyred.

Her father crushed with disappointment too.

She couldn't help remembering,
even though she's well past 50.

The feeling of the shades coming down.

Her father mad with fury.

But she couldn't stop it,
couldn't stop him.
Crying and sobbing,
Tears dripping off her chin.
She couldn't stop him.

She couldn't help remembering.

And she learned not to sleep.
She dreaded anyone suspecting.

She couldn't help remembering.

Her expectant young life reduced to
what felt like fragments,

Bitter
and a tangled feeling.

She couldn't help remembering.

Even though she's well past 50,

But she couldn't stop it,
crying and sobbing,
arms outstretched to them.

Even though she's well past 50. (Hague, et. al., (2012)

General studies show that the impacts of maltreatment and neglect on children reveal significant effects on their lives as adults, and are not typically seen to emerge until key moments in later life (Hague, et. al., (2012). This may or may not be the case for Juliette. However, the fact that she was able to construct a detailed poem that reflected her inner processes suggested that she continued to live with those past experiences well into her adulthood. Children exposed to interparental violence dwell in a world of extremes, in which they learn to adapt to and respond accordingly (Rosenberg, et. al., 2000). As they grow within this type of environment, they will either attempt to deny the experience or ruminate on the memories of the interparental violence (Rosenberg, et. al., 2000). Their understanding of power has the potential to be negatively distorted and cause them to react with minimized adverse emotions, or explode with anger and sadness (Rosenberg, et. al., 2000).

For those who do receive help as children, their interventions are usually not individualized because victimized parents often seek support through a family shelter (Geffner, Igelman, & Zellner, 2003). Shelters rarely conduct comprehensive assessments that focus on the child's experience and address issues such as self-esteem, depression, anger, anxiety, or trauma level; attitudes about power and control; communication and assertiveness skills; and/or social skills (Geffner, et. al., 2003). Only particular individuals will get their needs met because the interventions work for their situation. However, for those pushed to the back of the priority line, they may be easily overlooked because their situation was not considered extreme enough compared to others in the shelter (Stacey & Shupe, 1983). For those who were never able to

receive any type of treatment, especially those who remained within the family system, their processes follow them into adulthood.

Without support and interventions that cater to an individual's needs, resolution cannot occur. Each person's experience must be taken to account individually, because each person interprets the world based on his or her experiences. Although they may display similar behavior challenges, they most likely did not have the same experiences. Their unique perspective must be taken into consideration in order to produce the most appropriate interventions. For adults exposed to interparental violence as children, one of the best ways to support them is to point them to a universal tool that every person carries, the body.

The Body's Experience

Levine (2010) uses his personal experience with trauma to illuminate how powerful the body is in the events of trauma. He asserts that without words, the body sends messages of what it needs to itself and to the world outside (Levine, 2010). As the heart rate increases, digestion stops, and body temperature drops, the brain sends messages through the sympathetic-adrenal nervous system to kill or take evasive measures for escape (Levine, 2010). If the body can inform itself of physiological needs in moments of danger, the body can also be used for accessing information for managing post-traumatic symptoms seen in an individual, like an adult with a childhood history of interparental violence exposure (Dieterich-Hartwell, 2017).

In the author's case, his body informed itself through shaking as a means to 'shake off' what remains of the traumatic experience in attempt to prepare him for the next encounter (Levine, 2010). An involuntary occurrence of the body informing itself through shaking is an example of the body using movement as a preparation stage during moments of danger. The body is both shaking off the traumatic experience and preparing the body for any more

dangerous moments that may lie ahead. If the body can incur movement to be a part of a person's transitions through danger, movement can also be used to prepare an individual's mind and body for processing past traumatic experiences (Dieterich-Hartwell, 2017).

According to Levine (2010), when others see the shaking and the nonverbal expressions of a person-undergoing trauma, they are also given information concerning their role in interacting with the individual. One individual spoke to the author, while still in his traumatic state, in a calm voice with direct eye contact, for example. His response was as follows: "Her noninvasive warmth, expressed in the calm tone of her voice, her gentle eyes, her touch and scent, gave me enough of a sense of safety and protection to allow my body to do what it needed to do and me to feel what I needed to feel" (Levine, 2010). The people that surround the body and the movement they produce also play a role in establishing safety in moments of danger. If the movement quality of an another person's body can supply comfort and safety, the movement quality of a therapist and/or group can also support an individual seeking safety for processing past experiences with interparental violence exposure.

