

RESTORING THE BODY'S ABILITY TO CONNECT: USING PRINCIPLES OF  
CONTACT IMPROVISATION IN DANCE/MOVEMENT THERAPY TO PROCESS  
INTERPERSONAL TRAUMA

Meredith Yugas

May 2020

---

Submitted in partial fulfillment  
of the requirements for the degree of  
Master of Science in Dance/Movement Therapy  
Sarah Lawrence College

### **Abstract**

Survivors of interpersonal trauma face unique and pervasive challenges following repetitive emotional, physical, and sexual abuse that misuses the social contract of trust in human relationship. The impact of abuse is revealed through the vehicle of trauma, the body, seen through lasting effects such as disassociation, hypervigilance, and difficulty expressing oneself. In an abusive relationship, control is monopolized, and the survivor's agency is diminished. To restore a survivor's trust in their body, the relational dance form of contact improvisation is proposed as a relevant tool to be examined in dance/movement therapy. A theoretical analysis of contact improvisation principles and dance/movement therapy is outlined to safely, progressively, and contextually restore resources to survivors of trauma. Guidelines to enhance connection to oneself and to others are carefully explored to guide embodiment, repair the use of touch, and develop equitable relationships.

*Keywords:* dance/movement therapy, contact improvisation, trauma, interpersonal trauma, domestic violence, connection, holistic care, trauma-informed therapy

**Table of Contents**

Acknowledgements.....	4
List of Figures.....	5
Literature Review.....	6
Interpersonal Trauma's Disruption in Connection.....	7
Lasting Impressions: Themes in Survivors of Interpersonal Trauma.....	9
Inviting the Body into Treatment of Interpersonal Trauma.....	12
Themes in Trauma and Dance/Movement Therapy.....	14
Dance in Dance/Movement Therapy.....	22
Contact Improvisation: A Relational Dance Form.....	23
Therapeutic Possibilities of Contact Improvisation .....	25
Discussion.....	27
Movement Explorations for Survivors of Interpersonal Trauma.....	30
Considering Touch.....	47
Conclusions.....	49
References.....	51

### **Acknowledgements**

I could have not understood the depth and beauty of human connection without my mother, father, brothers, and sister. The first group I belonged to; I am grateful for what you all have taught me. I am very thankful to my partner who has consistently encouraged me, and my peers who have shared this journey of discovery. I am grateful to the academic advisors, Susan Orkand, Elise Risher, and Marcy Jo Yonkey-Clayton, who have supported and inspired this research over the past years. Lastly, I am thankful to the spirit of human connection, alive and cultivated by researchers of the body and mind.

"If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. There is something of yourself that you leave at every meeting with another person."

-Fred Rogers

**List of Figures**

<b>Figure</b>		<b>Page</b>
1	Intersection of Interpersonal Trauma and Contact Improvisation.....	27
2	Movement Applications for Survivors of Interpersonal Trauma.....	46

The destructive abuse that is inflicted on survivors of interpersonal trauma exploits the trust mutually extended in relationships, perverting the lifeforce that is central to healthy human connection. To understand how interpersonal trauma misuses the social contract of trust, it must first be understood what is at stake when the integrity of relationship is threatened.

Humans thrive cross-culturally with the deepest satisfaction in life through healthy, equitable, and sustainable connections (Brown, 2016). Connection can be defined as “the energy that exists between people when they feel seen, heard and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship” (Brown, 2010, p. 19). Connections exist human to human, but also within one’s own connection to their sense of self. Opportunity for connection exists from birth to death, making life often more meaningful when those connections are alive and mutually beneficial. Twentieth century philosopher Martin Buber used the terms “I-it” and “I-thou” to explain how connection occurs within two entities to build intimacy. In an “I-Thou” relation both participant’s needs and desires are balanced within the polarities of each other (Scott, 2014). The I-thou asserts that two beings have the ability to become more than object, but subject, through the interrelated knowing of each other. Buber explains that the counter “I-it” relationship is not just a turning away from someone else, but is also turning away from oneself (Scott, 2014). To perceive the other as simply an “it,” is to regard another person as a manipulated object that exists only as a part of one’s own experience.

The “I-it” creates no connection because control is held within one party. This type of objectification within relationship is the dynamic alive between victim and abuser. This objectification and imposing of one’s will onto another without consent and to the detriment of another can inflict confusion, hurt, and trauma onto the mind and body. When one person

disregards another as simply an object, it compromises a person's sense of safety and homeostasis. When control is exerted through physical or emotional abuse, the victim of that abuse can experience a heightened fear response and psychological stress (Sanderson 2010), imprinting lasting effects on the mind and body.

### **Interpersonal Trauma's Disruption in Connection**

Within the spectrum of traumatic experiences, interpersonal trauma recognizes that trauma can be especially life altering because it is inflicted within a personal relationship. This violates role expectations by a caregiver, romantic partner, or close friend who is anticipated to provide care, protection, and intimacy. For the purposes of this examination, interpersonal trauma can be defined as prolonged or repeated exposure to abuse or neglect within a relational context. The Diagnostic and Statistical Manual of Mental Disorders explains trauma as an objective event followed by a subjective response. Trauma occurs when serious physical or psychological injury is inflicted or threatened and is accompanied by an intense fear response (American Psychiatric Association, 2013). When this type of trauma occurs in an intimate relationship it is referred to as "attachment trauma" or "betrayal trauma," breaking meaningful bonds and disrupting safe human connection (Sanderson, 2010). The interpersonal context of the trauma breaks an expected social agreement and is commonly committed by someone in a position of confidence, to whom the individual is attached or dependent. The abuse is usually a repeated or habitual violation where the individual cannot escape because of dependency needs or dedication to the abuser. The abuse can occur at any time in one's life, from childhood to the late years of life, and can include overt physical violence, verbal abuse, sexual assault, and sexual exploitation. Abuse can also include more subtle mechanisms of control such as psychological and emotional abuse or a lack of recognition of needs (Sanderson, 2010). This

type of trauma violates trust within a relationship, often exploiting differences in power and resources to maintain control and objectification.

Abusers utilize a number of techniques and patterns to gain and sustain control over the victim, over time depleting a survivor's self-concept. Distortion of reality, deception, and concealment are all used to condition the individual under the abuser's control (Sanderson, 2010). Often masqueraded as love, favors, or protection, lies shape a distorted relational reality that the abuser uses to psychologically justify and conceal the abuse. The survivor is often dehumanized and controlled to ensure compliance and silence, making the individual feel that the abusive relationship is normal and what one deserves (Sanderson, 2010).

The abuser first distorts reality by leading with love, attention, and devotion to the individual in order to create a special bond. The affection and enticement of the victim is often accompanied by a charming personality presented to others in the victim's life that earns the trust of family member's and the immediate community. Once trust is earned, the abuser creates further dependency on only themselves by making the individual feel isolated and slowly separating the victim from their family, friends, and community (Sanderson, 2010). This strategy convinces the individual over time that they no longer have anyone else but the abuser, and this may be the only person who will truly love them. The abuser slowly closes the circle of outside connections their victim has access to, convincing them that they are the only one who truly knows them. This act suffocates connection with anyone else, making the abuser/victim relationship the primary model of attaining human relation. Because of this, victims may not even recognize the manipulation and abuse the abuser has inflicted because they no longer have relationships to compare or fall back on. Furthermore, abusers use intimidation tactics to make sure the individual believes their voice is useless, counting on their silence to continue the

secrecy of abuse. The use of alcohol, drugs, illegal activities, conditional love, or threatened harm to loved ones are often used by abusers to maintain power over the victim and minimize resistance (Sanderson, 2010).

### **Lasting Impressions: Themes in Survivors of Interpersonal Trauma**

Survivors of physical, sexual, and/or emotional abuse develop patterns of thinking and living to endure under these maladaptive interpersonal relationships. Survivors become so dehumanized in the process of abuse that locating their own desires and feelings could feel threatening post-trauma (Ambra, 1995). Abusers strip away identity from the individual to fully objectify them for their own uses, making the survivor lose all sense of control, self-agency, self-identity, and relational worth (Sanderson, 2010). Survivors often employ coping mechanisms to endure this horrific treatment such as compartmentalizing or dissociating from personal needs and desires (Sanderson, 2010). The victim may numb parts of the body to prevent them from feeling the pain of the abuse. The simultaneous exchange of love and abuse from the same person create a distorted narrative for relating. The victim blames themselves for the abuse often as a way of making sense of how someone they love could do such terrible things. The logic becomes, if the individual could do things better or be better, their abuser would give them more love than abuse (Sanderson, 2010). Self-blame becomes a mirage for believing that the individual has power over their abusive treatment, thinking that it is their own performance and approval that controls the level of abuse.

Disassociation is used to escape the body during and after abuse (Van Der Kolk, 2014) and is defined as a disruption in the typically “integrated functions of consciousness, memory, identity, or perception” (American Psychiatric Association, 2013, p. 291). Dissociation separates the person from the traumatic experience and later the memory from the traumatic event

(Cristobal, 2018). Since the body is the vehicle for the traumatic experience, survivors vacate themselves to avoid feeling the constant pain of the horrific abuse. Dissociative symptoms include survivors seeing themselves as an outside observer or separate from their body, a process of depersonalization (Ataria, 2016). The detachment from one's body serves as protection during physical, sexual, and emotional abuse, leaving the survivor strongly disconnected from feeling physical sensation. Survivors commonly continue dissociative behaviors past the traumatic experience, such as engaging in self-harm behavior, because they no longer identify with their body as their own or of any value (Ataria, 2016). Cycles of blame and self-harm illustrate how the external abuse moves internally, continuing the trauma within one's relationship to their own body.

