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Moving On/Moving With: Healing Transgenerational Trauma Through Dance/Movement Therapy With Iraqi-American Jews

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MOVING ON/MOVING WITH: HEALING TRANSGENERATIONAL TRAUMA
THROUGH DANCE/MOVEMENT THERAPY WITH IRAQI-AMERICAN JEWS
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ABSTRACT

Bicultural identifying people like Iraqi-American Jews have a unique cultural experience. This thesis discusses the mental health challenges that bicultural identifying people experience and distinguishes this identity from the immigrant experience, highlighting the experience of Iraqi-American Jews. This thesis also explores the causes for the transmission of trauma from one generation to the next as it relates to bicultural Americans. The thesis aims to outline why dance/movement therapy is a fitting treatment method for those experiencing intergenerational trauma like Iraqi-American Jews. This thesis suggests potential dance/movement therapy interventions to aid in symptom relief for those experiencing transgenerational trauma.

Keywords: dance/movement therapy, Iraqi, Jewish, transgenerational trauma, intergenerational trauma, displacement, bicultural

DEDICATION

This thesis is dedicated to my ancestors. Thank you for planting my roots in the soil of Babylon and for guiding me, always. I feel your resilience with me with every breath that I take. Your stories will never be forgotten.

Author's Note

I, like many Iraqi Jews, woke up to the fact that after 2,600 years of continuous existence, only a handful of Jews were left in Iraq and our heritage was completely lost, except in the diaspora where we spoke Jewish-Iraqi, listened to Iraqi music, and made Iraqi-Jewish food. (Timan, as cited in Isaac, 2018)

In beginning this thesis, I began by researching my own cultural identity and history. I grew up in a suburb in Long Island, New York, to a mother born in Iran and a father born in New Jersey. My mother came to New York from Tehran, Iran in 1979 when she was eighteen years old because of the 1979 Islamic revolution.

When I went back in to learn more about my grandparents' history, I was able to put pieces of the story together that I didn't realize were so significant to my understanding of my own identity and my own feeling of emptiness within my identity. Integrating the pieces of the story on a historical level has been significant to my understanding of myself; however, without integrating movement of the body, I was unable to feel a sense of wholeness, or in other words, a sense of healing.

During their time in Iraq before 1948, Iraqi Jews lived a full life filled with culture, family, and community alongside Iraqis of all religions. They were a financially successful and well-educated group of people. They learned French in school, helping them become more worldly and connected to the Western world, while still holding true to their Middle-Eastern cultural ways. This vibrant community was displaced from Iraq in the late 1940s and was spread throughout the globe after over 2,000 years of living on that land.

In the late 1930s to 1940s, the Zionist movement expanded in Europe and word began spreading to the Middle East. Zionism became synonymous with Judaism, even though many Jews in Iraq were not even aware of the Zionist movement. The government began passing laws that outlawed Zionism, unjustly criminalizing many Iraqi Jews. Anti-Semitic attacks increased, leaving the Jewish population feeling betrayed by their country and their government. The exodus occurred shortly after the Farhud, a pogrom in which up to 780 Iraqi Jews were killed, and the public hangings of prominent, successful Iraqi Jews, especially the prominent Jewish millionaire, Shafiq Adas in 1948. The Jews who remained in Iraq became afraid to even leave their homes. (Beit Hatfutsot Databases)

Israel was in need of cheap labor and Iraq wanted to get rid of the Jews. The Israeli and Iraqi governments orchestrated one of the largest airlifts of any group of people, bringing over 100,000 Jews to Israel. The Iraqi Jews were also stripped of their nationality in that upon leaving Iraq, Iraq was removed from their passports and replaced with their host country (Bashkin, 2017). The Iraqi Jews were also heavily influenced by western culture. Both of these factors led to the demise of their Arab identity (Shohat, 1999). Once the Jews were forced out of Iraq, much of their history was lost. Eurocentric and Zionist norms of scholarship have had dire consequences for the representation of the history and identity of Arab Jews/Mizrahim “the death of Arab Jewishness” (Shohat, 1999, p. 12). Very few Jews live in Iraq today.