When an infant wakes up from a nap crying, his muscle tension, high-pitched vocalizations, and emotional distress communicate his need for soothing and support non-verbally (Porges, 2011). The mother's interaction with the infant relays a message to him of the amount of safety he has with her. His muscle tension loosens, heart rate decreases, and crying subsides. When the experience happens again, and takes different form according to the infant's environmental and physiological transitions, the sight of his mother may also produce a more rapid adaptive response as he continues to build trust and familiarity with her. Through these consistent patterns, the infant can develop in a stable environment that provides safety and

models of healthy relationships not only with his mother but others that interact within his space (Bowlby, 1988).

In contrast, if a child develops in an unstable environment, the child may grow into an adult not ever experiencing safety, trust, or healthy relationships. Unless parental figures supply the child with regulation through unstable environmental changes, he will seek regulation and safety elsewhere (Devereaux, 2008). For some, the safety they find is through outside friends or family (Hague, et. al., 2012). For others unable to self-regulate or find safety, isolation may develop in the form of anxiety, depression, or challenged behavior (Stacey & Shupe, 1983). Over time, without proper support, those experiences along with healthy and unhealthy coping mechanisms evolve into behaviors that can follow the child into adulthood (Hague, et. al., 2012).

Social interaction must occur in order for a human being to navigate the world safely. Porges's Polyvagal Theory (2011) suggests that social interaction involves both social engagement and defensive behavior. During social engagement with other human beings, the individual begins to predict levels of safety and vulnerability that will manifest in adaptive or maladaptive behavior according to his psychophysiological sensations (Porges, 2011). A part of those sensations can be seen in facial expressivity, vocal tone, gaze, posture during social engagement, and affect (Porges, 2011). Polyvagal theory explains that adaptive behavior and physiological, biological, and neurological processes all guide our maneuvers through the environment and the people with whom we interact (Gray, 2015). Thus, our internal processes produce action and movement through space according to our perceived level of safety.

In addition, the message of immobilization, also known as freeze, can be relayed through the vagus nerve in an attempt to protect the body from danger, perform pro-social activities (i.e. nursing and childbirth) or establish social bonds such as being embraced or hugged by a

significant other (Porges, 2011). However, in more extreme cases, immobilization with fear can produce physiological changes with potential lethal outcomes, such as cessation of breathing, dropping of blood pressure, or dramatic decrease in heart rate (Porges, 2011). Especially in the context of trauma inflicted by another human being, or in the events of a child seeing trauma second handedly through interparental violence, the body carries those physiological and psychological reactions and uses them to predict the next encounter (Dieterich-Hartwell, 2017). If a child is in constant fight or flight mode during childhood, certain events have the potential to trigger him or her to revert to those fight or flight mode behavioral responses in adult experiences (Dieterich-Hartwell, 2017; Porges, 2011).

Polyvagal theory states that safety and human relationship are essential in the human developmental process (Gray, 2015). If an adult did not experience that safety and experiences of a healthy human relationship as a child, he is likely to carry those perceptions into adulthood. Thus, he may find difficulty in maintaining healthy relationships or even continue to struggle with post-traumatic symptoms both subconsciously and consciously (Dieterich-Hartwell, 2017). One modality that could provide resolution to external and internal conflict for adults with exposure to interparental violence as children is dance/movement therapy. Through the use of the body, individuals have the opportunity to develop a sense of safety in new ways, explore models for healthy relationships, and discover body-based methods for managing post-traumatic stress symptoms.

Dance/Movement Therapy

Each body responds to traumatic experiences differently and will therefore recover differently. Some individuals are fortunate enough to recover most likely due to the support of loved ones that were able to listen, empathize, and provide feedback through their process.

