

# Healing Intergenerational Trauma with Dance Movement Therapy

 [traumapsychnews.com/2017/05/healing-intergenerational-trauma-with-dance-movement-therapy/](https://traumapsychnews.com/2017/05/healing-intergenerational-trauma-with-dance-movement-therapy/)

5/19/2017

By: Ilene Serlin, PhD, BC-DMT



Dance movement therapy (DMT) is a relatively new form of mind/body psychotherapy that builds on the use of nonverbal communication and symbolic movement (Serlin, 2010). Although it has been used in psychiatric and medical settings, its use with challenges of cultural dislocation and trauma is relatively new. DMT can be an effective method to treat trauma. Working with the body as well as the mind can reduce compassion fatigue, build resilience and posttraumatic growth, and increase self-care. This article will describe its use with Syrian refugees in Amman, Jordan, first describing the setting within a conference on Intergenerational Trauma in Amman, and then presenting vignettes of the work with widows and children in a refugee center.

At the opening of the 5<sup>th</sup> Annual International Conference on Transgenerational Trauma in Amman, Jordan on October 26, 2016, Dr. Haythem Bany Salameh, Director of the Queen Rania Center for Jordanian Studies and Community Service at Yarmouk University, shared that there were over 1,000,000 Syrian refugees currently living in Jordan. Psychology and social work students in Jordan primarily focus on academics, with rare internship opportunities for students to learn hands-on clinical work.

Steve Olweean of Common Bond Institute (CBI) and its partner organization, the International Humanistic Psychology Association (IHPA), has been working since 2012 with Dr. Myron Eshowsky of the Social Health Care (SHC) treatment and training program to ensure the development of a locally-based, growing, and sustainable psychosocial service system in Jordan. Local partners include the department of social work at Yarmouk University, the International Federation of Medical Students Association – Jordan (IFMSA-Jordan), the Collateral Repair Project (CRP), and the Center for Victims of Torture (CVT).

Our site for this trip was an apartment building with 40 apartments, housing widows and children. There are currently 112 people, 33 families and approximately 45 children at this site. The staff members are all Syrian refugees themselves. The large majority of refugee families outside of Syria are now headed by a woman or the older children, most of whom have little experience working outside the home to support their families and so are increasingly vulnerable to exploitation and abuse. In addition to war violence and displacement-based trauma, domestic violence has also been fueled by heavy and continual stresses on the family and community.

While the children go to school, funds for tuition run out periodically so that education is sporadic and uncertain. Tuition at this school is partially funded by Syrians living in Saudi Arabia, and it has between 90 and 100 students. Trauma symptoms among the students include difficulty sleeping, missing their fathers, bedwetting,

thumb-sucking, regression, withdrawal, aggression, and nightmares (Eshowsky, personal communication, 2016). One boy, who saw his father die in front of him, exhibits “strange behaviors.”

On October 16 of this year I came with a graduate student in psychology, Xiaorui Wen, to join a group of volunteers and medical and social work students to work in the clinic, and then participate in the conference on Transgenerational Trauma. Upon arrival, we went to an apartment where we met Dr. Ayad, an assistant professor of social work at Yarmouk University. The modern building was clean and the government provided food and supplies.

We first met with Dr. Ghalia, Dr. Ayad, and two medical student translators in the women’s group. There were about 12 women and children in our circle. We began to build trust by introducing ourselves, and explaining that the purpose of the group was to use words and body movements to help them express and cope with emotions. Movement warm-up exercises helped to energize and connect participants.

We asked them what problems they faced. Many talked about problems with stress, anger, and taking it out on their children. One had such anxiety that she couldn’t stop shaking. One after another, other members reported problems including sadness, communication difficulties, abusive husbands, and having too many children. They expressed:

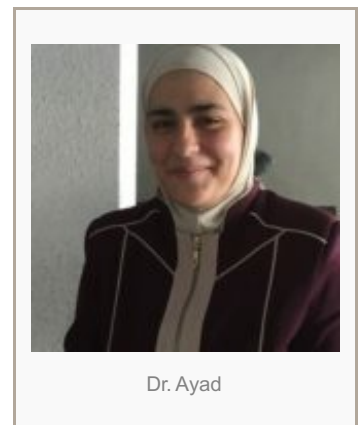
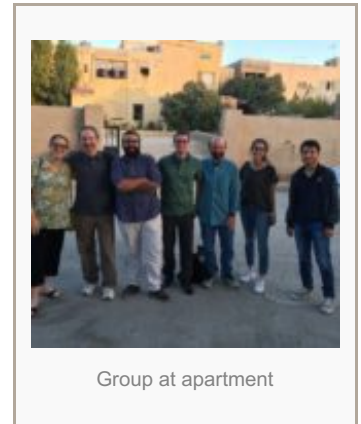
- Need to help myself first
- Mood changes, two personalities
- Pretending to be strong, inside is a volcano
- Trying not to be affected by outside
- Not knowing how to help my children
- Hitting the children, then regretting it
- Sometimes I cry after hitting them as I know they don’t deserve that
- My 10-year-old child is laboring to support the family

Using a light rubber ball, we invited group members to throw it on the ground to help express and relieve anger. Participants expressed relief at moving, saying it helped express emotions safely.

When asked what their wishes were, they responded:

- All God(s)!
- That’s enough!
- I want to go to America!
- Germany!
- Clear mind!
- I want to have a weekend!
- Peace for the world!
- Rejoin with family and children!
- Salem!
- Continue study!

When asked what they wanted to study, they said:



- Learn a better language
- Journalism – want to study in Germany, was studying economics before the war
- Study English and German
- English as the language of the world
- Computer

They explained that they wanted their children to be mainstream, and that education was good for both mother and child.

