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Responding to natural and manmade disaster with dance movement therapy

ABSTRACT

Dance movement therapy (DMT) is a relatively new form of mind/body psychotherapy that builds on the use of non-verbal communication and symbolic movement. Although it has been used primarily in psychiatric and medical settings, its use with challenges of cultural dislocation and trauma is relatively new. Dance movement therapy can be effective in treating individual, family and community trauma resulting from disasters. Working with the body and the mind, DMT can reduce compassion fatigue, build resilience and post-traumatic growth, and increase self-care. This article will describe its use to work with Syrian refugees in Amman, Jordan, first through the setting and its challenges for the refugees and then through efforts to develop effective community partnerships. It will demonstrate the use of DMT to work with widows and children, building community through culturally relevant dance and ritual.

KEYWORDS

dance
community
ritual
healing
trauma
cross-cultural

INTRODUCTION TO THE SETTING

On 16 October 2017, the author arrived in Jordan with a graduate student in psychology, Xiaorui Wen, to join a group of volunteers and medical students (www.ifmsa.org) and social work students to work in the clinic, and then participate in the conference on transgenerational trauma. The team was

led by Steve Olweean of Common Bond Institute (CBI, www.cbiworld.org) and its partner organization, the International Humanistic Psychology Association (IHPA, www.ihpaworld.org/). Olweean has been working since 2012 with Myron Eshowsky of the Social Health Care (SHC, www.cbiworld.org/home/training/shc/) treatment and training programme to ensure the development of a locally based, growing and sustainable psychosocial service system in Jordan.

The setting of our work was an apartment building with 40 apartments, housing widows and children in Amman. In his orientation, Steve Olweean told us that there were 112 people, 33 families and approximately 45 children at this site. The refugees now number 10 per cent of the population of Jordan, with more than 20 per cent living in camps, and more than one-half under the age of 17. The staff members are all Syrian refugees themselves. A large majority of refugee families outside of Syria are now headed by the mother or the older children of the family, most of whom have little experience outside of the home. This makes them increasingly vulnerable to exploitation and abuse. In addition to trauma due to war violence and displacement, domestic violence has also been fuelled by heavy and continual stresses on the family and community.

The refugee children's attendance at school in Amman is periodic as funds for tuition run out and education is sporadic and uncertain. Tuition at their 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 2016). One boy, who saw his father die in front of him, exhibits 'strange behaviors'.

PSYCHOLOGICAL FIRST AID

Since 2012, Olweean and Eshowsky have been assessing community resources to form partnerships for the disaster relief work. Not wanting to be another top-down trauma recovery effort that spends some time with the traumatized and then abandons them once again, Olweean tries to support and partner with existing agencies to develop stable resources (Olweean 2002). As a team, our first job was to listen to the refugees, assess needs and then help them access resources in the community. For example, many of the women expressed a desire for their children to learn English and computer skills. Our team visited the Collateral Repair Project (CRP), a small grassroots organization started by two Americans in 2006 after the American invasion of Iraq. This group provides emergency assistance, school supplies and has programming that includes English classes, a men's support group and yoga. There are seven full-time staff members, with four or five volunteers from the refugee community. Beneficiaries of CRP's services can stay, some up to four years, and some become community leaders after that. CBI established a partnership with them in which CBI would provide training in community mental health, possibly in partnership with Yarmouk University in Amman. CBI was also looking for technology for virtual training with a company in the United States that sets up portals around the world to develop vocational training.

Since psychology and social work in Jordan are still largely academic fields, without internships for students to learn hands-on clinical work, a priority of CBI is to 'train the trainers' and promote self-care and resiliency (Figley 1995; Serlin and Cannon 2004). CBI is now bringing together Michigan State University and Yarmouk University to develop the first joint clinical social

Figure 1: Participants from women's group.

work master's programme. Partners in training include the department of social work at Yarmouk University, the International Federation of Medical Students Association – Jordan (IFMSA-Jordan), the CRP and the Center for Victims of Torture (CVT). According to Dr Haythem Bany Salameh, Director of the Queen Rania Center for Jordanian Studies and Community Service at Yarmouk University, there are over 1,000,000 Syrian refugees in Jordan today. Although UNESCO gave Jordan one half a million dollars to help the refugees, the funds went mostly towards economic relief. Psychosocial services are desperately needed. Not only do individuals and families suffer, but unresolved social needs can show up later as violence.