Others are not fortunate because they did not have emotional support or were consumed by psychological distress that left them feeling powerless, guilty, isolated, fearful, angry, hopeless, resentful, and worthless (Martin, 2015).

For adults exposed to interparental violence as children, their self-image can be left distorted. In most cases, this population tends to have trouble processing emotions and tuning into their body, especially emotions and bodily sensations related to their experiences from the past (Van der Kolk, 2006). Their sense of awareness can be lost or limited and replaced with numbness (Van der Kolk, 2015). Dance/movement therapy is one strength-based psychotherapy intervention that can increase awareness in a way that helps an individual unlearn negative beliefs, discover positive outlooks, and reorganize neural structures simultaneously.

Dance/movement therapy is founded on the ideas that body movement can reflect inner emotional states and that the body and mind are inseparable (Levy, 1988). Dance/movement therapists use a person's natural way of moving to create client-centered interventions that promote the individual on a holistic level that is emotionally, socially, cognitively, and physically integrated (ADTA, 2016). Using dance/movement therapy in the psychotherapeutic context has been seen to provide opportunity for exploration and changes in movement behavior that can lead to changes in the psyche (Levy, 1988). It incorporates facial expressivity, vocalizations, listening, variations in movement quality, and muscle activation, that can directly access the neurological substructures of human behavior (Gray, 2015). Dance/movement therapy can provide individuals with insight into how past experiences influence behavior by using the body.

Dance/movement therapy can also help establish safety and help individuals create their own means of safety through the human relationship performed within the therapeutic

relationship and the use of body movement. Marian Chace, 'The Grand Dame' of dance/movement therapy, passed on a unique ability of connecting with her client's through kinesthetic perception, reflection, and reaction called mirroring or reflecting (Levy, 1988). Mirroring is not mimicking another person's body movement, rather it is a reflection of how one person sees and feels another person's movement experience. Like a conversation in which a person seeks validity through words, the other person will either repeat the person's verbal expression in a way that is reworded in her own sentence construction or add on information that complements the conversation.

During Chace's interactions with clients, mirroring involved the use of her own body movement and voice tone in a way that reflected emotional acceptance and validated the clients' experience (Levy, 1988). Merely repeating exact words do not inform a person that she is being heard, understood, or supported. Words that complement and movement that complement the client's process foster a healthy therapeutic relationship. For example, if a client expresses strong and fast movement with his legs during a dance/movement therapy session, the dance/movement therapist may produce the same movement dynamic with her arms. The movement may not take the same shape but the movement quality may be similar. Another example can be seen in stillness. If a client is sitting down on the floor, sitting next to the client can nonverbally inform them that the therapist is not superior or inferior. The therapist may not be sitting the same way, however, sharing the same level in space can be a step towards rapport.

Mirroring is a gateway to establishing a healthy client-therapist relationship so that other interventions can take place. One goal that can be implicitly explored through mirroring is the ability to identify safety and trust in others. Upon developing trust and safety within the client-therapist relationship, the client can begin to transfer newfound knowledge of safety and trust

outside of therapy. The client can begin to distinguish healthy and unhealthy components of relationships.

Groups have the power to provide a level of empathy and feedback that is not typically seen in one-on-one encounters (Wallace, 1996). In order to expand a person's experience beyond the self and the client-therapist relationship, Chace also developed the group rhythmic movement relationship (Levy, 1988). The group rhythmic movement relationship provides a structure for exploring thoughts and feelings that can be shaped, organized, and expressed within the secure confines of a group format (Levy, 1988). With the help of the dance/movement therapist, groups can organize their thoughts and feelings into movement patterns that can provide support and safety for verbal and nonverbal processes. The predictability of group rhythmic action can be contagious and evoke a new level of trust that individuals may have not felt in their childhood or adulthood (Levy, 1988). Once trust has been established among group members, implicit and explicit connection to the real world can begin to be explored and applied.