While Zionism united Jews in many ways, it also overshadowed many Jewish identities at the time and this overshadowing continues to exist today. Not only did Iraqi Jews forcibly move to Israel, Europe, and other countries in the Middle-East, but also forcibly left their cultural identities behind. Digesting and understanding the “death of Arab-ness” revealed a huge gap in my own knowledge of my history. This gap explained largely why I might not have learned the

Arabic Judeo language from my parents and others in my community, because they began speaking English, French, and Farsi more to keep from being noticed as Arabs. It also explained why my family adopted a more westernized culture, as the Arab culture over time became understood to be barbaric and insignificant. In learning this new information about my cultural history, I was able to put pieces of the story together in understanding how my cultural identity came to be. I was also able to rightfully reclaim my Arab identity and remember my ancestors with the truth of their identities. This, however, was not therapeutic in healing potentially transmitted trauma from previous generations.

My mother grew up in Tehran and remembers Iran as a magical haven that guards her childhood. Iran was developing and modernizing when an Islamic extremist revolution erupted, endangering the Jewish community. Once again, my grandparents, and now their children, brought what little they could and moved to New York. My mother's generation carried a heavy burden—this generation had to quickly let go of their life as they knew it, as well as console and support their parents who were older and less able to assimilate to a new culture. “Emasculated by their new culture, most fathers—and mothers – were too lost in depression or the exigencies of daily survival to play more than a spectator's role in their children's lives” (Sabar, 2009, p. 184). Sabar, a first generation American from Kurdish Iraq says, “Our fathers and mothers were lost in the land of Assyria [ancient Iraqi]. We need to recover the light inside them. We need to dig up the buried treasures of the Jewish community so that we can study not just the center but also what lies at the edges” (Sabar, 2009, p.184). My mother's generation became tasked with brightening the lives of the older generation, and many were unable to heal their own traumatic losses that came with being displaced. My mother's generation, and now mine, must move beyond the center of healing, beyond the past, and move to healing all that surrounds the center.

Growing up, I often felt like something was missing in my ability to connect with others. Home felt like a very different place than the world around me. I carried the idea of Iran and Iraq with me everywhere, in many ways trying to recreate my ancestor's old world into mine. I carry this sense of sadness that the community isn't as strong as the one my mother had—I feel her sense of loss. I feel her romanticizing the “good old days” and what could have been. I feel that I carry my ancestor's memories and an obligation to tell their stories, but I think I also carry an obligation to tell mine. How do I continue a tradition when I don't speak the language? When I've never been to where I am from? What is my story and does it matter?

In college, I felt even more unsettled in my identity, so I choreographed a piece for myself and four other first-generation Americans who identified as bicultural. In this dance, I was proving to myself that I see myself as a whole self, one that includes my community, but also includes my individuality. It includes my memories, the present moment— what brought me there to that moment, to that room, and my future.

Creating this piece and dancing in it was validating for me, as I was able to embody memories I had only once imagined. I was able to collage past, present, and future to come to an understanding of how to deal with time and its beautiful way of intermingling. The piece was not about recounting the past—it was not a presentation of history—it was a representation of present experiences and of the way a body experiences the act of remembering and deals with those memories in their present environment

I found that healing was not to recount the past—it is not to create a presentation of history—it is to create a representation of present experiences and of the way a body experiences the act of remembering and deals with these memories, conscious or unconscious, in their

present environment. The only way to create this representation of present experiences is with the body itself.

Mental Health of First Generation Americans

I will refer to those that have been born in the United States of America to one or more immigrant parents as first generation Americans. Often, first generation Americans maintain a connection to their country of birth and their family's country of origin. With the rise of globalization, researchers are now calling those who relate to two different cultures as "bicultural." Those who have a bicultural identity make up a third identity that comprises more than one culture, and these cultures must be considered together as one does not exist without the other. People who are bicultural have a unique experience in that their identity is multifaceted and multi cultured. As the world continues to globalize and the number of displaced refugees, asylum seekers, and immigrants rise, this third party will grow even more.