Another lasting effect is enforced silence, which creates shame and difficulty in healing post-trauma in verbal therapy. Thinking, feeling, sharing, or retaliating was likely punished by the abuser, conditioning the survivor to withdraw from their own voice (Sanderson, 2010). This conditioning forces the individual to hide deep within, burying painful emotions within the fortress of the body. Survivors often report somatic complaints from experiencing internal body stress from deeply stored psychological pain that is living inside the body. Abusers and external systems do not always believe victim's stories, further shaming their story post-trauma as something that should be hidden. The survivor's sense of self continues to be influenced by feelings of shame, informing a narrative that they should hide their feelings. A survivor may retreat from expression altogether due to fear of exposure because of the conditioning of an abuser's dominating response. Shame has been identified post-trauma as an underlying cause that limits help-seeking behaviors and emotional expression (Sadler, 2018). Because survivors may accept that their experience is shameful, they may continue to withdraw from treatment or

future relationships. Survivors may oscillate between wanting to be seen and then hiding back into the self as a way to test connection and manage shame (Sadler, 2018). It is essential to recognize that all defense mechanisms and survival strategies have been employed to keep the person alive and have served a purpose. These maladaptive patterns emerging post-trauma may seem like barriers to healing, but they are the direct material of the mind and body being so shattered during abuse.

Survivors of interpersonal trauma commonly report experiences of disassociation, secretiveness, betrayal of trust, poor body image, trouble with boundaries, difficulty locating personal power, somatic complaints, and feelings of anger, fear, guilt, and shame. (Cristobal, 2018) (Mills & Daniluk, 2002) (Ambra, 1995). In treatment, recognizing survival strategies through thoughtful reflection and acknowledgment is highly recommended to work through many of these defenses that are now maintaining what is left of the person's sense of self. Opposing, questioning, or throwing the survivor's personal coping strategies out immediately could completely disrespect and endanger a survivor's healing (Ambra, 1995). Beginning right where the survivor is, often experiencing a diverse mix of these symptoms, validates their experience as truth. This ensures that the therapist will not be looking to control or manipulate the individual, like the conditions of the abusive relationship.

Survivors of interpersonal trauma also commonly experience post-traumatic stress disorder (PTSD), characterized by intrusive memories, re-occurring distressing dreams, dissociative reactions (flashbacks), and prolonged psychological stress (American Psychiatric Association, 2013). Common symptoms of adults with PTSD following intimate partner sexual violence include out of body experiences like dissociation. Children with PTSD reported similar strategies such as emotional numbing or extreme emotional reactions, irregular patterns, and

difficulty concentrating (Goggin, 2018). In many different types of trauma, the individual adapts by beginning to see their body as separate from them self, numbing feeling and pushing away the pain of the experience but also simultaneously the sensation of embodiment. Embodiment, or the way of being and feeling in the body, is a tool and medium to understand one's environment in real time. When the body of a trauma survivor becomes disconnected to one's sense of self, they lose access to a key tool in navigating their present world. Experiencing such pain and abandoning the vehicle of the trauma, the body, serves a significant purpose for one's protection and often endurance of the traumatic experience. Connecting with one's physical body in post-trauma healing must be gently approached as a brave act in re-engaging with the world after such a damaging experience.

### **Inviting the Body into Treatment of Interpersonal Trauma**

Forms of treatment for survivors tend to rely on managing the mind over feeling the body. Therapeutic strategies such as Cognitive Behavioral Therapy (CBT) focus on managing cognitive distortions, reducing symptoms, and developing coping strategies (Kubany, 2003). Body-based interventions are on the rise as therapists are acknowledging that trauma is a highly physical experience, incorporating yoga and other physical activities into treatment. In one study for adults with PTSD related to abuse experienced in childhood, yoga as a complementary therapy was found effective in increasing positive self-image and somatic awareness due to the emphasis on the present moment (West, Liang, and Spinazzola, 2017). While symptoms can be verbally managed and explored, engaging the body requires the survivor to feel and attend to the holistic self, body and mind. The body and mind are the medium for a healing experience because it was the medium for the abusive experience.

Healing is likely to be a gradual process since the experience of trauma is both physical and psychological, outside and inside the self. When words fail to communicate an unthinkable experience, the body can reveal the story of a survivor in a less threatening method. Through engaging non-verbal assessments and interventions, the body can become the voice of the traumatic experience and offer therapists a place to begin without pressing the survivor with unreachable expectations.

When turning to the body, it is likely that the survivor will remember the traumatic experiences, triggering the same feelings that occurred during the abuse. When brought back into the memory, the body goes into a fight or flight alarm state, sending stress chemicals to shut down one's pre-frontal cortex. The frontal lobes are how one plans and reacts, allowing a person to imagine future situations (Van der Kolk, 2014). When triggered, the traumatic memory may cause increased tension and distress in the body, causing the survivor to feel the same fear that happened in the abuse. The interconnected parts of the autonomic nervous system, the sympathetic nervous system (SNS) and parasympathetic nervous system (PNS), become dysregulated in managing the body's energy flow. When the sympathetic nervous system is aroused in a fear response, blood moves to the muscles for quick action, increasing blood pressure and heart rate through releasing adrenaline. In the traumatic memory, the survivor may freeze in this state becoming immobilized and stuck in this hyperactive response. When these triggers do occur, non-verbal interventions have the potential to lower the intensity of arousal by regulating breath, heartrate, and relaxing muscle tension, all part of the parasympathetic nervous system (PNS). Activating the parasympathetic nervous system slows down arousal releasing acetylcholine to relax muscles and decelerate the activation response (Van der Kolk, 2014). In beginning the therapeutic process and recalling these traumatic

memories, breathing and slowing down the fear response may be the very first frontier of healing. Transitioning the individual from a place of victim (past) to survivor (present) following interpersonal trauma involves acknowledging this very real fear response and giving the survivor resources to navigate it through the body.

### **Themes in Trauma and Dance/Movement Therapy**

The field of dance/movement therapy has been investigating how the body can be the entry point for psychological assessment and treatment for years. The not so simple journey of feeling one's body, for a survivor of trauma, is a gradual re-engagement of a weakened muscle. Sensing involves listening to the feedback of the body which can be frightening, inaccessible, or overwhelming. Numbing is a survival strategy to protect the body from feeling the repetitive abuse, so body-sensing abilities become deteriorated (to varying degrees). In dance/movement therapy, clients are encouraged to take in sights, smells, sounds, and touch progressively with support from the therapist (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). The movement therapy session is an opportunity to feel sensation such as the inhalation and exhalation of one deep breath, but this must be approached with the utmost care. In Gray's (2001) movement work with survivors of tragic torture and abuse, she explains that survivors breathe shallowly, rapidly, or not at all as a way to protect themselves from bodily sensation and emotion. Participants in a movement session could present many symptoms of trauma in their body such as shortness of breath, collapsed posture, or a complete disembodiment (such as referring to a body part as "the arm" instead of "my arm") (Ataria, 2016; Gray, 2001). Consciousness of the body as part of one's identity post-trauma is important in integrating the traumatic experience.

Dance/movement therapists understand the lasting effects of trauma in the body and can carefully guide internal sensing experiences to re-enliven body awareness. Guidance assists in

recognizing the quality of one's breath, weight, shape, distal limbs, and tension in the body which over time increases sensitivity to one's internal feelings and impulses.

A group of dance/movement therapists developed a movement structure for the assessment and treatment of trauma survivors to recall traumatic memories (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). The method created for confronting trauma included relaxation and grounding practices (breath, self-applied touch, rhythmic movement) and searching for inner bodily and emotional resources (self-confident empowering movement). The therapists found that it was pertinent to prepare participants for body sensing by systematically exploring methods of grounding and support. While many sessions begin with the reassurance that the therapeutic space is safe, the labor for survivors might be discovering that their own bodies are safe.

Once these warmups were explored by the dance/movement therapists and clients, attentive listening to the body and its relationship to personal trauma was facilitated. Body sensing was used to enliven sensation to recall the experience of the trauma in a safe therapeutic setting. The client re-engaged in movement replaying the traumatic experience. Whenever the client appeared overwhelmed, frozen, or repetitive, the movement therapist assisted in activating the client's inner resources and breath support, moving through the traumatic memories. Since abuse dulls the senses, reactivating the senses through an intentional movement structure allowed participants to revisit unfinished feelings in their body (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019).

In addition to encouraging sensation and impulses internally, expressing emotions externally is often explored in dance/movement therapy. The physicality of dance and movement action allow a release of tension from the body that survivors connect to a new sense of freedom from the traumatic experience (Gray, 2001). Because self-expression was

repetitively punished and silenced during the abuse, numerous emotions such as pain, anger, sadness, and fear were never exhibited fully. Because the body and mind are connected, the physicality of movement expression can help release intensely painful emotions stored within the body. Described by a survivor as a “cathartic dance of letting go” (Bernstein, 2019, p. 13), venting and conveying oneself in movement allows previously unexpressed feelings to emerge.

In a qualitative analysis assessing the effectiveness of dance/movement therapy with female survivors of child sexual abuse (Mills & Daniluk, 2002), interviewers used an unstructured method to have survivors share what was potent in their personal healing. These interviews were transcribed and analyzed for common themes in healing from personal trauma, and a shared response found that dance in a therapeutic context empowered the body to tell its story. Because the abuse took place in childhood for these participants, valuable unconscious material was elicited through movement from pre-verbal stages that had never come up in verbal therapy. One participant was able to share the story of her abuse and reported feeling that dance/movement therapy was an effective way to bypass verbal defenses and her own mental judgements. After trying to integrate the pain of her abuse verbally for many years, the individual found great comfort in movement expression over verbal expression (Mills & Daniluk, 2002).