For example, the first implicit connection to the real world is establishing individuality within a group setting. As participants learn to move with one another, they can discover their movement preferences and impulses. As they see the different movement produced around them from other bodies, the establishment of safety and trust can begin to elicit individual experiences of comfort and independence. The dance/movement therapist can then make explicit connections to the way group members secure their individuality in the world outside of group verbally and/or through movement experiences. An example of this could be seen in the mere posture of one's walk in the group context compared to a group of strangers. The group can practice applying the comfortable pace and posture found within the dance/movement therapy context, and apply it to real life.

Since an individual's ideas about a healthy family system may have become distorted due to his or her exposure to interparental violence as a child, the group process can also become a symbol of a more adaptive family system. Symbolism can be seen in the use of imagery, memory, and enactment in collaboration with visualization, verbalization, and movement within the dance/movement therapy context (Levy, 1988). The group has the potential to develop into a place for seeking support and practicing altruism in a manner that is commonly expected within a family system. The opportunity to increase knowledge, challenge or change attitudes/beliefs, and influence behavior on a safe level that was probably lacking in their childhood can be experienced as adults (Wallace, 1996).

For an individual coming from a childhood history of exposure to IPV, words may also not come easily in regards to their traumatic experiences. Especially if an individual were repeatedly told to move on, she may have learned to repress emotions deep inside her psyche and deep within her body. Moving through symbolism within a dance/movement therapy context can evoke emotions and surface experiences related to interparental violence in a way that can prepare the individual to process on a verbal or nonverbal level and as explicitly or implicitly as she is ready. Images of nature, objects, or places can parallel conflicts and dreams related to their exposure to interparental violence, for example (Levy, 1988). Symbolism can provide individuals with room to explore their subconscious and conscious processes on various levels that can elicit emotional release (Levy, 1988).

The manipulation of props can be used as an example of this type of symbolic experience. If a client demonstrates enjoyment in the motion of bouncing a ball as hard as she is physically able, the dance/movement therapist could facilitate a discussion of what the ball represents. The ball could represent her anger towards the violent parental figure. The gentle

holding of the ball could be her wanting to cradle herself as a child. Symbolism in the form of props, imagery, or movement, can assist an individual in making cognitive connections for channeling threatening themes or issues. Props in conjunction with symbolism can be therapeutic for empowering individuals to express repressed feelings and thoughts.

Long before the innovation of medicine or psychology, people used dance and movement for processing suffering, pain, celebration, and healing (Gray, 2015). Dance/movement therapy is a psychophysical opportunity for cathartic release that allows individuals to process, integrate, and work through their challenging experiences that brought them to therapy (Krantz, 1999). It integrates an individual's physical and cognitive strengths for assessing and treating on a holistic level that promotes healing (Gray, 2015). When a person can see and feel their process come to life within their body, a surge of self-empowerment replaces low self-esteem and the feeling of low self-worth. There is a victory in the realization that the answer to finding healing and change is within the individual.

Martin (2015) explains that many adults exposed to interparental violence in their childhood will say that the words they heard were the most memorable part of their experience. Adults exposed to interparental violence as children often report feelings of powerlessness rooted in their inability to stop the violence, the belief that something was wrong with them as children, and that they were not good enough (Martin, 2015). Dance/movement therapy activates and externalizes such repressed (internalized) feelings, then allows active confrontation of past and/or current experiences to take place through creativity and expression (Krantz, 1999). As emotions become externalized through symbolism, prop manipulation, and movement, those repressed feelings can have a voice in the dance/movement therapy context. The child who believed she was powerless during the interparental violence is now empowered as an adult to

see the truth and produce healthier actions in his or her life. Dance/movement therapy rejuvenates the individual's will to process and orient her life to the present so that she can move forward.

Case Samples with Potential Dance/Movement Therapy Interventions

In order to provide further insight into the power of dance/movement therapy, this section will include real life cases and hypothetical dance/movement therapy sessions to reflect the treatment plans of those cases. Because dance/movement therapy is a process oriented framework that is client-centered, three examples will be provided, taking into account that some adults may need individualized sessions to unpeel layers of numbness and personal challenges privately. Others may need group support to reassess their understanding about relationships, power, vulnerability, and/or practice applying new perspectives to the real world in general. Examples are taken from the book *Understanding Adult Survivors of Domestic Violence in Childhood: still forgotten, still hurting* (Hague, et. al., 2012).