Biculturalism is actually "associated with greater resilience against adversity and discrimination" (Chu et al., 2017, p. ***). While studies suggest that those who identify as bicultural are resilient, there are challenges that come with a bicultural experience. Resilience can also exist alongside trauma:

Our ancestors survived the traumas of the past because in some way they were resilient. It is likely that the traumatic experience enabled the development of traits that would not have otherwise been possible. This resilience was likely transmitted alongside the trauma that lives on in future generations and it also needs acknowledgement. Bringing both the stories of pain and the stories of courage to the surface, an individual can honor both the

shadow and the light of their lineage and allow for the emergence of a more integrated self. (Hartowicz, 2018, p. 11-12)

While this group is resilient, the experience of those who hold bicultural identities is different than that of generations before them who have an experience of immigration, and this difference must be recognized and addressed in terms of how mental health professionals approach treatment for this group. This group of people has an experience unique to some of their own family members, as well as many of their peers, and so must be understood better in order for mental health practitioners to best support them.

Many bicultural individuals are the children of parents and grandparents who have been displaced from their country of origin and were forced to become asylum seekers, refugees, and immigrants in places foreign to them. Displacement of people is a worldwide issue that causes significant emotional and physical pain. Over 65 million people have been forcibly displaced as of 2016 (Nickerson et al., 2017). Displacement removes a person from their home country, where they share community, connection, and cultural identity, and forces them to restart their lives in a less familiar setting. The traumas associated with displacement often result in mental health disorders, including anxiety, depression, and Post Traumatic Stress Disorder (Nickerson et al., 2017). There are varying degrees of, and reasons for, displacement. For the purposes of this paper, we will explore displacement of persecuted groups from their country of origin. Persecution occurs when a group of people is mistreated based on a particular cultural identifier such as religion, race, or political beliefs. Persecuted groups are sometimes forced to relocate due to overly hostile environments and are thus referred to as refugees.

Displaced people experience mental health issues for a myriad of reasons, ranging from the emotional stress of leaving their country of origin to experiencing war crimes. “Refugees are typically exposed to multiple types of traumatic events in their countries of origin and during displacement. These events are often repeated, prolonged and interpersonal in nature, and have been demonstrated to have a deleterious effect on mental health” (Nickerson et al., 2017, p. 3). When repeated acts of trauma take place, it is likely that a person will develop complex forms of post-traumatic stress disorder, in addition to depression, anxiety, and other forms of mental disorders. For this reason, those who experience displacement and become refugees experience more symptoms of psychological disorders than those who have not had this experience (Nickerson et al., 2017).

The traumas associated with displacement have long-term effects on the psyche of refugees that are exacerbated by their repetitive nature. Refugees may spend months living in their country of origin and experience persecution, spend time traveling in unsafe or uncomfortable circumstances, and live in unstable refugee camps. (Nickerson et al., 2017) Those who are displaced can have a large range of experiences that may or may not result in a mental illness; however, stressors associated with asylum are likely to lead to PTSD symptoms, amongst other psychological stressors (Nickerson et al., 2017).

These traumas are also often exacerbated in the experience of migrating through stressful processes such as refugee status determination and extended time in immigration detention, as well as a lack of grounding and certainty in daily life. Further, interpersonal stressors can pose an even greater mental health challenge to refugees. A variety of interpersonal disruptions can take place during tumultuous migrations and can lead to negative results. The loss of a parent or family member during the transition from the country of origin to the host country, for example,

is an interpersonal disruption that can compound the stress that comes with displacement. (Fazel et al., 2005) Losing a parent during a distressing time like this can cause more economic instability, leading to more psychological distress as well as interpersonal disputes between family members (Nickerson et al., 2017). Further, people who experience displacement may become more protective over their families, fear leaving the home, and worry about food or supply shortages, more so than someone who has not had this experience. This, coupled with adjusting to a new culture and possibly raising children with a bicultural identity, may present further mental health challenges.

In addition to the challenges that come with being displaced, displaced people also experience stress, referred to as “acculturative stress,” when assimilating and adapting to the new culture. Acculturative stress can lead to depression, anxiety, substance abuse, and behavior difficulties in children (Valenzuela, 2014). Beckerman and Corbett (2008) propose that immigrants are challenged with the psychological stresses that come with adapting to the host country while also maintaining a cultural connection to their country of origin (Valenzuela, 2014).

Acculturative stress, like trauma, can be passed down to an immigrant’s children. The children of immigrants must grapple with a myriad of challenges, some of which include adjusting to and embracing a bicultural identity, experiencing the remnants of their parents’ and grandparents’ acculturative stress, as well as working to adapt to a world in which the old and new culture are present and effective in their current lives. Acculturative stress in immigrants and the children of immigrants plays itself out differently, causing different emotional responses and experiences.