We also visited the school where children from the apartment house had classes. The classes went from 1st to 6th grade, and the school has almost 100 students. Many of the students are orphans. There are students in special education classes, who are also integrated with the normal classes so that the students do not feel isolated. We were told that even if a student cannot pay, she or he would not be turned away. The school is working to build special facilities and training, and with the Ministry of Education to offer new classes in languages and computers. The school needs computers for Skype training and CBI is working to build an infrastructure with donated technology to offer Skype consultation and training in learning disabilities.

DANCE MOVEMENT THERAPY WITH WOMEN AND CHILDREN

Upon arrival, we went as a group to the apartment where the women and children lived. There we were welcomed by Dr Ayat Nashwan, an assistant professor of social work at Yarmouk University. The building was modern and clean, and the government provided food and supplies.

We first met with Dr Ghalia AlAsha, Dr Ayat Nashwan and two medical student translators. We were invited to join several sessions of the ongoing women's support group, normally led by Dr Ghalia, in the apartment building. Due to the turnover in population in the house, the membership of the group varied. However, there was a core group of women who knew each other and had been living in this apartment building for up to two years. The day we joined the group, there were about twelve women and children in our circle. We had met some of these women earlier in the day over a lunch that they prepared for everyone in the building. They seemed surprisingly open and welcoming, even though we were a diverse group ourselves (including one Jewish and one Chinese woman). We were very aware of the cultural differences and tried to be respectful of their traditions. We also played with the children, who also seemed open and unafraid. I found myself relieved not to see awful images of physical or emotional injury, and wanted to hear their stories.

KinAesthetic imagining

KinAesthetic imagining is a form of dance movement psychotherapy (Serlin 2010) in which the moving body creates kinaesthetic images that can be read as a dream or text. Like a poem, the moving body wakes up kinaesthetic intelligence, an awareness of the sensations from the body that give us information about ourselves and the world around us. Sometimes images are cultural symbols, such as the meaning of gestures in belly-dance. Other times, the images come from deep bodily reservoirs, unconscious. Trauma lives in these unconscious reservoirs (Carey 2006; Haen 2009; Serlin and Speiser 2007). Energizing the body can energize memories and emotions, However, the power of the creative act helps us shape these raw emotions into gesture or image, thereby 'objectifying the psyche'. Healing comes from strengthening the observing ego, through containing and discharging strong emotion, through re-integrating split-off parts of the self.

Warm-up

The first task of group therapy is to establish a safe space. We did this by beginning in a circle so that everyone was included and boundaries were established. When the psyche is shattered by trauma, reintegration can be promoted by using clear, simple, spatial structures.

Trust can develop as group members feel secure and held. Dr Ghalia began by introducing us and explaining the reason for our visit. She explained that the purpose of the group that day was to help participants express and deal with emotions using words and movements. Movement warm-up exercises would be used to help energize and connect participants.

After introductions, the purpose of the group emerged. We were going to ask them about what problems they faced and explore ways to deal with them in words or in movement. In response to our questions, many of the women talked about problems with stress and anger, troubled that they were taking it out on their children. One woman had such anxiety that she could not stop shaking. Other problems included stress, sadness, communication problems, abusive husbands and too many children, one after another. They expressed the need to help themselves first, mood changes (two personalities), pretending to be strong (inside is a volcano), trying not to be affected by the outside, not knowing how to help their children, hitting their children and then regretting it, and having a 10-year-old child labouring to support the family.

We then explored ways to embody these images or stories, and look for healing movement narratives. For example, using a light rubber ball, we invited them to throw it on the ground to help express and relieve anger. Participants expressed relief at moving, saying that it helped express emotions safely. 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!, Salaam! and continued study!'

Asked what they wanted to study, they said: 'to 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, and 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 and said 'My own dream has ended, now is time for my children'. Others wanted to 'help people, be happy, love English, French is too hard to pronounce'. They wanted to go back to Syria, saying 'My home in the countryside, outside of Damascus, it was very beautiful'. Another said, 'Home was heaven, beautiful, with simplicity'.