Rose. Rose explains that her biggest challenge in adulthood is relationships and conflict within relationships. Rose states that even when the conflict is deemed normal, she withdraws because it takes longer for her to sort her feelings and that she does not want to respond like her parents with screaming, throwing objects, or “beating the living daylights out of someone” (Hague, et. al., 2012). Rose highlights that because she does not have the skills or confidence to communicate calmly and assertively, she struggles with an internal conflict within herself (Hague, et. al., 2012). Her reaction to conflict neutralizes as she avoids the risk of being rejected and overanalyzes the situation for clues of what an unhealthy relationship looks like compared to the example provided to her from childhood through her parents (Hague, et. al., 2012). Over

time, all of Rose's feelings from the past and present began to mix and bottle up inside of her, evolving into shame and fear (Hague, et. al., 2012).

The internal conflict that Rose continues to struggle with in adulthood is paralleled to internalized behavior she may have learned while growing up in a violent home. A dance/movement therapy intervention that would be helpful for someone like Rose would be the opportunity to externalize her struggle safely and openly. Without the requirement of words, she could begin with identifying emotions through symbolism in the shape of movement, sounds, and imagery.

The dance/movement therapist could invite her to create a gesture or body movement to represent her immediate feeling in response to a conflict she may be currently experiencing. Then, the dance/movement therapist could guide her to produce another gesture or movement to identify her internal response to the conflict. In collaboration with musical rhythms, the dance/movement therapist could guide her through a dance that explores the sensations of those emotions in her body. For example, if she were feeling an internal conflict of shame and an external conflict of hurt, the dance would include her own way of conveying those two emotions. She could perform a dance of hurt on one side of the room and then perform a dance of shame on the other side of the room. As she moves, the therapist could mirror her to validate her experience and establish safety for her simultaneously.

By identifying and externalizing those emotions, the dance/movement therapist can help her begin to manage and organize those emotions. Rose can spend time processing where the emotions come from, and she can mentally stow them appropriately in her psyche. This intervention can heighten her awareness of self in a way that produces clarity for emotional reactions, thus informing her opportunity to produce appropriate behavioral responses.

Additionally, the dance/movement therapist can verbally cue Rose to notice her current physiological sensations so as to ground her into the present. Such support can also be recycled as a self-soothing tool that Rose can use for distinguishing past emotions from present emotions in daily routines.

The progression of this treatment could take the shape of vocalizations, then into words, and finally the ability to apply Rose's new learned experiences to life outside of therapy, such as relationships and conflict. Vocalizations through the use of breath are strong interventions for preparing for transitions like these. They loosen the body vocally and mentally. For instance, exhaling with a vocalization can allow Rose to hear her voice and begin the process towards restoring her self-confidence. As she grows comfortable with hearing her voice, she can begin to form words out of those vocalizations. Then those words can become sentences and practical situations in which she practices exercising her strong voice.

The beginning phases of this type of intervention could include the movement repertoire she developed after exploring her conflicting emotions. She could produce vocal sounds in collaboration with the movement. The dance/movement therapist would encourage her to be as soft or as loud as she wanted in the beginning. As Rose demonstrates comfort with her voice level over time, the dance/movement therapist would then encourage her to amplify her movement and sounds louder or more boldly. With time and the establishment of the therapeutic relationship, this intervention could evolve those vocalized emotions into powerful words that promote her self-confidence.

Patrick. Patrick's testimony speaks on both a personal level and a second-hand experience he witnessed in his oldest brother and mother's experience with his violent father. Patrick explains that because he was the youngest at the time of the violence, his mother and

brother frequently shielded him from the abuse (Hague, et. al., 2012). Although he was not nearly as affected by the violence physically, he expresses that his self-perception related back to his father as he entered adulthood. Patrick states that he did not want to have children out of fear that he would be like his father (Hague, et. al., 2012). Patrick never could foresee himself being abusive or volatile, however, he could see himself being ambiguous and distant from his own children, just as his father was towards him and his brother.