First generation Americans have a different experience than their immigrant parents and a very different experience to their peers without immigrant parents. According to Kwak (2003), immigrant children and their parents tend to have greater discontent because the family is living with their host culture and their culture of origin. It is difficult for immigrant adolescents to define themselves as an individual in a new society while confronted with many different cultural norms. Immigrant parents also have a difficult time coaching their children through adolescence, since they are growing up in an unfamiliar culture.

Kwak (2003) also acknowledges that while adolescents do grow up in a new culture, the rate of assimilation for them is much easier and faster than that of their parents. This difference in assimilation time also leads to disagreements between parents and children over cultural norms. While assimilation can be easier and faster for the younger generation, the disagreements it can cause can lead to further identity issues as well as feelings of isolation towards both cultural experiences.

Transgenerational Trauma and Transmission Theory

“And yet, they, who passed away long ago, still exist in us, as predisposition, as burden upon our fate, as murmuring blood, as gesture that rise up from the depths of time” (Rilke, 1993).

Many Iraqi and Iranian Jews left their countries by force, or did not know that they were leaving for good, leaving them with a sense of prolonged mourning and an incomplete sense of grief (Fromm, 2019). My mother, for example, left Iran suddenly in the middle of her senior year of high school. She did not take many belongings, say goodbye to friends, teachers, and family members, or graduate with her classmates with whom she had gone to school from the age of

four years. When she arrived in Great Neck, New York, in a house that my grandfather arranged for them to live in hastily over the phone, she had plans to return to Iran after settling her visa; however, she was never able to safely return. Instead, she finished her senior year at Great Neck North High School, where I would attend as a student 30 years later. Her description of her time at that school is nothing short of somber as she longed for familiarity, for her dear friends, and to have closure with the country that she loved so deeply. If ancestors are unable, or do not have the opportunity, to mourn the losses and traumas experienced as a result of displacement and integration of the self before, during, and after the trauma, healing is not possible.

According to Fromm (2019), mourning takes place if and when an individual links the pre-traumatized and resilient self to the trauma. This allows them to integrate the trauma into the resilience laden in their history and in their physical body. Separating a past trauma from the present also helps the traumatized person understand the version of them that belongs chronologically in the past. There is a dance between separating parts of the self and then putting them back together where it feels peaceful in the physical body. Traumatized generations are tasked with differentiating between their personal identity before, during, and after the trauma has taken place in order to place themselves, a person no longer experiencing trauma, in the present. The children of the traumatized are tasked with separating themselves from their ancestor's trauma in order to heal any trauma that may have been transmitted.

For survivors and refugees, mourning might not have taken place, meaning that they were unable to fully process the trauma and integrate the self. Ancestors express their memories and pasts in different ways to future generations. Memories are expressed through both conscious, verbal expressions as well as through unconscious, non-verbal expressions. There are two types of long-term memory: explicit, or declarative, memory, and implicit memory, or non-declarative

memory. Declarative memory is concerned with the conscious retrieval of past experiences (episodic memory) and general knowledge (semantic memory). Implicit memory is concerned with knowing how to do things (procedural memory), like driving a car, and with learned behaviors related to stimuli from the environment through classical and operant conditioning. Classical and operant conditioning are ways in which we learn how to respond to our environment. Essentially, implicit memory is concerned with retrieval that the body does on its own without a conscious awareness of it. Implicit and explicit memory work similarly but are expressed uniquely. These separate systems work together to connect the physical sensations an experience provides with the cognitive memory of the experience to create and form a whole long-term memory, mind and body connected.

Body memory refers to our implicit memory. Our senses and behaviors may change as a result of an experience our body has lived through. Our physical body maintains memories based on experiences throughout our lives. Our physical body responds and reacts to situations that occur in our environment and the body is able to implicitly remember these sensations and feelings. Our conscious minds hold memories and are able to retrieve them at will or have memories come up unexpectedly, and the body works similarly. The body, just like the mind, remembers how situations impact the heart rate or the nervous system. Essentially, “body memory is our lived past” (Koch et al., 2013, p. 7).