Dance/movement therapy offers a creative approach to rebuilding a survivor's self-concept. Interpersonal trauma survivors have faced cruel treatment and are manipulated into believing they are completely powerless, shameful, guilty, and worthless. One dance/movement therapist focused on an empowerment dance/movement therapy model that recognizes the body as an ally, highlighting that the relationship to the body and beliefs about the self can be re-created (Bernstein, 2019). Therapeutic goals reached by survivors through dance/movement therapy sessions included increased expressive freedom, greater self-esteem, and growth of

inner-emotional resources through exploring self-directed movement (improvisational movement led by one's own impulses). Movement allowed for the survivor to explore confidence, testing new physical states such as moving with confidence, even if it was not felt. Movement allows for attitudes to be tried on, engaging the physical self to combat negative self-beliefs the mind may be ruminating over following trauma. Believing there is strength within oneself is often a cognitive goal in therapy, but strength was effectively practiced in movement during therapy for this survivor. Experiencing new sensations in dance/movement therapy that interact with the physical memories of past abuse, informs the body first of a new way of being.

In the practice of choice in reconstructing one's identity, agency was a consistent theme in dance/movement therapy work with interpersonal trauma survivors. Bernstein (2019) emphasized locating personal power in dance/movement therapy through the use of role play. This was done through opposite imagery duets in which one person role played lightning and the other thunder, or one wind and another leaves. These dyadic metaphorical images created an intersubjective relationship, where the client could cause effect on their partner. This reparative exercise illuminated a healthy power dynamic of feeling one's agency within a relationship, where, before, a survivor might have had no say or influence during their abuse. The exercise highlights issues of independence/dependence, trust in others, giving and receiving, and relationship building by first ensuring that each party has power. In dance/movement therapy, imagery choice-making is extremely important for survivors within the session to continue supporting shared control. Any choice that can be given within the session such as the movement sequence, particular dyad image, or how long something happens further bolsters relational equity and safety (Ambra, 1995). While agency is fostered, it is important to be aware of survivors who may rely on control too heavily for safety, reflecting the same monopolizing behavior an abuser might have modeled.

Part of welcoming choice is creating an empathetic environment in counseling survivors. The dance/movement therapist stewards their own empathetic presence and readiness through the body to be with others effectively. This can be fostered through kinesthetic empathy, feeling the state of a client by joining them energetically. If the client is hollowed in their spine with their head down towards the floor, the therapist might try this position or imagine the weight felt in this shrunken position. Deep and hidden feelings of a survivor could be felt through this tool of attunement within the first few meetings with a client. Cultivating an empathetic reflection validates a survivor's subjective experience, the exact part of the equation that the abuser worked to control and discredit (Cristobal, 2018; Sanderson, 2010). The therapist can create an environment of empathy by first modeling this to the client or group.

Tending to the client's preferences for spatial proximity is another important way to cultivate an effective interpersonal therapeutic relationship. A person's body boundaries have a direct relationship to their sense of self (Bovard & Draganosky, 1979). A survivor's kinesphere (personal space around the body) and body buffer zones (the outermost edges of one's kinesphere) are violated and completely disregarded in abuse, making the rebuilding of the kinesphere and respect for spatial boundaries very important. Learning and setting spatial distance is a personal, social, and public practice. The physical distance people have between each other is a part of interpersonal communication and can be practiced in therapy (Bovard & Draganosky, 1979). Therapists should be sensitive and observant of the individual's preferences for spatial proximity from being overly close to extremely distant. One's ability to connect in a healthy way can be conveyed through eye contact, facial expressions, and body position, all non-verbal modes of communication dance/movement therapists analyze and employ. The therapist can observe these qualities in an individual and

also remain aware of their positioning in space to create greater ease for the client in sessions.

The therapeutic environment can also be viewed more largely as the session structure. Clarity and predictability are highly encouraged aspects of dance/movement therapy sessions with trauma survivors, ensuring a level of reliability and safety for the client (Ambra, 1995). Predictability could be present for a group through shared agreements such as not allowing outsiders to watch the group, always having the option to participate, regular routines for opening and closing sessions, consistent starting and stopping time, consistent group rule enforcement, explaining explorations before engaging in them, and creating a ritual for when feeling overwhelmed or triggered by the traumatic experience (Ambra, 1995). Creating a safe interpersonal space for the individual encourages deeper therapeutic exploration. Because survivors are conditioned to believe they are alone with their abuser, opening the self up to connect with others requires repetition. If the environment can hold initial feelings or testing by the individual, they will be more likely to continue exploring intimate personal contents.

Lastly, a feature of numerous dance/movement therapy perspectives with trauma survivors include the healing aspect of group connection and belonging. Groups allow more support from others with similar experiences, encouraging clients to share their story and begin intimate relationships again (Mills & Daniluk, 2002). Intimacy is defined as an experience of closeness or warmth shared with someone (Cristobal, 2018). Unique emotional connections with others in a dance/movement therapy groups occur by witnessing others and also by being witnessed in movement. Intimacy formed within a group contradicts the message of abuse that forces a survivor into isolation, believing that the only person who cares is the abuser. The non-

verbal connections made between survivors, emotional support, and the therapeutic container of a group structure is a valuable part of dance/movement therapy. Psychosocial explorations with trauma survivors have many possibilities, confronting “betrayal trauma” with a reinstated belief in others. The positive group experience gives lived evidence that an individual can be valuable and known by a group, combatting pervasive feelings of shame. Connecting with others in a group allows members to explore reaching out, offering, and receiving again, experiencing the intersubjectivity of relating.

With conversation and consent during group formation and at the beginning of every session, the group can use touch to deepen connections. Approaching touch again in a group setting can provide a re-orientation to socially appropriate touch following the traumatic experience (Matherly, 2013). Dance/movement therapists especially consider the implications of touch in the therapeutic setting since touch can be perplexing, bringing up issues of boundaries, sexuality, and development (Cristobal, 2018). Freud asserted that the client would misinterpret touch as sexual, highlighting a common western cultural fear that touch is primarily a precursor to sex. Yet touch is a large part of a child’s experience of play and intimacy. Touch is learned as early as in the womb, becoming the first sense developed. Long before any other form of communication is learned, touch is necessary for optimal growth and attachment because of its nurturing and bonding qualities (Karen, 1994). The skin and the nervous system develop from the same layer of embryonic tissue, the ectoderm, making the skin a crucial agent in processing information and orienting to the environment (Cristobal, 2018). Touch can communicate feeling such as love, sympathy, sadness, or fear. Touch happens in how the caregiver holds, dresses, and plays with a child, communicating care and life-giving connections. Named the “moving sense”

(Matherly, 2013) touch plays a role in building the individual's perception of relationships and provides physiological information about the setting in which they exist.

Survivors of interpersonal trauma may have had varying degrees of nurturing touch, possibly making contact a scary prospect to approach after it has been distorted. But leaving contact out of therapy for survivors of interpersonal trauma could be more confusing if this is the only example of touch in their life. Touch that is monopolized, abusive, one-sided, forceful, and traumatizing teaches the victim to be afraid of touch. Instead of ignoring touch in the therapeutic setting, touch should be considered a therapeutic interest in healing and processing. The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) recognizes touch as appropriate if it is therapeutically beneficial (with clear motivations of therapist), consent is attained from clients, and it is utilized with respect to client diagnosis (The Code of Ethics and Standards of the ADTA, 2015). If these standards are met for engaging in touch, the dance/movement therapist can invite contact into the therapeutic space with a constant attention to how it is continually beneficial to the client.

Dance/movement therapy allows the individual to tell their story through the kinetic dimension in present time, gradually melting and bolstering learned bodily defenses that limit the experience of the self in relation to the world (Federman, Zana-Sterenfeld, & Lev-Wiesel, 2019). Dance/movement therapy offers safe and tested therapeutic methods to experience connection with others in a meaningful and restorative way to explore trauma. Dance/movement therapists have specialized and unique training to address the body in the wake of interpersonal trauma, that is different from participating in dance alone or therapy alone.

### **Dance in Dance/Movement Therapy**

Dance/movement therapy is a specific intersection of the dance art form, somatic psychology, and psychotherapy. Growing out of the work of dancers with psychiatric patients in the 1940's, dance/movement therapy uses the body as the access point to the mind. Many people participate in dance recreationally for its physical benefits and recognize many mental benefits through the expression, play, and practice of the art form. Dance/movement therapy is influenced by a variety of dance forms but differs in clinical significance because of the therapist's training in therapeutic principles, client observation, movement assessment, and clinical diagnosis. Dance/movement therapists carefully create a therapeutic environment and abide by a code of ethics to use movement to support the overall health of the individual emotionally, socially, cognitively, and physically (American Dance Therapy Association).

A specific dance form that is distinctively positioned to be used by dance/movement therapists working with interpersonal trauma survivors is contact improvisation. Contact improvisation was founded in the in the 1970's by Steve Paxton and a group of dancers regularly engaging in improvisation together at Judson Church, NYC (Clarke, 1987). Contact improvisation can be understood as concurrently engaging in self-invented movement and physical contact between two or more bodies. The dance form is relational in nature, exploring how to initiate contact, develop a connection through touch, create improvisational movement collaboratively, and then disengage from the dance harmoniously. Unlike other duet dance forms, there is no assignment of roles differentiating power, such as leader or follower. While certain partner dances ascribe gender roles, the communal dance form encourages all gender identities to participate equally. Contact improvisation expects each person to keep themselves safe first as they engage with others with appropriate consent, negotiating time, weight, and

space with each other. The development of partnership is then a conversation instead of a set of rules, letting each person become involved in the dance according to their own terms.