Patrick also recounts the posttraumatic stress symptoms his mother and brother struggled with decades after the abuse. He explains that they never recovered from the trauma even until the day they died. He expresses grief that he and his family were never able to process the experience healthfully (Hague, et. al., 2012). Patrick also regrets his ability to support his brother and mother emotionally through the aftermath.

A dance/movement therapy intervention for someone like Patrick would be mirroring in a group context. Through mirroring, Patrick can begin to see how others view him. Seeing that reflection can produce a new realization of the self. In many cases, people do not see themselves the way others see them. Seeing himself through the eyes of others can help him with self-perception. Mirroring can help him begin to articulate aspects that he believes come from his father and aspects that belong purely to him.

For example, the dance/movement therapist could pose questions and statements to help him and the group create movement patterns that reflected their father figures or the perpetrators of the violence in their homes. Then, each person could create a small movement sequence that represents his or her understanding of that parental figure. The dance/movement therapist would then ask them to separate into dyads in which they would perform and mirror one another's movement sequence simultaneously three times. During Patrick's experience, his partner would

then perform Patrick's movement sequence while Patrick watched. Then the dyad could verbalize what they saw in one another's sequence. Patrick could say what he saw and felt in embodying his partner's movement sequence and his partner could do the same for him. Afterwards, each person could repeat the intervention again, however, with the perspective of how they view themselves and with new partners.

Towards the end of the session, each person would have the opportunity to see their movement sequences performed on two separate bodies. For example, one group member could perform the movement sequence that represented Patrick and the other group member could perform the movement sequence that represented Patrick's father. The two group members would do this simultaneously three times while the group observed. Then, Patrick and the group could all dialogue about what differences they saw between the two sequences. Patrick could act as an outside eye of his own self-perception. Hearing others discuss their perceptions could also inform him of insight he never saw in himself that is significantly different compared to his father.

Dance/movement therapy could also be beneficial for providing Patrick with closure and the opportunity to process the interparental violence that his mother and oldest brother experienced. A movement commemoration towards his mother and brother could help Patrick embody the healing that they were not able to find. This could take the shape of a movement journey in which the group and the dance/movement therapist follow him through mirroring. Before entering the journey, the dance/movement therapist would remind them that mirroring is not mimicking. Rather it is an embodiment of how you interpret another person's movement quality. During the movement journey, she could provide a model for supporting Patrick by also

mirroring with the group. Furthermore, she could give nonverbal and verbal cues to the group for how to move about the space so as to maintain safety for Patrick and the group.

As Patrick moves out his journey of what those past experiences felt like in his body, he could embody his mother and brother shielding him from the violence. Then, he could evolve his movement quality to reflect the aftermath, when they left his father. His movement could carry qualities that are joyful in many areas of the room. Then, he could reveal restricted movement in one part of the room that symbolizes their internal struggles and posttraumatic symptoms carried later on in life. As his movement journey begins to close, his movement quality could become suspended and gradual to represent the times moments before they died. His ending could be a symbolic gesture points to his future of how he hopes to celebrate the lives of his mother and oldest brother. Dance/movement therapy could provide him with a positive outlook for the future.

Anna. Anna recounts her experience with interparental violence in the context of receiving help from the government as a child and the after effects she experienced in adulthood. Although her mother was the direct recipient of the violence, Anna also endured physical abuse by her father. She explains that although she was grateful for receiving help that removed her mother, herself, and her siblings from the violent home, the help ended there (Hague, et. al., 2012). Anna and her siblings were left with unmanageable emotions that filtered into adulthood. Those emotions include issues with trust, sense of feeling like an outsider, no self-confidence, and feelings of failure (Hague, et. al., 2012). All of those feelings led to a desire to please people and perfect activities even when Anna didn't believe they were acceptable (Hague, et. al., 2012).

Anna explained her challenge with controlling her emotions. As a child, she would externalize her behavior through slamming doors, yelling, and punching holes in the wall,

particularly when in conflict with her siblings after leaving her father's house. Although Anna did not clearly state her experience with overwhelmed feelings of emotions in her adulthood, investigating those past-externalized behaviors would benefit her present state of mind. To exude overwhelming emotions or react strongly towards conflict that is deemed normal is a common trait found in adults exposed to interparental violence as children (Hague, et. al., 2012).