When invited to share their dreams, they said:

- Good wishes for the children
- Good education for the children
- One 37-year-old participant wanted to be a lawyer: My own dream has ended, now is time for my children
- Want to help people
- Be happy
- Love English, French is too hard to pronounce
- I want to go back to Syria
- My home in the countryside, outside of Damascus, it was very beautiful
- Home was heaven, beautiful, with simplicity
- The hills, small population

When asked what vegetation they grew at home, they described:

- Everything: flowers, tomatoes, cotton, olives, grapes, vegetables, legumes,

eggplants

- Every house grows jasmine, the scents of jasmine and rose



We brought ten teddy bears with us, donated by Shulamit Sofia, and one of the women held her bear the entire group. Dr. Ghalia uses these teddy bears in her parenting skills classes and each of the partnership groups were given one.

I then introduced a relaxation exercise, using soft music and guided imagery.

The participants shared their experiences during the relaxation session:

- I am screaming from inside. When I cannot scream, I cry.
- I wish I could stay in the place I imagined. I was lying on the beach in Hawaii

Dr. Ghalia then asked group members how they felt and what they visualized for the “safe space.” She was concerned that some would visualize their homes, perhaps be re-traumatized, and she wanted to help them face the reality that they may not see their homes again—and move on.

When invited to share their feelings at the end of the session, participants responded:

- We need actual peace
- We usually have kids around so we cannot relax
- I think about the past and the problems I face
- Even when I am relaxed I still cannot help thinking

- My reality is way too complex
- I really need to practice this; it is very helpful
- I need to get 15 minutes every day just for myself like this
- Listening to the holy book recordings is helpful
- Being Muslim, religion is helpful

One participant expressed her curiosity about the soul:

- Is there exercise for the soul to leave the body?
- But I am afraid the soul cannot come back to the body

I then met with one of the women (S) who was highly anxious, had benefited from the relaxation exercise, and had requested an individual session. S told us that she had been in Jordan for four years and had spent two years in the apartment house. She is a single mother, age 28, with three children, ages 10, 8, and 6. She described her main problem as losing control of herself with her children. Life had been unstable for her even before the war, and she moved around a lot. Her parents divorced when she was six, and she had to take care of her stepfather (who beat her), his five children, and her siblings. S is very anxious, has migraines, and is worried about the increasing needs of the children and financial worries. She is worried that she takes this out on her children and feels awful after she hits them. She shared that she cannot get any time alone to calm down. The children cling to her even when she is in the shower, and she cannot take time for self-care, cannot exercise or go for a walk. S also described attachment problems. She said that since she was six when her parents divorced, she is only comfortable with her children until they are six. After six, she does not know how to relate to them and feels like a bad mother. She shared she grew up without a mother and doesn't know how to be a mother. We practiced the relaxation exercises together, then we copied the music for her and gave it to her to practice for five minutes, twice a day.



For the second meeting of the women's group, we introduced music and dance. The most powerful moment came when the women took off their scarves and robes and all of us belly-danced together as women, laughing and full of energy. Three women took leadership roles, introducing the music and doing most of the dancing. The other women participated and were supportive. After the group, I asked the three leaders if they would like to continue to lead a dance group, and suggested that they meet every week on the same day and time. They were willing to do this. Later, two female medical students who wanted to train in dance therapy agreed to facilitate this group, and will continue to meet with the women while receiving supervision by Skype.

Finally, we conducted a staff training for the medical and social work students, so they can provide continuity of care for these support groups. Plans are being made to continue supervision by Skype.

All the people we have met were extremely gracious, grateful, and open. They invited us to come to Syria for a visit, and added "when there is peace". We hope to meet again next year, again bringing students and volunteers with us. For further information, contact: <http://www.cbiworld.org/home/conferences>.

Please enjoy this article recently published by Ilene Serlin and her students from Istanbul on using movement to work with the earthquake-related trauma: <https://goo.gl/uPMYWn>

## References

Olweean, S. (2002). Psychological concepts of "The Other:" Embracing the compass of the Self. In *The psychology of terrorism*. Westport, Conn: Greenwood/Praeger.

Serlin, I.A., & Cannon, J. (2004). A humanistic approach to the psychology of trauma. In

1. Knafo. (Ed.). *Living with terror, working with trauma: A clinician's handbook* (pp. 313-331). Northvale, NJ: Jason Aronson.

Serlin, I. A. (2010). Dance/movement therapy. In I. B. Weiner & W. E. Craighead (Eds.),

*Corsini encyclopedia of psychology* (4<sup>th</sup> ed., pp. 459-460). Hoboken, NJ: John Wiley & Sons.

Ilene A. Serlin, PhD, BC-DMT is a licensed psychologist and registered dance/movement therapist in practice in San Francisco and Marin county. She is the past president of the San Francisco Psychological Association, a Fellow of the American Psychological Association, past-president of the Division of Humanistic Psychology. Ilene Serlin is Associated Distinguished Professor of Psychology at the California Institute of Integral Studies, has taught at Saybrook University, Lesley University, UCLA, the NY Gestalt Institute and the C.G. Jung Institute in Zurich. She is the editor of *Whole Person Healthcare* (2007, 3 vol., Praeger), over 100 chapters and articles on body, art and psychotherapy, and is on the editorial boards of *PsycCritiques*, the *American Dance Therapy Journal*, the *Journal of Humanistic Psychology*, *Arts & Health: An International Journal of Research, Policy and Practice*, *Journal of Applied Arts and Health*, and *The Humanistic Psychologist*.