Additionally, the communal dance is primarily practiced in large groups, changing partners frequently, to ensure that the dance form stays a collective experience.

Contact improvisation is a social dance experience that empowers the individual to make choices to lean in or out of connection. Van der Kolk writes about the connections of survivors of trauma pointing out how what is safe and not safe has become uncertain, confusing what is inside and outside oneself (2014). In contact improvisation, dancers in present time negotiate the self with another person amidst a changing environment. Through exploring touch and sensation, one person's movement impulses are contrasted with a partner's, becoming a living composition. Contact improvisation roleplays connection through the body by creating and disengaging in connection repetitively, allowing its consumers to design and explore a new relational reality.

### **Contact Improvisation: A Relational Dance Form**

The American choreographer, Steve Paxton, pioneered the form of contact improvisation after dancing in numerous companies in New York in the 1960's. (Smith, 2012). Paxton was a core mover and motivator of the post-modern dance movement birthed out of Judson Dance Theater which was notable in redefining what dance could be. Paxton's radical explorations of what defined dance inspired his investigations with improvisation in a new way – in context of contact (Smith, 2012). Steve Paxton and other movers in collaboration refined the form through constant practice. Practitioners then spread it throughout the United States holding “jams,” collective gatherings of dancers where contact improvisation principles were explored for a set amount of time (Clarke, 1987).

Early definitions of contact improvisation recognized that the new form was both an art and a sport, noting similarities with other duet forms such as wrestling, martial arts, and partner dances like swing dance, waltz, or jitterbug (Smith, 2012). When practicing the form, the dance may begin by two people making contact by first touching one part of the body to another. Next, the two dancers listen to each other kinesthetically to roll or slide from this point of contact. The point of contact is continuously shifted as the two move creatively to find lifts of one another in the air, different spatial positions, and movement pathways with each other. The movement interaction in contact recognizes the physical external laws governing movement such as gravity, momentum, friction, inertia, and centrifugal force that could be maximized to the dancer's partnership (Smith, 2012). The interplay of the two bodies and external forces created a new improvisational dance each time, yielding and pushing against one another and gravity. The management of creating, partnering, and trusting requires practice and a body-mind readiness to engage in a sustained effort state (Clarke, 1987). Steve Paxton describes that the mover maintains this state by being, "relaxed, constantly aware and prepared" (Smith, 2012).

To execute the form effectively, it is important for the mover to be open to sensation, releasing excess muscular tension to move and be moved within the physical partnership. The ethos of contact improvisation reflected by Steve Paxton is, "do under others as you would have them do under you," commenting on how dyads frequently lift each other up and the social responsibility taken on in these communal explorations (Smith, 2012, p. 5). There is a focus on communal well-being, both giving and receiving with care and thoughtfulness to one's own body and others.

The dance form continues to expand, spreading to studios, schools, and art centers around the world, with now thousands of people participating in shared moments of moving. Contact

improvisation passes on through in person teaching and participating (Smith, 2012). The form has influenced practitioners in their work with children, seniors, differently abled populations, visual artists, musicians, educators, counselors, environmental workers, social activists, and more. Like the form itself, the dance practice is ever-expanding and adaptable to the vital exchange of the present, always searching for its next place of influence (Smith, 2012).

### **Therapeutic Possibilities of Contact Improvisation**

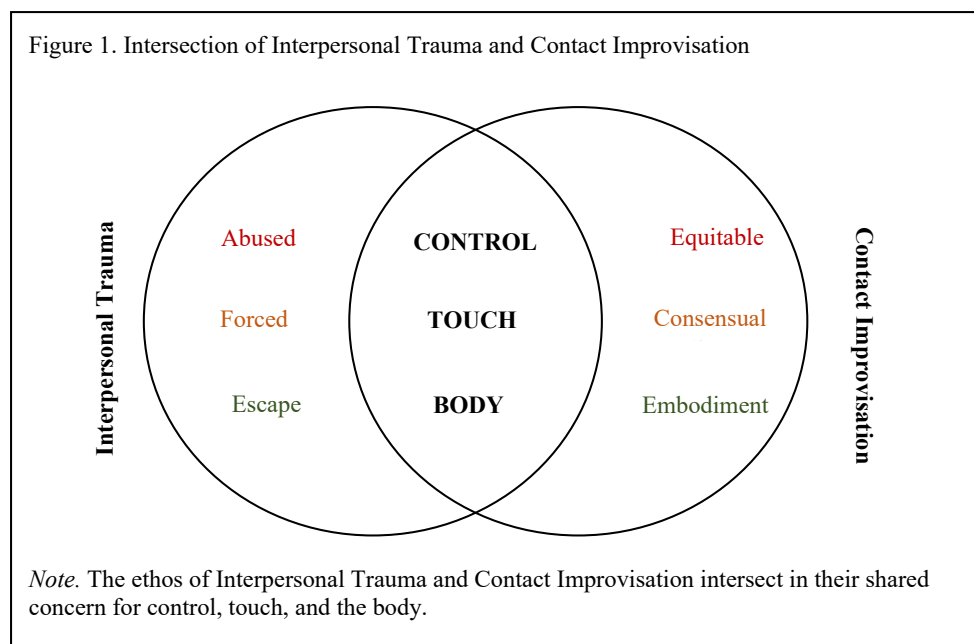
Contact improvisation has been used within the context of therapy before because of its rich exploration in relationship. The form emphasizes the agency of participants forming physical connections in the present moment. Creative movement invention is utilized with a focus towards proximity and touch with others, which is non-verbally negotiated for a shared experience that is safe for both parties. (Clarke, 1987). The sharing of kinesphere (the personal space around one's body) requires both participants to become more aware of one's own body boundaries to keep oneself and the partner safe during the first encounter, development, and resolution of the duet. Contact improvisation has been found to be helpful in practicing the consent of touch, greater self-awareness and fostering a positive self-image when used in a therapeutic context (Clarke, 1987). One therapist noted participants enjoyed making several quick choices such as with whom they move, for how long, and how the connection occurred, all while engaging in their own improvisational movements (Turner, 2010). The form empowers individuals with choice to be in control of creating the conditions of relationship, while enjoying the intimacy of connection created in real time.

Contact improvisation has been researched in conjunction with dance/movement therapy and specifically Gestalt oriented therapeutic groups. In these therapeutic intersections, contact improvisation was effective because it emphasizes feeling over outside appearance and assists

with clients letting go of self-consciousness (Clarke, 1987). Intelligent reflexes were trained in the mover's body patterns through repetitive exercises of pushing, pulling, reaching, and yielding with a partner (Clarke, 1987). Movers became more aware of natural reflexes for recognizing danger and used their body to gage their level of trust with another person. Testing physical and emotional connections with others (joining, reacting, opposing, or supporting) in contact improvisation is valuable in enhancing one's capacity to navigate social environments (Barrero González, 2019). Yet to date, no literature reflects the dance form of contact improvisation being introduced to populations who have experienced trauma. As an experiential dance form, contact improvisation uses the trust and two-way communication of an embodied connection to ensure mutually beneficial and respectful movement investigation, offering a possibly restorative space for survivors of interpersonal trauma

### Discussion

The case for dance/movement therapists introducing contact improvisation into the healing of interpersonal trauma can be made because the two share many salient qualities. Contact improvisation relies on the communication of two bodies in a mutually beneficial partnership, while in the abuse/victim relationship, the desires and power of one individual silence and take advantage of another. Both experiences share characteristics of control, touch, and the body. Combining the same elements that were once misused into a safe and reparative experience in dance/movement therapy allows survivors to confront their past experience with a new one. Where calculated abuse monopolized control, the shared experience of contact improvisation relies on physically supporting one another with a concern for equity. Where touch was often forced and misused inappropriately or violently, contact improvisation relies on the moment to moment consent of both parties to engage in movement. Lastly, during the trauma, the survivor may wish to escape the body, leaving the vessel of their pain, but contact improvisation encourages being and feeling as mind and body in the present moment to foster connection (see Figure 1).



Contact improvisation also possesses many rituals for practice that resemble dance/movement therapy group structures, valuable in the therapeutic setting. These commonalities include establishing shared agreements at the beginning of every meeting, acknowledging the numerous choices to engage, and closing the meeting with thoughtful reflection. Terms in contact improvisation coined by Stark-Smith recognize these moments in jams as shared agreements, engagement, and thanksgiving (Smith, 2012).

Shared agreements take place at the beginning of contact improvisation meetings or jams to check in with every person in the room. Movers might share if they are having any current injuries or areas of the body that should be avoided in contact. Sometimes movers prefer not to make any contact at all during the day, and this desire can be made known here. This opening time is done casually in a circle, emphasizing the collective responsibility of the form. Dance/movement therapy groups also begin in a circle, normalizing seeing and being seen in the therapeutic environment. The therapist begins by checking in with everyone's body but also their emotional state, additionally asking how someone might feel in that moment or what has come up since the last group. The opening for both forms is a chance to clarify group rules and make sure the environment is safe and well-informed.