Body memory plays an active role in our daily lives. There are six forms of body memory: habitual memory, situational memory, incorporative memory, pain memory, and traumatic memory. These forms of memory support our human ability to learn skills like driving a car and playing an instrument, understand our body in relation to the space around us, how to physically interact and respond to the environment, how to act in terms of cultural habits, how to

remember painful experiences in order to avoid them, and finally, our ability to remember the impact of trauma (Koch, 2013). Our physical body holds knowledge in order to protect us from harm, and to help us perform habitual tasks with minimal brain effort. Just like the mind, our body also holds within it experiences that are traumatic and are not necessarily helpful in our daily lives.

According to transmission theory, an ancestor's body memory of traumatic experiences may be passed down from one generation on to another. Trauma can be transmitted verbally and non-verbally, inciting both body memory and explicit memories in the transmitted individual. Trauma is susceptible to being transmitted to future generations when healing within the traumatized generation does not take place. Transmission of trauma can happen through epigenetics, or through verbal teachings and fragmented storytelling of generations' prior. Epigenetics refers to the concept that our environment can have an impact on our genetic expression and that an individual's characteristics are more than just learned behavior, but also include expressed genetics. Traumatic experiences can alter our genetic expression, and this alteration of gene expression can be passed onto future generations (Kellermann, 2013). The concept of epigenetics supports the idea that the body itself is an avenue for transmission of trauma and further supports the idea that the body must be acknowledged when referring to and healing transmitted trauma (Franklin et al., 2010).

In relationship with the environment, the body transmits body memory, influences attachment and nonverbal communication between generations, and thus leaves the following generation with the memory of experiences they themselves did not go through. Yet they are impacted by the inherited memory as if it was their own. (Stanek, 2014)

Trauma can be transmitted through family stories, teasing, life lessons, and jokes regarding the trauma (Fromm, 2019). In the desire to protect children and share advice based on personal experience, parents may transmit previous trauma when warnings are out of context and irrelevant to the times. These verbal memories can ignite the same emotions the ancestor felt during the trauma in the next generation with no relation to the present circumstances. Not only does the transmission of trauma cause children of the traumatized to feel emotions out of context, but also causes children to become extensions of their ancestors, losing their sense of self. Ancestors who provide warnings out of context can confuse younger generations, creating anxiety and panic related to the older generation's fear and the younger generation's inability to understand how it relates to their current situations.

While these life lessons and other forms of verbally sharing the past can help teach future generations about where they come from, they can also be harmful to future generations if not cushioned with the context of how that life lesson came about, so that the child can then integrate the lesson in to their present life accordingly. When given advice out of context from a trauma informed relative, the child is unable to connect it to a meaningful narrative and may potentially take this life lesson on as part of their identity. If the child takes this life lesson on as their own task or their own fear, they may create a "ruptured personal identity" taking on fears and advice that are meant for someone else at some other point in history (Stanek, 2014).

These "trauma lessons," as Fromm refers to them, also subtly replace the more normative parental wish for the child to have his "own life", free to define himself in the present and future: "The family's hope and attitude towards the future becomes based on the transmission to the child of the need to act in the future in a way that remembers and tries to be prepared for the trauma" (Fromm, 2019, p.116). The issue here is that children lose their sense of self and become

complete extensions of their parents and grandparents. They feel as if they cannot survive “the trauma” without them, as the elders are the only ones who have the lessons and the knowledge to do so.

Here is an example of how body memory can be transmitted. In my family, my mother often spoke of an “escape plan” in case we, as Jews, were ever in danger. I grew up in a small, suburban town with 30% of the population being Jewish. There was very minimal threat to the Jewish community’s existence, yet, when walking by myself as a young child, I often felt elevated levels of fear, despite there being zero threat. The fear my mother once felt now lives in my body, in my levels of cortisol, in my heartbeat, or changes in breathing patterns. These feelings of fear and anxiety often left me confused and disoriented, as I knew in my mind that nothing in my environment was threatening, but my body told me a different story. “Traumatic memories may emerge as displaced in the form of bodily symptoms” (Koch et al., 2013, p. 83). The body can reenact a learned bodily memory inherited from an ancestor. The body in the present moment may not be able to trace back this physical action because the body memory is not one’s own body’s lived past. This may cause a person to feel confused or disconnected from their physical body, as mind and body are unable to make a clear connection.

