



Dance/movement therapy for children suffering from earthquake trauma in Taiwan: A preliminary exploration

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ABSTRACT

This study used short-term dance/movement therapy to examine children who were at high risk for post-traumatic stress disorder (PTSD) following the 9/21/99 earthquake in Taiwan. Fifteen elementary-school age children (grades one through five) who were at high risk for PTSD participated in a two-day "Happy Growth" dance/movement therapy program. This program was designed by a team consisting of one dance/movement therapist and three clinical psychologists. At the beginning of the program, the children's behavior was obstreperous and disorderly. During the program, they made coffins and tombs, and then they built castles. The way in which the group process developed was extremely different from the direction that the therapists had originally planned. In terms of the phenomenon displayed through dance/movement therapy, three therapeutic issues were emphasized: (1) What impact does psychophysical liberation have on the possibility for healing? (2) Is making Death Rituality the mourning process for survivors? (3) What is the significance of "holding" by the therapist in dance/movement therapy? The implications from the study are discussed.

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Literature overview

Background

At 1:47 AM on September 21, 1999, a violent earthquake registering 7.3 on the Richter Scale rocked Taiwan. The epicenter was in the mountains in central Taiwan in Jiji Village, Nantou County. This earthquake is called the 921 (September 21) Earthquake, or the Jiji Earthquake. The entire island experienced severe tremors that continued for 102 s. The earthquake killed 2415 people, left 29 missing, and injured 11,305; in addition, 51,711 buildings collapsed and 53,768 were damaged. The most severe impact was in central Taiwan, and this was the most damaging disaster in Taiwan since World War II (Ministry of Interior, 2002).

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Dance/movement therapy and trauma healing

The cognitive behavioral model is a psychological intervention that is used for children who have experienced disaster or trauma. The cognitive behavioral model (Cohen, Berliner, & March, 2000) gives children the opportunity to understand their post-traumatic psychological and physiological reactions, learn that these reactions are mostly normal, and seek to reduce their anxiety and improve social adaptation. Dance/movement therapy uses the body as a vehicle to initiate the possibility of healing. The dance/movement therapy approach does not directly teach children the relationship between knowledge and experience but instead allows their bodies to direct them toward re-experiencing the past and creating something in that context. This is more of a Gestalt view than a type of analytical thinking (Sharf, 2008) and preserves the individual children's reactions to anxiety instead of harshly telling them, "Don't be afraid." In other words, dance/movement therapy, through an expressive approach, is an interesting model for psychological intervention, especially for psychologically traumatized children who lack the appropriate verbal skills (Monahon, 1993).

The research issue

This paper focuses on children who were psychologically traumatized by an earthquake and then participated in a dance/movement therapy group after the disaster. The paper discusses three therapeutic issues in dance/movement therapy. First, using the body as the main agent, how is healing achieved through body liberation? Second, what is the meaning of psychological contents in the dance/movement therapy group? (i.e., what is the meaning behind the children making coffins and tombs?) Third, what is the meaning of “holding” in dance/movement therapy?

Methods

Participants

The dance/movement therapy program called “Happy Growth” was held over two days for a total of 12 h at an elementary school in a town in midwestern Taiwan. The town was one of the most severely damaged areas after the earthquake, as more than 350 people died, and 1000 buildings were destroyed (Ministry of Interior, 2002). Before entering the Disaster Recovery Area, all the rapists agreed that tension should be relaxed, both physically and psychologically, so that the children could begin to express their entangled thoughts and feelings. Because these children had just started to learn how to express their inner mental state verbally, the team decided that the dance/movement therapy program was a suitable choice to allow these children to express themselves through nonverbal means (mainly through their bodies), in order to transform the ordeal and the anguish. With the cooperation of elementary school teachers and counselors, 15 children with a variety of traumatic experiences were enrolled using purposive sampling (Willig, 2001) to explore the healing effect of therapy. Of this sample, nine were boys, six were girls, the ages ranged from 7 to 11, and the grades ranged from one to five. These children were selected as being at high risk for PTSD. In addition to the first author of this paper, who was a dance/movement therapist and the group leader, two clinical psychologists helped lead the group, along with three elementary school teachers, for a total of 21 participants in the group.

Description of the “Happy Growth” dance/movement therapy program

The “Happy Growth” dance/movement therapy program was held in April 2002 and was embedded in a Posttraumatic Children’s Psychological Recovery project sponsored by the National Science Council in Taiwan. Two years after the earthquake, as many as 14.6% of school-age children in the disaster area were at high risk for PTSD (Chao et al., 2009), according to the UCLA Posttraumatic Stress Disorder Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004). After the earthquake, these children had difficulty sleeping, were afraid to sleep, had nightmares, were irritable, lacked concentration, were hypersensitive, or were over-reactive to stimuli.

According to Caruth (1996), trauma does not result from the original event in the individual’s past, but rather it results from the way that the trauma returns to haunt the survivor. Therefore, even after two and a half years, the survivors were still bothered by the traumatic event. The importance of working backwards through the symbolic residues that are left by the originating event cannot be neglected (Alexander, 2012), and body techniques can be a medium through which to explore these symbolic residues.