Engagement is another element of a contact improvisation jam that encompasses most of the dancing exploration time. Engagement or a connection made between two movers can take place anytime throughout the jam. Coincidence, attraction, repulsion, contrast, collision, influence (one participant's movements influence how others are moving), divergence (meeting for a moment and then separating onto different paths), and empathy (moments of shared intention) are all possibilities for a partner dance. Dance/movement therapy is constantly using the movement of individuals with one another to highlight relational development. These

specific terms in contact improvisation might be similarly named or explored in the dance/movement therapy session to highlight the varying degrees of connection and promote a participant's own awareness of their development.

Lastly, at the end of a contact improvisation jam, thanksgiving takes place. This is when the meeting concludes together in a circle, the way the meeting began, and each person is invited to share their own personal insights, give thanks, or mention movement highlights in a free form style. Dance/movement therapy commonly uses verbal processing at the end of a session, extending gratitude but also further making sense of the non-verbal material that arose in the session. The therapist helps distil the experience of the participants and find meaning according to the client's past experiences and treatment goals. The group can also reflect back observations of others, supporting self-awareness and deepening social connections. Connections relationally and within the body being explored, formed, and repaired are contextualized in the therapeutic closing as group members practice expressing themselves. Members can communicate concerns and joys, further supporting one's ability to make their internal world safe and known by others.

Movement language from contact improvisation and Laban Movement Analysis will be used to describe correlating movement concepts to be explored in therapy with survivors of interpersonal trauma. To engage in contact improvisation, the body has to be constantly acclimating to the dynamic space around oneself. An energy state of expecting change is trained by keeping mobility alive and stability held in many different ways. Dance/movement therapists utilize Laban Movement Analysis (LMA), a movement system that codifies language to describe how humans move in relation to the Body (organization of body, parts moving, patterns of total body connectivity), Space (how space around oneself is approached and revealed), Shape (the form the body takes), and Effort (one's inner attitude towards investing energy) (Hackney,

1998). The following theories in discussion will outline applications to experiment with, for the intention of benefiting survivors of interpersonal trauma.

### **Movement Explorations for Survivors of Interpersonal Trauma**

In contact improvisation, the mover begins feeling the weight of their body without yet moving through the space. Steve Paxton defined this as “the small dance,” that is always active within the body, never fully coming to a place of stillness while one is alive (Clarke, 1987, p. 39). The small dance can be practiced by standing and letting the body be aligned vertically. In this position, the mover pays attention to the subtle adjustments the body makes to stay standing, playing with gravity. The mover locates tension throughout the body perhaps in the neck, shoulders, hands, knees, jaw, belly, or buttocks, allowing these areas to release held tension. Breath can assist in feeling the body in relation to gravity, sensing the natural rising and falling of one's mass without asserting an intention to the environment yet. The small dance does not yet impose an agenda to the external space, but returns to the self to check in, to feel, to locate tension and impulse. In dance/movement therapy, this state is known in Laban Movement Analysis language as “weight sensing.” Sensing the weight of one's body prepares the mover to yield into the ground or push away with strength (Hackney, 1998). Sensing weight occurs before using it, becoming an ideal position to take inventory of the body.

The mover can explore this standing in stillness feeling the gentle adjustments of the body needed to stay upright (eyes open, softened, or closed according to the mover's preference). Feeling one's bones and muscles, the mover shifts their weight and bends gently to the pull of gravity. This activity should look like the mover is standing on a trampoline, letting the body be simultaneously malleable and established. Tension is released in the body, feeling a floating quality and sensing one's body mass. This pause to feel oneself internally could provide a

valuable practice for returning to sensation. After survivors experience numbness or disassociation to one's self, the small dance is a physical experience to listen internally and locate the tiny places of movement inside. Locating these places of impulse are a beginning of locating one's needs and desires which are important to restoring a survivor's sense of self. The more impulse is recognized, the more activated and empowered the survivor may become in their own healing. For the dance/movement therapist, when leading a group, the small dance can also be used to check in with oneself and become flexible enough to go where the group is developing. A place of recuperation within one's body, therapists and survivors could consider this a home base. The small dance is a pause that is continuously alive.

Another important aesthetic and functional element of contact improvisation is the mover's attention to space. How one gives attention to space is called Space Effort, actively attending to space with either Direct Effort (single focused intention) or Indirect Effort (scanning, multi-focused intention) (Hackney, 1998). Because contact improvisation takes place in sizable spaces with numerous amounts of people, the mover typically uses Indirect Space Effort to take in the environment, predict future connections, and remain conscious of how one's body is impacting the whole group. The mover is trained to perceive space all around encouraged by teachers to use a soft peripheral gaze, meaning a less intense wide focus that allows the eyes and face to soften and absorb sights all around. The perception of space in front of, beside, and even behind oneself keeps the mover and others safe as the mover takes in their environment. Because the form heavily relies on touch, much is communicated through skin to skin direct contact, freeing the body of the mover to feel multi-focused, flexible, and all-encompassing in their indirect attitude of space (Hackney, p. 221). This all-around awareness is

also encouraged by the dance/movement therapist to take the temperature of the whole group, direct the group's evolution, and encourage group members to see others in the group.

Indirect Space Effort can be practiced by beginning to walk around the room or space with ease. The mover can imagine that their eyes are everywhere, on the front, side, and back of the body, taking in the whole space. The mover notices if one feels others behind or beside without directly looking at them. A continuous soft peripheral gaze is kept, taking in the environment expansively. This practice encourages awareness and relaxation concurrently. After experiencing interpersonal trauma, one might embody a lack of trust, constantly in a state of hypervigilance. The body could regularly feel the need to protect itself and hold excessive tension around others. Practicing the indirect space effort in a group assists the mind-body in settling into itself, feeling that it can be aware of its surroundings without gripping tension and feeling fearful. Grounding the body in one's environment is an important aspect of survivors' learning to live in the present. Because flashbacks take the survivor back to the traumatic experience, the pain or memory of the past transports the survivor out of their current day to day reality (Van der Kolk, 2014). Focusing on awareness of the present environment could help survivors feel more oriented and mindful to the current moment and additionally ease body tension.

The opposite of Indirect Space Effort in Laban Movement Analysis, Direct Space Effort is used in the study of initiation in contact improvisation. The "initiation dance" involves choosing one part of the body to follow or initiate movement from. The simplest of practices involve doing this with one finger, letting the singular digit lead the rest of the body. This exploration encourages Direct Space Effort by focusing all intention of space to one specific area

of the body. Concentrating attention on only one area to move is less daunting than the prospect of moving the entire body.

In dance/movement therapy, therapists begin with how the client is able to engage comfortably, which is usually recognized through observation. That place of initiation could be the particular swinging of arms, the nodding of the head, a foot tapping, or simply sitting in the session. Beginning with small specific achievable action invites clients into engagement because what they are doing is validated as already enough. The development comes with assistance from the therapist, as the client is empowered to begin without having to change anything yet. In this way the initiation dance is a starting place for clients, shutting out all other influence or awareness beyond the present moment. Following one finger is an accessible way to begin moving again within impulse and play. One can eventually develop this exploration by letting their finger move anywhere at random to see if the rest of the body can follow varying speeds and levels.

The mover may begin with one specific body part such as a finger, elbow, ear, or knee cap. The mover's gaze and energy is focused towards the selected area, beginning to move it. The point of initiation grows in movement, compelling the rest of the body to follow along this exploration as sequentially as possible. A survivor of trauma may notice which parts of the body come along to follow this initiation, and which ones avoid getting involved due to the numbing of sensation. As the mover continues, the therapist may encourage the client to trust themselves as they follow this one specific body part, yielding to its leadership. In this exploration, the survivor must regulate the role of leading and following within oneself. During abuse, one may grow out of touch with their own impulses and feel more conditioned to follow than lead.

Empowering the survivor to practice leadership within their movement encourages strength and direction within oneself, and even resistance to another person's strong direction.

The next contact improvisation principle is sliding, explored as a way to move skillfully in close contact with another person. Sliding is a type of frictional movement between two surfaces in contact. Those surfaces could be within one person's own body, such as sliding a hand against an arm, or in relation to another person. Sliding shifts the position between two objects without rotation, changing the position from start to finish. The mover can practice this by sliding the hands against one another, feeling the friction developed between the two surfaces. The sliding of the hands slows down to continue sliding up and down the forearms, starting to explore this luxurious quality awakening the skin. The mover can evolve this exploration by sliding the hands, forearms, and elbows around the body. Sliding can be further practiced from lying on the floor and slowly pushing oneself against it as the other object in contact. Sliding gently and slowly across the floor may feel like sliding out of bed. Sliding against the floor can be developed by trying different movement qualities, such as with quickness. The mover may slide quickly pushing the floor away like shifting car brakes.

Exploring sliding with oneself is another useful way to invite sensation back into the body. If places have felt numb or separate from the self, a sliding action can re-familiarize the mover to their physical self. Dance/movement therapy uses imagery to explore movement with greater depth. Applying imagery, the mover can brush the hand from the wrist to the neck visualizing different ideas. The image of gold might influence a slow reverent quality, letting the mover feel valuable and respected like the worth of gold. The image of water could yield a lighter and gentler ongoing touch that lets the mover feel free and connected like running water. The image of dirt pressed onto the skin may feel heavy and bring up conversations around

feeling unclean. The mover can slide up the arm gold paint, water, or dirt which could open up feelings around one's self-concept. The sliding imagery self-touch could then be explored in other areas of the body. After feeling separate from the body post-trauma, these explorations may help the survivor experience a greater sense of ownership and discover what they believe about their physical self.