Those to whom the trauma is transmitted can become lost in the trauma and the transmission of trauma, digging into history for answers rather than remaining present. In order for someone who has received transmitted trauma to begin healing transmitted trauma, they must begin with separating themselves from the person or people who have transmitted the trauma so that the new generation can also grieve the loss of their family’s past and country of origin as well as to fully understand generations prior who have raised them (Fromm, 2019). Keeping history present and alive helps to separate history from the present and allow it to grow, change,

and heal in the present, living bodies. Transmission can take on many forms. Volkan's (2001) recent work says that transmission of trauma can show up as anxiety or other feelings states, unconscious fantasies about the cause, nature, and effects of the trauma, or an unconscious task. The danger of transmitted trauma to one's children is that the child remembers bodily sensations of danger without understanding it. Many children of previously traumatized generations become tasked with holding and remembering traumas. This remembering is beneficial in that it helps the child keep a tie to their past. However, this tie to the trauma is abnormal, because it connects the parents feelings directly to the child's, allowing the future to become a repetition of the past. The trauma then defines the child, perpetuating the trauma from generation to generation (Fromm, 2019).

I felt tasked with holding my family's loss of their countries, their cultures, their communities, and their childhoods. When I was a child, I wanted to be Iran for my mother. I wanted to bring her the beauty, the love, the sense of paradise, and her lost childhood in Iran through my youth, my Iraqi Iranian blood, through my olive skin, my almond shaped eyes, my Middle Eastern brows—I wanted to be the living incarnation of all that she had lost in order to heal with her and to bring her peace. But I never could replace what she lost—I could not complete the task of solving her trauma. I could not, just in existing, or even in remembering our family history, bring back what she lost. And this grew frustrating and painful to be unable to heal the true pain unfolding and to feel somehow attached and connected to that pain, too, even though it has never been my pain to hold.

I wanted to support my mother when she came to New York for the first time at seventeen, when she lost her uncle, her house, her friends, her belongings, her country, her nationality, and her community. That has always felt like my life's task. I wish I could help her

mourn and, more than that, help her to believe that her trauma, her loss, deserves mourning. Her memory has bled into my memory. Understanding and differentiating the memory system in terms of mind and body can support in beginning the process of healing transmitted trauma and negotiating one's own experience and memories with the previous generation's.

Someone with transgenerational trauma might struggle to make a coherent connection between themselves and the environment. Because the body is a meaning making system, if the body is unable to connect the environment in relation to itself, the individual will not be able to make meaning and connection as various situations are encountered. The way in which one is assimilated to the environment impacts the ability to recognize and connect body memory to the present environment (Koch, 2013). The body changes and shifts in response to the environment. People are dependent on their experiences in order to self-regulate. Someone experiencing something in their body that does not connect easily in their mind because the experience is a body memory of an ancestor's experience may struggle to self-regulate. Those who experience transgenerational trauma, evoking both cognitive and bodily sensations and thoughts, must negotiate the ways in which this experience holds them back or interferes with their own development.

Discussion

The goal of dance/movement therapy is to broaden inhibited expression and complete movement sequences to enhance well-being. Given that bodily sensations of traumatic body memory are unconsciously passed and stored on a body level, dance/movement therapy is well suited for the work with intergenerational trauma. (Stanek, 2014)

Displaced people are at a higher risk for experiencing a variety of traumatic experiences. These traumatic experiences are held in, and have an impact on, the physical body, affecting both consciously and unconsciously emotional health and the ability for self-expression. This trauma can be passed down to future generations and can be further complicated by a complex identity like a bicultural identity. Treatment of trauma transmitted by previous generations in conjunction with the acculturative stress of a bicultural identity requires a layered, multifaceted, and body-mind centered type of therapy like dance/movement therapy. In the case of first generation Iraqi Jews, they must grapple with understanding their complex diasporic identity and the collision that occurs when an Arab is also a Jew.