Asked what they grew at home, they described, 'Everything; flowers, tomatoes, cotton, olives, grapes, vegetables, legumes, and eggplants'. They said, 'every house grows jasmine' and remembered the scents of jasmine and rose.

We brought ten teddy bears with us, donated by Shulamit Sofia of the Caring for Children organization, and one of the women held it during the entire group. Dr Ghalia used 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. One said: 'I am screaming from inside. When I cannot scream, I cry'. Another said: 'I wish I could stay in the place I imagined. I was lying on the beach in Hawaii'.

Dr Ghalia asked them 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 be able to move on. One very traumatizing reality for these people was that they may never return to their homes or communities again. Most of them are only temporarily in Jordan, and have no idea where they will be next or how to rebuild a life.

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'. One said: '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'. Another expressed: 'I really need to practice this; it is very helpful […] I need to get 15 minutes every day just for myself like this'. 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'.

Dr Ghalia asked me to meet 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 four years and 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, his five children and her siblings. He beat her. 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, hits them and feels awful. Her problem is 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 says she grew up without a mother and does not know how to be a mother.

We talked about how the relaxation exercise had helped her, and she agreed to learn it and practice it five–ten minutes daily. The problem is that there was no follow-through since I was leaving in a few days. So we copied the music, and I gave it to the medical students who wanted to continue meeting with the group and perhaps with this woman as well. One goal of ongoing clinical training at this centre was to build better follow-up opportunities as part of social work and medical students' clinical training.

For the second meeting of the women's group, we brought in music and dance. The most moving moment came when the door closed to the outer corridor. When there were just women in the room, they quickly took off their scarves and robes and invited us to join them in belly dancing. Although I had chosen Jordanian music and scarves to bring on this trip, they all had phones with music and soon their own belly dance music called out. Soon all of us

Figure 2: Volunteers with author in front of school.

were dancing just as women – Syrian refugees, staff members, guests and two young medical students who were warm, laughing and full of energy. We supported them to discover their own leadership in the group. Three women in particular took leadership, introduced music and did most of the dancing. The other women participated and were supportive. Older women sat and watched, smiling. Children played with the balloons that we brought, and ran around among the dancers. After the group ended I asked the three leaders whether they would like to continue to lead a dance group, and suggested that they meet every week on the same day and same time. They were willing to do this. Later, two other female medical students who wanted to learn about dance therapy agreed to meet with the group. As a folk dancer, I knew some of the dances from this culture, and that helped me communicate with the refugees. I knew about the power of community dance by dancing in villages in Greece, dancing the Hambo in Swedish barns and learning Israeli folk dance as a cornerstone of building a new society. As a dance therapist and psychologist, I knew about group dynamics, about the importance of supporting indigenous leaders in a group or in a community and building resiliency with specific skills to improve a sense of self-efficacy. I saw the multi-generational bonding provide support for the psychological health of the children.

Our bonding with the women continued outside the room as we spent the next few hours with them playing in the basement. Some of the team took out children who were badly traumatized to work with them; the rest of us were just available. Much of the disaster relief work happens not only in organized settings but also in improvised settings outside the clinic: yards, basements and individual rooms. A disaster relief worker needs to be comfortable with improvisation, and have the ability to transform any environment into a healing space, all skills embodied by a creative arts therapist.

STAFF TRAINING

As part of our contribution, we were asked to provide staff training for the medical and social work students so that they can provide continuity of care. Training staff with perhaps a rudimentary background in psychology or dance is a challenge. Although we are not training dance movement therapists, we do teach counsellors and healthcare professionals to incorporate movement into their individual or group work. The one I developed is called *KinAesthetic Imagining* and has three parts (Serlin 2014):

1. *Warm up*: Goals include: Creating a safe space-I usually use a circle to help build establish spatial structures of inside and outside the circle, establish boundaries, ground members, make connections around and across the circle, and feel support. I ask them to feel their own feet on the ground, while feeling the support around the circle – and always to find the balance between being an individual and being part of a group. We start with introductions. Sometimes a prop helps – tossing a ball, music and instruments. We each get a chance to express a movement of introduction, thus also beginning a journey of rediscovery of one's own voice and being. The sharing of stories builds trust. Trust helps members relax into a warm-up of feeling their bodies, breath, getting circulation and emotions flowing.
2. *Developing the theme*: We listen to our own movement as it coheres into a theme. We can explore this theme artistically, through repetition, amplification and intensification. We can make it bigger and smaller, thus

practicing emotional self-regulation. We can listen to each other's themes by mirroring, experiencing our own kinaesthetic countertransference. In the women's group we amplified the themes by throwing the ball as the words got shouted out with the intensifying physical motion.