Beyond self-touch, the floor is an important surface to explore contact with. Sliding on the floor prepares the mover to become more comfortable with large portions of the body being in contact with another person. Sliding in contact with the floor provides an opportunity to practice moving from another object quickly when the mover wants to leave or shift position. When movers slide, they must push with their hands, feet, or other parts of the body against the floor and ignite the core muscles to mobilize to a new place. The core, the center of the body, helps maintain connectedness of the upper and lower body. Practicing a slide on the floor may help the mover locate their core to access a total-body strength that has been forgotten. The survivor's sense of internal strength and mobilization through sliding builds up self-belief. Transitioning the body's location in space from one place to another bolsters the survivor's sense of personal power, connected to the core, to once again have control over their body while in contact.

Dimensionally opposite to sliding is rolling, the sequential rotating of the body (or part of the body) by shifting one's weight onto the different sides of itself. Rolls are used very frequently in contact improvisation to shift the point of contact between two partners. Rolls can be initiated by any part of the body: hips, feet, knees, hands, shoulders, head, etc. Much like the initiation dance, full body integration is highlighted as one part pulls the rest of the body sequentially along to change facings. Rolling encourages the body to be soft and smooth against

a surface such as the floor or another person. In dance/movement therapy, developmental stages of learning movement are significant in developing one's sense of self. When an infant learns developmentally how to roll over, it is an empowering stage of discovery. Through changing what one can see, there are greater aspects of one's environment to be discovered through the sequencing pattern of rolling. If a survivor can only see what is right in front of them, the abusive situation may feel like the most tangible view of love and affection. Rolling or shifting the view in one's body in dance/movement therapy may encourage a survivor to look at multiple angles of a situation and gain valuable perspective in leaving the abusive relationship. The therapist might encourage exploration of what happens for the survivor in this new view because this shift in the body could lead to a shift in mindset.

The mover can try rolling by first lying on one's back on the floor. Beginning breathing in and out, the mover takes the right leg across the body to the left side. Slowly as the leg contralaterally sequences the spine to twist diagonally, weight is poured to the opposite side, letting the upper body follow. Stark-Smith compares rolling to an hourglass, letting weight feel like sand slowly trickling to another place of the body as the mover rotates (Clarke, 1998). The mover may notice places in the body that are numb or holding tension, discontinuing the pathway of the roll. When these numb areas are located, the mover may consider pausing and breathing into this body part to invite sensation back in. The mover and therapist can also note the area for future exploration, since frozen places in the body often reflect unprocessed previous trauma. Once the mover has rolled 180-degrees to lying face down, this same sequence is repeated initiating with the left leg across to the opposite side of your back to pull oneself slowly to return face up. Practicing these 360-degree rotations helps movers learn how weight is poured throughout the body. Once the exercise becomes more comfortable, the mover can practice

rolling with different speeds and in different positions such a plank, from all fours, or other starting shapes.

Rolling provides an opportunity to practice full body integration and letting go, sequencing weight intentionally. Rolling on the floor prepares the individual to make contact with others strategically, arranging one's own weight with great care and attention. The sensitivity encouraged in the distribution of one's weight, to prepare for coming into contact with another, is an intersubjective exercise of comfort, respect, and balance. In the abusive relationship, survivors' responses to unwanted advances were ignored as another person's will was forced. Honoring one's body and the potential to impact another reflects the wrongness of the abuse and assures the survivor that they have control over sharing themselves with others now.

To access deeper areas of numbness or tension, the practice of oodling can be utilized by the dance/movement therapists. Oodling is often done to prepare the body in contact improvisation for contact by first being in contact with the floor or wall. It involves placing the weight of certain body parts into the surface like a self-massage, waking up the skin to touch. The floor is a non-threatening surface to begin exploring touch with before partnering with another person or even self-touch. Oodling involves moving weight against a surface sequentially, allowing oneself to stretch, play, twist, push, or melt, with flexibility. The mover follows their own impulses very similar to the small dance activity, but now with a response agent (the ground). Oodling can be likened to Flow Effort Fluctuations in dance/movement therapy. Flow Effort is the mover's attitude towards ongoing movement, the quality of how one continues (Bartenieff, 1983). Because oodling is a constant rearrangement of tension, Free Flow

(easy flowing, abandoned, streaming out energy) or Bound Flow (controlled, restrained, ready to stop energy) can be observed in how the mover transitions body part to body part.

The mover can explore this by lying on the floor or standing up against a wall. The mover should take slow deep breaths and notice if there are any places of the body feeling stiff or sore. The mover can “oodle” (pressing and continuously moving between Bound Flow and Free Flow) the stiff areas against the surface, melting the tension. The mover follows their own self-directed impulse to continue shifting pressure in new areas such as the neck, shoulders, buttocks, and calf muscles. The mover may notice areas against the surface that are not being physically felt or harder to explore. These numb places should be approached with ease and revisited as needed by the mover. Additionally, the body can be led into different Flow Efforts using imagery to enliven sensation. To experience varying Flow Effort, the mover might be encouraged to imagine the surface as mud, water, sand, pudding, rocks, or whatever is comfortable.

Oodling is reminiscent of a childhood experience, playing on the floor. Oodling is a type of play with a surface to awaken tense places to release. The body works with the surface to practice adjusting the body to a partner, a prerequisite to working with a person safely. A client may discover and take inventory of which places are more tender, numb, or vulnerable to be explored as areas connected to the traumatic experience. Breathing into these areas and releasing tension may help release pain or ignite a memory to be additionally explored with the therapist.

Another element in contact improvisation is falling, an essential skill to ensure the participant will keep themselves safe when working with a partner. When two partners collapse in contact with one another, the mover is encouraged to tend to their own safety first. Contact improvisation is guided by each individual tending to their own body first so that the safety of all

is ensured. Falling requires the mover to maintain the center or self in relation to others while also releasing tension. Falling can encourage letting go, without letting all of the self go.

The mover can practice this by beginning from a low position, like sitting or kneeling on the ground. While maintaining uprightness, the mover begins to tilt off the vertical axis from the top of the head to the bottom of the tail, like a pole leaning in one direction. The core must be activated when falling to maintain body alignment. The mover breathes, feeling the move off center towards the floor. The mover finds a way to reach towards the floor with an arm or leg in order to spread into the floor like a solid becoming a liquid. As the mover comes closer to the floor, more and more tension is released in the body to soften to the ground. The mover may also find spirals to safely yield to gravity twisting into a new shape during the descent. During this exercise, imagining a feather, kite, or waterfall may help the mover fall more freely.

When one falls in contact improvisation, it is not a mistake. One can learn to follow the fall and discover the power of feeling in control amongst uncontrollable factors, such as gravity. There are more choices available when one lets go into the momentum of falling instead of fighting it.. Practicing a fall develops trust in the body's ability to respond and take care of itself in the unexpected. Contrastingly, falling in love with an abuser leaves no piece of the self intact, over-merging one's identity and worth with the abuser. A survivor might explore in this exercise and in therapeutic conversation what it is like to fall safely without losing one's core, power and autonomy.

Once the mover has learned the safety mechanics of falling, balancing or "perching" can be explored securely. Balancing is used in contact improvisation to sense the body's center in precarious or off-balance positions. Practicing one's balance is a way to ensure core support within one's own body so that one can protect themselves more readily when working with a

partner. An example of balancing in partnering might involve having one hand on the floor with the lower body supported by a partner in a lift. The mover must adjust their weight to suspend their body, situated on the uneven places of contact. Balancing on someone else in contact improvisation is called perching. The soft balance is not held or fixed but sensed until the fall or lack of balance transfers the duet shape into a new configuration. One must practice balancing first on one's own to understand how to protect and arrange their own body before trying with another.

The mover begins by finding positions to balance with four body parts in contact, such as one arm, one knee, one elbow, and one foot all in contact with the ground. The mover may look like a tripod and sense where weight is best distributed to maintain balance. Several different configurations can be tried, making contact with the floor with four different body parts. Next, the mover can continue to challenge balance by doing this with three body parts on the ground, then two body parts, and lastly one body part. Other parts of the body not in contact with the ground should be ready to softly catch the mover in case of loss of balance. If the mover is balancing on one knee, the rest of the body might access a floating light quality to maintain equilibrium. In the balancing position, movers feel the edge of their control. When balance becomes unsteady and that control is lost, the mover can re-arrange into a new balancing position or use their falling techniques to safely egress out of the position.

The balance application plays with the continuum of control and abandon, heightening the awareness of the mover moment to moment. In dance/movement therapy, balance between stability and mobility are essential polarities to locate one's center physically and metaphorically. For example, when someone swings a baseball bat, their lower body is usually wide with bent knees. The lower body stabilizes with strength in contact with the ground so that

the upper body can swing the bat freely with increased mobility. When stability and mobility are negotiated with awareness and integration in the body, the mover can access greater control or abandon depending on their needs in that instant. For survivors, balance can contribute to sustaining resources within the self despite changing circumstances. In the body, the survivor may recognize new areas of strength to ground themselves, allowing them to release excess tension in other body parts. In everyday life, this balance continues. The survivor may recognize unknown strength and stability in how they have protected their own life and endured a dangerous experience. Simultaneously the survivor may need more mobility to trust in new areas like victim services and be open to treatment. As treatment unfolds it is essential that therapists acknowledge these strengths to further bolster the survivor's self-concept with kindness in their developing relationship. Each survivor may take risks at differing times (Ambra 1995), emphasizing that healing requires a healthy balance of both.