First generation Americans carry their own memories, the stories of their ancestors and their migrations, their own traumas, their families' trauma, and emotions. Memories are expressed through both conscious, verbal expressions as well as through unconscious, non-verbal expressions. Dance/movement therapy provides the client with access to that nonverbal process and helps to form that into a more conscious process. Our memories are a creative process, as they can be altered when we recall them. Memories can, for example, become romanticized or placed out of order. Creative expression can mirror this process and assist in developing the meaning from these memories. The therapist aims to move what is being held inside in order to give it life, a witness, and a presence. In moving what is being held inside, the therapist and client can explore it and make meaning out of it, reducing feelings of confusion and disconnection.

The main goal for a therapist working with first generation Americans who experience transgenerational trauma is to help them explore and connect with both and all cultures and parts of identity, discover emotional responses and triggers, and identify where separateness is needed

and where connection is needed. Within the Iraqi Jewish immigrant community, healing traumas of the past and integrating culture into the present has been harnessed through artistic endeavors such as literature and music. For example, an Iraqi-Israeli musician, Dudu Tassa, created an Iraqi-Israeli band, in which he merges his grandfather's musical work with his own. Creating this collaborative musical work forced Tassa to confront his layered identity. At his concerts, he often finds that the grandparents, parents, and children are all able to relate to and unite through his music. Dance movement therapists are similarly able to find a way to help clients integrate various parts of their identity through movement and bodily expression. The dance/movement therapist must look at how they can help these previous and current generations find their voices, their modes of expressions, and create something concrete out of all of the fragments of history and trauma surrounding them in chaotic and confusing ways.

Dance/movement therapy offers non-verbal communication as another avenue for expression. This is possible because dance/movement therapy focuses on therapeutic relationships and kinesthetic empathy: when the therapist relates, connects, and empathizes with the client through observing movement and responding with movement. Dance/movement therapy is an appropriate and clear avenue to work with body memory because body memories come to light when the client senses or moves (Koch, 2013). People hold conscious and unconscious traumatic memories in their physical bodies. The therapist is able to identify these pre-verbal bodily experiences to support and assist the client in making meaning out of the felt experience. Dance/movement therapy also focuses us into the present by making the body the medium for communication and therefore integrating mind and body. The integration of mind and body occurs when one-region, either the mind or body, affects the other. The dance/movement therapist assists the client in recognizing the mind-body connection.

It is important to make meaning out of bodily sensations, because if one cannot understand or make sense of why one does what they do, it can have a strong impact on one's sense of identity and overall sense of self (Koch, 2013). When one ignores their body memory, they lose their ancestor's stories too. Our ancestors' stories live on through the body's memories and, by understanding our felt senses, we can understand and become closer to our family's past. For example, if someone experiences physical sensations of fear such as an increase in heart rate and sweating of the palms in response to hearing a siren, the client can only relieve themselves of these physiological symptoms if they acknowledge what has triggered their symptoms, understand why they may have reacted that way, and finally, acknowledge and realize that there is in fact no true threat. The therapist will work with the client to understand what the meaning of the physical response is and perhaps connect it to previous experiences. The client might remember a story told in which their parent heard sirens and realize that is where their fear response stems from. The therapist and client would then work on physically separating themselves from the memory and find a creative outlet to note this separation. After acknowledging the physical response to the siren, the client over time will learn that there is no threat and the physical symptoms will eventually stop.

Those who experience transgenerational trauma can also have confusion with identity and culture. The dance/movement therapist supports the individual in integrating various parts of their identity to enhance their expressive repertoire by emphasizing the importance of self-expression. In a dance/movement therapy session, the therapist can suggest that the client move in ways similar to and different from the client's culture, as well as use music that represents their culture and music that does not. Together, the client and therapist can analyze how these movements and sounds emotionally impact the client and support them in understanding their

connection to their culture in terms of how they physically interact and respond to representations of it.

Additionally, one's modes of coping, rooted in a particular culture, may not be effective if transplanted to a different cultural environment; the concept of adaptation, in terms of psychological adjustment or maladjustment, then becomes crucial. Dance/movement therapy offers a laboratory in which adaptive or maladaptive behaviors are brought to awareness, in which the demands of the self and those of the dominant culture are embodied, amplified, nurtured or challenged (Valenzuela, 2014). In order to uncover the client's coping mechanisms and attachment style, the dance/movement therapist could walk the client through developmental movements. This exercise helps clients to physically move through the chronology of their lives regardless of their family's past. The participants will be brought back to movement as it was in the womb, then through developmental movements like pushing and pulling. They will be instructed to listen carefully to their bodies and to only move if they feel a natural impulse to do so. The therapist might ask the client to move through the years of their lives asking them to "take a walk" in these old versions of themselves, and to move around in these "skins."