For someone like Anna, the dance/movement therapist could provide her with the space to express all of her emotions that can be cathartic both physically and emotionally. The use of props is a direct way to target, express, and manage her emotions she struggles to control. A possible example could be the integration of movement with a ball. A bouncing ball could permit her immense opportunities for expressing her emotions because of the numerous options a ball presents. Bouncing, rolling, being tossed, held, or pressed, the ball gives her many possibilities for transferring her emotions onto it. With her anger, for example, Anna could mobilize what anger felt like with the ball. This way she has an external stimulus in which to place her anger and any other emotion she wants to release and explore.

Anna could throw the ball as hard as she wanted against a wall. The dance/movement therapist could provide her with numerous balls to throw at the wall while playing music that compliments Anna's movement quality. Through the strong throwing of the ball, Anna and the dance/movement therapist could explore various rhythms of throwing the ball with the music. Doing so, would begin to help Anna organize her emotion of anger and ground her enough to prepare exploring another emotion she struggles controlling.

By providing Anna with the safety to express her emotions externally, Anna can begin to develop and apply mechanisms and activities that will help her to process her emotions outside of therapy sessions. Maybe Anna takes a ball home with her to dance with on her own. Maybe

she picks up a new sport to play that involves a ball that she can kick or throw. Methods of mindfulness that dance/movement therapy provides could also be taken home with her. Anytime she feels angry during a situation, for example, she can remember her dance/movement therapist asking her to notice where the sensation is held most in her body. Taking home this type of mechanism can help her manage her anger, think more clearly, and react more calmly.

Discussion

The same body that endured trauma and now carries fragmented experiences of that trauma is used through dance/movement therapy as an instrument for treating the individual. For adults exposed to interparental violence as children, dance/movement therapy can empower them to see that many of the answers and solutions for finding healing and managing posttraumatic stress symptoms can be found within their own bodies. Regardless of the shame, fear, numbness, and regret or the degree of exposure that has become a part of their identity, within their body lies resolution. Whether their struggle has been in the form of anxiety or aggression, whether they received help as children or did not receive help as children, dance/movement therapy offers interventions and tools supplied by the body for overcoming present obstacles and processing past traumatic experiences.

Adults exposed to interparental violence as children have a second chance at exploring power and vulnerability in a modality that can promote their perspective of self and other. Dance/movement therapy can even help this unique population reform their view of relationships in a positive way. It offers the opportunity to take on leadership roles. As they create movement, fellow group members follow and provide a safe space for exploring the leadership role in a healthier way. As they practice this implicit tool of leading and following, they can begin to make explicit connections of how a healthy relationship requires balance in both roles. They can

learn how to foster their leadership and follower roles in a way that is applicable to their relationships outside of group.

Dance/movement therapy can offer a second chance at exploring the world the way a child is supposed to explore it. When a child steps away from a parent, he looks back to make sure she is still there. Seeing the parent in the same place where he left her, reassures him that he is safe and supported no matter what obstacles come his way. Using a client-centered approach, interventions are designed by the dance/movement therapist to meet each person where he or she is and create a safe space according to that person's needs. Dance/movement therapy can provide individuals with the emotional and cognitive safety to explore and look back to see support behind them. One element that relays confirmation of that support is the reflection of being seen.

Winnicott states: "When I look, I am seen so I exist" (as cited in Tortora, 2011). Being seen is a non-verbal acknowledgment of safety that dance/movement therapy can provide (Tortora, 2011). It is the opportunity to exist. Especially for this population, who is usually labeled as witnesses, they do not exist unless they are physically a part of the violence. Dance/movement therapy can give validity to their experience of personal exposure to interparental violence as children. They can become more than a witness. They can even become individuals who have the power to break the vicious cycle of interparental violence.