The initiation partner dance is an activity where losing and regaining control is explored with a partner. This involves one person being inactive, or in passive weight, exerting no force or energy, and the other remaining highly active. The inactive partner can begin by standing, sitting, or lying down relaxed with their eyes open. The directing or active partner, who could be the dance/movement therapist or another group member, touches or initiates a part of the body to begin movement. The mover will follow this direction until coming back to stillness. The initiator should be mindful of their touch placement and quality since the mover will be responding to this touch. As a part of the body is touched, the mover begins to move according to the impression of the touch. The variants of touch (hard, soft, quick, sustained) affect the effort of the mover responding. The call and response pattern continues until the mover is continuously being moved. The directing partner might next highlight lengthening through the touch, swiping

along the distal limbs for increased reach into space. The directing partner becomes more concerned with support, pulling back their own impulses, encouraging the mover to extend into the far kinesphere, the distant edges of the space around them. Ultimately the previously inactive partner will be moving on their own without any outside direction.

It may be a considerable challenge for a survivor of interpersonal trauma to give up control or be entirely directive towards another. This activity should be considered when the therapeutic alliance and group is familiar and strong. The initiation partner dance is a reparative experience because the mover begins completely without power. The mover is inspired by another's impulses to begin moving, lacking autonomy to make their own choices, much like the traumatic experience. The difference is that the mover continues to expand and grow in their movement until they are moving completely on their own. What was initially governing the mover, evolves into a budding exploration of space, eventually breaking free of another's influence. Like being released from the abusive relationship, the mover may embody this freedom and release. Contrastingly, the directing partner evolves into a healthier form of influence from control to support. Because control was modeled by the abuser under the pretenses of love, this application gives the survivor a chance to recognize the differences between control and support in the context of a movement relationship.

Another relational application is exploring the point of contact, the place two movers are touching one another in contact improvisation. The point of contact often begins a duet with the touching of hands, elbows, feet, or other distal body parts. Beginning far away from the core of the mover is recommended in contact improvisation and crucial for survivors who may be trusting the touch of a partner again for the first time since the abuse. Starting at the outer edges may be more comfortable because these parts are more frequently in contact with surfaces.

Touch should also be extended to the front of the body where both movers can see contact coming, so the initiation can be accepted or declined. Ways to initiate a point of contact include extending a distal limb, making eye contact, copying another's movements, matching and tuning into another's energy level (mirroring), or coming into closer spatial proximity.

In a dance/movement therapy session, non-verbal strategies like mirroring and attunement are used physically and emotionally to assess the state of a client. Mirroring is joining another in the essence of their movement, but not necessarily imitating the movement. Sharing the intention and energy of the movement through mirroring is a powerful tool for initiating connection and reflecting the state of the client back to them. Once the therapist is more aware of the client through mirroring, attunement is used to adjust one's own body in response. The therapist reacts appropriately in their own body to reflect empathy and solidarity for the mover. The intersubjective nature of mirroring and attunement can be experienced through a point of contact in close or distance proximity.

This concept can be practiced through playing a game like freeze dance. Once two movers have given consent to be in contact with one another, the movers should choose a distal limb to connect with. Movers can begin in self-directed improvisational movement with music on. When the music is stopped, the therapist might call out a body part for partners to make contact with. Freezing can be done several times until movers feel comfortable coming up with their own points of contact. Creative asymmetric connections might be discovered like a foot to a head, an armpit to a knee, or a hip to the back.

Non-verbal communication is an essential therapeutic tool in dance/movement therapy with trauma survivors. Through the point of contact application, partners can observe, adjust, and decide how to be in contact with one another within a quick moment. How the mover feels

most comfortable connecting with a partner is prioritized and clarified through the choice of where to connect with each other each time. This mutual searching for appropriate contact and empathetic reflection to understand another contradicts the message survivors learned in the abusive relationship. The survivor is valued for who they are, mind and body, and their decisions are seen and respected by their partner.

The negative space dance also involves two movers occupying the space around each other's bodies. The goal is to not touch in this activity, but carefully move and shape around each other simultaneously. This body shaping activity is known by dance/movement therapists in Laban Movement Analysis as "carving." Carving is moving three-dimensionally when responding to the contours of another object, in this case, another body. Convexity of the torso often accompany carving and lead to increased shape changes in the body.

The negative space dance can begin with one partner making any shape. Once the shape is established, partner two can enter the "scene" and make a shape in the negative or available space around partner one. Then partner one responds by changing their shape to partner two, and the cycle continues until both movers are simultaneously moving in respect to the available space around each other. The exploration can be further intensified by having each partner respond with a particular descriptive prompt, such as trying to take up as much space as possible in another's kinesphere, overly adjusting to the other mover, or playing with the proximity between partners.

Body boundaries are considered in the negative space dance by moving as close to a person as possible without touching them. Both bodies affect one another, adjusting and carving the space around each other. This activity can serve as a precursor to using direct contact between movers and can help identify creative ways to explore contact in the future. Each

mover uses improvisation, flexibility, and creativity to navigate the space of the shape their partner makes. Experimenting with descriptive qualities in the duet can additionally prompt dynamics of the victim/abuser dyad to be explored by clients sensitively. What feels familiar or foreign will provide more information to what the survivor might have felt and continues to store in their body from the traumatic experience.

Lastly, counterbalance is used in contact improvisation to support each other's weight into a sustaining shape, usually by pulling or pushing equal weight into a partner. Countering weight involves leaning or falling away from one another equally to balance the center of gravity. Counterbalance can also be achieved by two parts of the body pushing into each other with the force needed to balance both bodies.

Two partners who agree to share touch with each other can begin by bringing both palms of the hands against one another's. They begin by pushing into each other's hands, taking one small step away from each other. The movers may adjust the intensity of pushing to find a center between the two. The feet keep inching backwards until the two bodies are supported up against one another in an A-shape. From here, the point of contact can shift by rolling to the elbows, shoulders, or neck. This can be repeated with contact between other matched body parts such as feet to feet, back to back, hip to hip, or different body parts like back to hip, head to foot, or shoulder to back.

To find balance between the weight of two bodies, equal force is not always needed. Depending on the size and strength of each mover, both will need to adjust what is being given or withheld to support the counterbalance. This experience may be counterintuitive to survivors who were weakened by the strength of another, physically or psychologically. This movement experience requires each person in the partnership to stay active, adjusting to each other's needs.

In dance/movement therapy, the shared time and space between client and therapist also require a balance in partnership, called the therapeutic alliance. The therapist may significantly support the mover in their movement explorations and respond more tenderly as trust is built. Over time, the client may find resources to push back against the therapist and make their own decisions, allowing the therapist to adjust their grip less tightly. This back and forth exchange is active in treatment all the way until the client is standing vertically on their own two feet at the end of treatment, and the client is capable of this physical and psychological balance on their own. The counterbalance application could also deepen the trust within a group session by trying these positions as an entire group. This might include holding hands in a circle and inching the feet towards the center to let the upper body open into one’s back space. Any of these concepts can be explored by one person, in a duet, or within an entire group shared experience. Each contact improvisation element integrated with dance/movement therapy is summarized in Figure 2.

Figure 2. Contact Improvisation and Body Movement Correlates in Dance/Movement Therapy

Contact Improvisation Principles	Body Movement Principles	Dance/Movement Therapy Goal for Interpersonal Trauma
The Small Dance	Weight Sensing	Sensing and Releasing Tension
Soft Peripheral Gaze	Indirect Space Effort	Expanding Awareness of Space
Initiation Dance	Direct Space Effort	Trust to Follow Impulse and Restore Autonomy
Sliding	Self-touch	Physical Body Boundaries
Rolling	Sequencing	Changing Perspective and Honoring Impact
Oodling	Flow Effort Fluctuations	Locating Numbness
Falling	Core Support	Maintenance of the Self
Balancing	Stability & Mobility	Integrating Strengths and Taking Risks in Treatment
Initiation Partner Dance	Movement Roleplay	Reparative Experience of Control
Point of Contact	Mirroring	Connecting Non-verbally
Negative Space Dance	Carving Shape	Body Boundaries
Counterbalance	Therapeutic Alliance	Relational Equity

*Note.* This figure demonstrates the connection between features of Contact Improvisation and Body Movement and their relationship to Dance/Movement Therapy goals for survivors of trauma.

### **Considering Touch**

Because contact improvisation is greatly dependent upon touch, there are important aspects of how the group maintains safety. Groups gather with a shared interest in making contact but first establish group norms and moment to moment permissions to keep every individual safe. Group norms could mean rules for the space, like shared agreements, or even a signed form about respecting everyone's right to always say yes or no. Moment to moment consent (verbally or non-verbally) is used, meaning someone could wish to make contact warming up but prefer not to later in the class or jam. One can ask if another is open to touch by invitation, asking the person verbally. If the other person wants to engage, it is understood that they will also continue to invest in these methods of invitation until contact is made. It is understood that either mover can leave at any moment for any reason. Consent on both sides is non-verbally negotiated, letting movers' experiment with how deeply they would like to connect, touch, and develop movement with another.

Touch is best used in highly visible and accountable structures. Examples of these structures include groups with regular re-evaluation by a team of clinicians, consciousness for the stage of trauma a survivor is in, and clear communication from the therapist to the client regarding the use of touch in therapy (Cristobal, 2018). Because dance/movement therapists are taught to listen to their own personal body signals within the therapeutic relationship, attuning to the client's acceptance of touch should use both verbal and non-verbal communication. Even if the client and therapist have had a conversation about touch before a session, it is important that real time consent is respected, and it is clear that contact can be discontinued at any moment.