Dance/movement therapy is person-centered. Those who experience transgenerational trauma are often so focused on healing previous generations, rather than themselves. Many feel tasked with healing their parent's traumas and representing the past in themselves for their parent's well-being. The dance/movement therapist will always bring the focus back to the client's experience of this task and its impact on the client's physical expression and mental health. By channeling the focus back on to the child, the child is empowered to work through their own pains, rather than their parent's.

Because this population often struggles with separating their pains from the pains of their ancestors, the dance/movement therapist must create an environment in which the client is free of guilt and obligation, allowing them to fully embrace their own present experiences. This can happen through a verbal conversation in which the therapist clarifies to the client that the therapist does not need or expect anything from the client, either verbally or on a non-verbal level. Non-verbally the therapist can move independently from the client or remain still to create a contrast between the client and the therapist. If the dance/movement therapist creates this understanding between client and therapist, then the client can begin to explore regulation of their own emotions and experience their emotions as fully their own. They can begin to understand their emotional and physical responses to their environment because the therapist is seeing them as solely themselves, without their ancestors. Mind and body can freely connect and the therapist is there to witness this fusion and to mirror this back to the client, perhaps for the first time. The individual can now see themselves as separate from their community and acknowledge their own experiences within their cultural context. By separating themselves, they can actually then become a more fully integrated community member in that they will be able to be present within their community and bring it forward, rather than keep it held down in the past. They can become a voice for themselves and for others and work to create a healthier and stronger community.

Another benefit of dance/movement therapy for this population is that the therapist can control the environment by selecting the participants as well as where the group takes place. This allows the therapist to create a therapeutic environment that supports the goals of the participants based on the population they identify with. For example, Valenzuela (2014), a dance/movement therapist, proposed a DMT group for immigrant Hispanic mothers. She offered to have this

group in the children's schools to diffuse potential stigma surrounding clinical spaces. She also proposed having sessions in Spanish, the participant's native tongue, valuing the cultural importance of language in the therapeutic space (Valenzuela, 2014). I, similarly, might propose having a therapeutic group for first generation Iraqi Jews in a space that feels free of stigma and judgment and that they feel they can express all parts of their identity. That could be their synagogue, their school, or any number of places that offer a feeling of safety or familiarity. Therapists are empowered to create a space in which the clients feel comfortable embracing their country of origin's culture and language.

While first generation Americans can inherit memories and trauma from their ancestors, they can also inherit their resilience. Hartowicz (2018) defines ancestral resilience as the ability to access the strengths of previous generations that allowed them to bounce back after encountering a difficulty (2018). Those who experience transgenerational trauma experience it because their ancestors were survivors. Through dance/movement therapy, the client can not only acknowledge how the manifestations of transgenerational trauma have negatively impacted them, but also how it has strengthened them and connected them to their ancestors. For instance, a client might make the realization that a fear response that they have was inherited because their ancestors correctly recognized danger and had the courage to escape it, even if it put them in harm's way. This realization not only helps the client put the fear response into context, but also helps to remind the client of the strength and power of their existence-- that their culture persists because of the bravery and resilience of their ancestors.

I feel my own resilience when at the sound of an Arabic song my body can feel at ease. When I hear the music of my culture my neck elongates like a snake coming out of a gypsy's caravan. My hips create smooth figure eights as my wrists gently articulate my fingers. My eyes

close and I feel my spine moving through the air with ease and comfort. My breathing becomes even and my eyes glisten open to the present. I am reminded of the strength it took for my grandfather to make the difficult and emotional call to move his family from Iran to New York, of the selflessness my mother showed when she sacrificed going to the university of her choice to support her family through the difficult transition, and of the power our community still has, just in that fact that we still have a synagogue that prays the way my great-great-grandparents prayed in Iraq in the early 1900s and beyond. To remember and know their resilience is to allow their resilience to live on. That is the greatest honor I believe I can grant my ancestors: to move on and to move with all they have given me.

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