For both individual and group sessions, being seen can take on many forms that include mere acknowledgment, seeing others see one's self, and the reciprocal engagement of seeing others. For those who are overwhelmed by being seen by a group of individuals, the opportunity to be seen by a dance/movement therapist alone within an individualized session can also fulfill many of those forms of being seen. For a group setting, the extension of being seen can be expanded in more ways than one. The individual within the group setting can have more

perspectives of being seen that can foster confidence and produce a healthy mentality of vulnerability. They can relearn how to open up emotionally to group members then explore how they can transfer that experience to the outside world in a healthier way.

For individual dance/movement therapy sessions, the client-therapist relationship can also provide perspective and insight about relationships, power, and vulnerability. However, the session can be tailored to meet the needs of that one individual on levels that may be unreachable in a group context. For example, a client may begin to see the client-therapist relationship in a way that is familiar and similar to a child-parent relationship. This is known as transference. Although experiencing transference can be challenging without the trained support of a dance/movement therapist, physiological sensations from the past can occur during movement experiences and become profoundly healing or re-traumatizing. This is why the role of the dance/movement therapist is needed. Her trained eye can sense the client's muscle tension, rhythm, and body attitude in a way that can help the individuals navigate and distinguish past experiences from the present (MacDonald, 2006). Her guidance can help the client use the transference to find healing.

In the best of circumstances regarding this transference example, their therapeutic relationship can become a model of how a child-parent relationship should function. Metaphorically, the client-therapist relationship can conceive a new parental model for the client to explore. She can revisit past conflicting experiences with a new metaphorical parental model that she did not have as a child. The therapist can offer methods of self-soothing applicable to daily routines that were probably not given to her as a child. Furthermore, the new parental model can be beneficial for developing her own parenting skills if she has her own children or wishes to have children in the future.

When an individual sees another person or group of individuals seeing him or her move, messages of validation and confirmation of safety in the exploration process are nonverbally produced. Given the safety of a group or individual dance/movement therapy experience, individuals can move as they wish in order to explore those traumatizing fragments buried in the psyche. Their body will communicate to themselves and to others how ready they are to share verbally or nonverbally. Their body can have the safety to reveal ailments and potencies that were not seen before. Dance/movement therapy can establish parameters for respecting the verbal and nonverbal experiences of adults exposed to interparental violence as children. It can prepare them for the resolution process according to his or her readiness.

Future Considerations and Recommendations

The biggest challenge with providing dance/movement therapy to adults exposed to interparental violence as children is the limited awareness of their situation. Many of them feel that their situation is not extreme enough to receive support. Many are not educated to know that the challenges in their behavior stem from posttraumatic stress symptoms rooted in their childhood exposure to interparental violence. Many of them are powerless and unaware of the power they need in order to overcome those struggles. Many outsiders will negate their experience because these adults have not “gotten over it.” Therefore, they are deemed as weak or oversensitive. They often become ignored because many of them were not directly physically abused or in the line of fire between their parental figures.

Many people are unaware that the challenges individuals face in adulthood behaviorally are frequently rooted in their childhood experiences. This population will continue to struggle with those behaviors and rooted experiences unless they receive support. However, in order for them to get that support, a heightened awareness from the community needs to occur. Both

adults and children need to receive the message that it is okay that they are not okay, and they need to know that it is okay to express their need for help. Dance/movement therapy is not only for those who come from extreme situations. It is also for those wanting to understand where their struggles come from and how to manage them in a way that promotes the overall quality of life.

Conclusion

Current statistics show little to no change as children continue to be encouraged to hide their family secret of interparental violence. Doing so means that more children exposed to interparental violence grow up to become adults without proper support or healthy means for coping with the traumatizing experiences. Without knowing it, these adults maintain those statistics by becoming violent adults, becoming victims, and exposing their own children to violence, developing mental illness or becoming suicidal. There is a gap of research and treatment for supporting this specific population that appears physically unharmed but are left mentally and emotionally traumatized. Dance/movement therapy can be utilized for closing that gap. It can help individuals revisit the negative effects of interparental violence exposure in a safe space, support them through a process that is client-centered, and become a new launching pad for moving forward in their adult worlds.

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