3. *Reflection/meaning (action hermeneutics)*: Explicit movement begins to slow down, become smaller or more internal, until it becomes implicit. Implicit movement is left in the muscle memory as a kinaesthetic image that can be interpreted like a dream image. We can ask whether it reminds us of anything, has a story to tell or dialogue with it in words, painting, music or movement. We can draw it to make its meaning even more clear (Frankl 1959). We can dance it out as a narrative, in the room, the circle or inside the circle (Feinstein and Krippner 1988). Since ancient times, people have gone into the centre of the circle to receive healing energies or supportive witnessing from the group. Transformation inside the centre of the circle is part of shamanic and other healing cultures. Building a strong sacred container, turning up the heat inside, cooking the image and transforming raw emotion into gold is the structure of alchemical healing journeys (Serlin 1993).

COMMUNITY DANCE

Since time immemorial, human beings have marked rites of passage, the seasons and community relationships with dance. Community dance marks developmental stages, and helps regulate the community's relationship with other communities and with nature.

At the convention in Jordan after the clinical work, I was on the schedule for two community dances – one introducing the convention and the other closing the convention. The convention was the *5th Annual International Conference* on 'Transgenerational trauma: Communal wounds and victim identities', October 26–29 2016, in Amman, Jordan. The questions of: How to use dance to build community? How to respect local customs while innovating new ritual forms? were introduced.

I contacted Dr Ghalia, whose daughter, Mawadda Akkad, was a psychology graduate student and also a musician. It was important to have Mawadda partner with me so that an authentic Syrian music and bonding experience could speak to the participants. Before the conference Mawadda sent me three Syrian songs that everyone would know: a lullaby, a dancing rhythm and slower music. The music helped us all enter into the cultural Syrian experience and be receptive for the conference.

The conference purpose was to identify multi-generational traumas and find ways to disrupt the cycle of violence. Presentations from all over the world covered many aspects of intergenerational trauma. Dr Ghalia presented her research on her 'Parenting program: An essential intervention within a refugee community'. She talked about intergeneration trauma in three stages: pre-displacement, during fleeing and after displacement. A group from Norway presented their findings on 'Working with refugee families with young children in Norway' and I presented 'Dance movement therapy and trauma: A posttraumatic growth approach' (Calhoun and Tedeschi 2006).

Continuing to build an opening ritual, I worked with the medical students to find one to which they could relate. They had been using a form of the Haka, a dance initially used by the Maori warriors to psych themselves for warfare, or for modern athletic teams to build fierce competition.

Together, we looked at how we could adapt the Haka to this modern application. Two of the medical student leaders sent me their music and some videos showing the Haka, and we choreographed a simple form that could be done by everyone. Extracting some of the more powerful movements, but staying away from the more demonic aspects of this dance, we found a simple repetitive movement sequence that everyone could follow. It looked as follows: Crouch down; slap thighs twice, arms back and front with elbows bent twice; and eyes left to right and back again. Repeat to a strong beat. Sometimes someone will lead a new movement and everyone will follow. By developing our form together, we were modelling collaboration, intercultural exchanges and bringing coherence to an event with a clear beginning, middle and end.

CLOSING RITUAL

Men's and women's dances are often segregated in highly religious societies. While the women had their belly dance, the men had their debka, a dance usually done by men only in lines. In this case, I was invited to join them after the closing banquet. The line picked up other guests, and then the best dancer went to the head of the line and the pace quickened. This dancer was known for his virtuoso dancing, and he exhibited it true to form. In rural villages the village elder takes the front of the line, and one's placement in the line signifies one's place in the village. I was a woman, and a guest, and so I had to be extra careful about respecting cultural forms. The function of a closing ritual is to repeat and tie up themes, bringing a sense of completion to the ritual. In this case we also thanked our hosts and they showed up displays of friendship. We ended the conference with a commitment to repeating it next year, to expanding the number of refugee centres and to build the training materials. All the people we had 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.

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