Touch can be approached by the therapist as a continuum from extremely distant contact to skin to skin contact. Contact can be initiated first with the self through the client touching

their own body such as pressing, dusting, or painting strokes on the body. Touch with oneself can be an intimate and impactful experience because self-touch locates the boundaries of the self, increasing one's awareness. Self-touch is also a grounding agent in reality, reassuring that the client is in their body in the room, in the present moment. Responses to self-touch could help distinguish if the client is ready for contact with others, making sure that the client is not actively psychotic, or having delusions or hallucinations that could interfere with relating to another person. Using props such as stretchy bands, scarfs, ropes, or blankets may also allow clients to approach touch from a distance. Long fabric material could allow for a client to control the distance they keep from others, and overtime shorten that distance if comfortable.

In contact improvisation, touch is understood as means for communication between two intersubjective interacting movers. The two in contact are equally empowered to join and leave the contact at any time, teaching respect and choice in touch. Aposhyan (2007) states, "If we have been wounded or confused by touch, we may need to experience the possibility of being able to stop or redirect touch without being abandoned altogether" (Cristobal, 2018, p. 75). When introducing clients to contact, the therapist must meet the client where they are at, exploring the many ways touch can be introduced over time within a spectrum of choices. Described as a "visual dialogue" (Cristobal, 2018) the dance of touch is ever evolving. Just because the client is not ready for contact immediately, does not mean that touch will never be therapeutically beneficial. If done with great respect and attunement, touch can be reparative towards building one's self-esteem, trust, and personal power. The therapist must be patient in understanding that touch is a healing component for survivors when it is experienced and reclaimed on their own terms.

## Conclusions

Further areas of inquiry for using contact improvisation in dance/movement therapy with interpersonal trauma survivors is the consideration of a client's ability to engage in this type of therapy. Survivors and therapists should collaboratively consider the stage of trauma and stage of treatment together to decide how these movement applications are best explored. Conversations outlining present time consent and the touch continuum are useful tools in testing how these interventions may be received. Additionally, there is value in employing these methods in individual and group therapy sessions, focusing on the individual process of the trauma and their development of healthy connections with others. All team members of a client's treatment should be informed of what material is being explored through the body to promote further integration of the whole person. Since the research presented here is an in-depth gathering of theoretical resources, therapists should sensitively craft these applications to be functional for the benefit of their clients. Additional research into the use of contact improvisation is encouraged to continue assessing the applications of this dance form. Dance/movement therapists bringing these methods to survivors in a clinical setting would benefit from considering tools of measurement for their effectiveness.

Furthermore, the definition of interpersonal trauma here was focused around relational abuse inflicted physically and/or psychologically. A consideration for future research might be how interpersonal trauma takes on different forms, such as how trauma lives historically within marginalized communities. These same exercises that are meant to re-create agency, trust, and connection for survivors might provide valuable insight to communities whose connections have been severed through poor socio-economic resources and systematic inequality to further repair disrupted connections in human relationship.

Professionals who are treating indescribable abuse, partner with their client to recall, process, and repair the lasting effects of trauma. Serving survivors of interpersonal trauma without attention to the body leaves fragments of the person behind. The body serves as the vehicle of one's experiences, past, present, and future. Since every person possesses a body and mind, the body must be integrated into therapy for every part of the person to be connected to themselves, and once again, connected with others.

### References

- Ambra, L. (1995). Approaches used in dance/movement therapy with adult women incest survivors. *American Journal of Dance Therapy*, 17(1), 15-24.
- American Dance Therapy Association. (2014, November 8). *What is Dance/Movement Therapy?* ADTA. <https://adta.org/2014/11/08/what-is-dancemovement-therapy/>
- American Psychiatric Association. (2013). Trauma and Stressor-Related Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596.dsm05>
- Ataria, Y. (2016). When the Body Becomes the Enemy: Disownership toward the Body. *Philosophy, Psychiatry & Psychology*, 23(1), 1–15. <https://doi.org/10.1353/ppp.2016.0002>
- Bartenieff, I., & Lewis, D. (1983). *Body Movement: Coping with the Environment*. New York: Gordon and Breach Science Publishers.
- Barrero González, L. F. (2019). Dance as therapy: embodiment, kinesthetic empathy and the case of contact improvisation. *Journal of Adaptive Behavior*, 27(1), 91–100. <https://doi.org/10.1177/1059712318794203>
- Bernstein, B. (2019). Empowerment Focused Dance/Movement Therapy for Trauma Recovery. *American Journal of Dance Therapy*. <https://doi.org/10.1007/s10465-019-09310-w>
- Brown, B. (2010). *The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are*. Center City, MN: Hazelden.
- Brown, B. (2016, August). *The Power of Vulnerability*. Speech presented at TedxHouston, Published by TEDTALKS. Houston.

- Bovard-Taylor, A. & Draganosky, J.E. (1979). Using Personal Space to Develop a Working Alliance in Dance Therapy. *American Journal of Dance Therapy*. Volume 3: Issue 1. pp55-61. <https://doi.org/10.1007/BF02579549>
- Clarke, H. (1987). Contact improvisation as an adjunctive dance/movement therapy in gestalt-oriented work with groups (Unpublished doctoral dissertation). Antioch New England.
- Cristobal, K.A. (2018). Power of Touch: Working with Survivors of Sexual Abuse Within Dance/Movement Therapy. *American Journal of Dance Therapy*. 40: 68. <https://doi.org/10.1007/s10465-018-9275-7>
- Federman, D., Zana-Sterenfeld, G. & Lev-Wiesel, R. (2019). Body Movement Manual for the Assessment and Treatment of Trauma Survivors. *American Journal of Dance Therapy* (2019) 41: 75. <https://doi.org/10.1007/s10465-019-09298-3>
- Hackney, P. (1998). *Making connections: Total body integration through Bartenieff fundamentals*. Australia: Gordon and Breach Pub.
- Karen, R. (1994). *Becoming attached: First relationships and how they shape our capacity to love*. New York, NY: Oxford University Press.
- Kimmel, M., Hristova, D., & Kussmaul, K. (2018). Sources of Embodied Creativity: Interactivity and Ideation in Contact Improvisation. *Behavioral Sciences* (2076-328X), 8(6), 52. <https://doi.org/10.3390/bs8060052>
- Koteen, D., Smith, N., & Paxton, S. (2008). Caught falling: The confluence of contact improvisation, Nancy stark smith, and other moving ideas. Northampton: Contac Editions.

- Kubany, E. S., Hill, E. E., & Owens, J. A. (2003). Cognitive Trauma Therapy for Battered Women with PTSD: Preliminary Findings. *Journal of Traumatic Stress*, 16(1), 81. <https://doi.org/10.1023/A:1022019629803>
- Matherly, N. (2013). Navigating the dance of touch: An exploration into the use of touch in dance/movement therapy. *American Journal of Dance Therapy*, 36(1), 77–91. <https://doi.org/10.1007/s10465-013-9161-2>.
- Mills, L., & Daniluk, J. (2002). Her body speaks: The experience of dance therapy for women survivors of child sexual abuse. *Journal of Counseling & Development*, 80(1), 77-85.
- Novack, C. (1990). *Sharing the dance: Contact improvisation and American culture* (New directions in anthropological writing). Madison, Wis.: University of Wisconsin Press.
- Ong, I., Cashwell, C., & Downs, H. (2019). Trauma-sensitive yoga: A collective case study of women's trauma recovery from intimate partner violence. *Counseling Outcome Research and Evaluation*, 10(1), 19-33. doi:10.1080/21501378.2018.1521698
- Sadler, S. A. (2018). Exploring how self-compassion, self-esteem, and social support relate to trauma-related shame in interpersonal trauma (Order No. AAI10603086). Available from PsycINFO. (2082680580; 2018-30616-033). Retrieved from <https://search-proquest-com.remote.slac.edu/docview/2082680580?accountid=13701>
- Sanderson, C. (2010). *Introduction to Counselling Survivors of Interpersonal Trauma*. London: Jessica Kingsley.
- Scott, S. (2014). Martin Buber (1878–1965). In J. Fieser & B. Dowden (Eds.), *Internet encyclopedia of philosophy: A peer-reviewed academic resource*. Retrieved from <http://www.iep.utm.edu/buber/>

- Schumm, J. A. (2007). How interpersonal loss and interpersonal traumas lead to PTSD among inner-city women: A longitudinal study. Available from PsycINFO. (622020046; 2007-99010-180). Retrieved from <https://search-proquest-com.remote.slac.edu/docview/622020046?accountid=13701>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach [Draft]. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Smith, N. (2012, July 1). Interview by M. B. Solano [Video recording]. An Emergent Underscore: A Conversation with Nancy Stark Smith. *Somatics and Technology Conference 2012 University of Chichester, London UK*.
- Smith, N. (2019). The Underscore. [Web log post]. Retrieved from <https://nancystarksmith.com/underscore/>
- The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and the Dance/Movement Therapy Certification Board (DANCE/MOVEMENT THERAPYCB). (2015, October). *Ethics Compliance*. Retrieved from <https://adta.org/ethics-compliance/>
- Turner, R. (2010). Steve Paxton's "Interior Techniques": Contact Improvisation and Political Power. *TDR: The Drama Review*, 54(3), 123–135.  
[https://doi.org/10.1162/DRAM\\_a\\_00007](https://doi.org/10.1162/DRAM_a_00007)
- Van Der Kolk, B. A. (2014). *The body keeps the score: brain, mind, and body in the healing of trauma*. NY, NY: Penguin Books.

Van Der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 12(2), 293-317. doi:10.1016/s1056

4993(03)00003-8

West, J., Liang, B., & Spinazzola, J. (2017). Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: A qualitative descriptive analysis. *International Journal of Stress Management*, 24(2), 173–195.

<https://doi.org/10.1037/str0000040>