Results

The group process and phenomenon

The group followed the basic concepts of the Chacian method. The group gathered into a circle and shared the leadership format and movement interaction (Chaiklin, 1976). We invited the children to explore themselves through games/playing and creative body/movement activities, and the children were encouraged to freely express their authentic feelings. The following quote confirmed our observations: “The creative dance/movement emphasized the physical equivalent of the psyche in the body through action” (Evan, 1951). Therefore, through embodiment, there was an engagement with bodily movement toward the goal of transformation (Payne, 1992).

The following is a description of the events and the situation during the two-day workshop (Table 1).

Warm-up. The group formed a circle, and then each participant called out his or her name and simultaneously made a movement, while the others mirrored the movement. This exercise helped the participants get to know each other quickly. After becoming familiar with each other and the space, we stretched our limbs and freed our bodies. We explored all of the different areas of the room and tried to release our bodies in the space. A warm-up is not just movement, but it is also affinity in movement, which allowed us to accept the children’s emotions at the movement level.

After the warm-up, the group was divided into four subgroups, and each subgroup was led by one therapist to develop stories. However, shortly thereafter, we encountered “turbulence,” and

Table 1
“Happy Growth” dance/movement program.

Time	Day one	Day two
9:00–12:00	Part one: opening 1. Introduce each other and the group 2. Warm-up 3. Movement discovery: learning the elements of movement Team discussion: the group is divided into 4 teams. Each team is led to discuss themes relating to the 921 disaster. (Use the individual anecdotes of group members to integrate into a whole story.)	Part three: learning, helping, and sharing 1. Warm-up Watch the clips of each team’s performance Learn cognitive behavior skills: team discussion, participants review their experiences, and write on posters. Sharing experiences: each team selects a representative to share their experience Performance of each team
12:00	Lunch	Lunch
13:00–16:00	Part two: sharing 1. Expression: using their bodies with other media (such as fabric, puppets) to express stories 2. Experience sharing: the 4 teams return to the class and act out their stories 3. Group discussion and feedback Return to Brightness ceremony: the story from each team is strung together; all group members go through a twisting path with lanterns; at a certain point, the candles in the lanterns are lit to signify the process of going from darkness to light	Part four: termination 1. Each group performs a skit, inviting the teachers of the school to watch 2. Distribute certificates 3. Interaction Follow-up contact
16:10	Staff meeting: review and discussion	Staff meeting: review and discussion

things fell apart before we even began. For example, Child A and Child B might have been in different groups, but because they were friends or for some other reason, they wanted to be together. Thus, the teams dissolved, and we allowed the group to evolve into one large group where the children created stories together. Participants took turns telling stories. These stories were not related, as each child told his or her individual story. The therapists carefully tried to pull the storylines back to the theme of disasters and the earthquake, but the children carried the stories into different directions as they pleased. This chaotic condition bored many of the children, and they became restless.

Phase one: play with the stretch fabric. The group was in danger of dissolving, so to hold it together, we began using props. In particular, we used Lycra fabric (or spandex), which is a soft, elastic fabric (240 cm × 240 cm) that is extremely stretchable. Through the various properties of this fabric, the children could use physical exploration to connect to their inner feelings. I (the first author) then proceeded with two methods. The first method was to pull the fabric on a plane from high to low and have the children lie on the fabric. Contact with the soft fabric helped the children automatically relax, and they rolled down the cloth as it moved. The second method was to have the adults pull the four corners of the fabric, and then the children naturally gathered under the cloth or went on top of it and interacted with the fabric as they pleased. Some of the children quickly used their bodies to interact with the fabric to form various shapes and figures; others swathed themselves and savored the feeling of being wrapped up, and some joined with others to make shapes in the fabric together.

After the children played with the stretch fabric, we discovered that their movement and interaction effortlessly unlocked their creativity and imagination. They naturally made noises and coordinated their movements with each other, and often, those inside and outside the fabric responded to each other. For example, one child inside the fabric made a large figure and those outside the fabric said, “Here comes a monster!”

At this point, the adults began to respond and make comments. When a child on the inside of the fabric made a shape, we asked the children on the outside, “What does that shape look like?” Their answers included “A demon,” “A monster,” “A dead body,” and “A vampire,” and then they made corresponding sounds. Some of the children said, “Don’t talk about those, or they will come out after dark.” One girl said, “Teacher, we can’t usually say such things, or we would get bawled out.”

Due to their age, the children mentioned taboo subjects and said things that usually could not be said, which was followed by the children looking at each other and laughing. Every time someone brought up another demon the children would scream or make eerie howls and unearthly sounds as if they actually saw the demons or were the demons themselves. “Demons” were produced through the combination of “body–stretch fabric.” All sorts of strange expressions and exaggerated movements were seen.

The whole situation was so chaotic that some of the teachers could not handle it. One of the teachers approached me (the first author) with good intent and said, “They are going too far. They are getting disorderly. You have to discipline them. If you are unwilling to bring them into line, we can do it for you.” I declined the teacher’s kind intentions. The group co-worker asked, “Doesn’t this situation worry you?” As the situation deteriorated, I began to feel great pressure and kept asking myself, “Can I allow them to keep acting like this? If this continues, can I handle the situation?” Stress was building, and I distinctly felt that I was physically sustaining the tension of the entire situation. Group dance therapy uses spontaneous, free movement to create experiences that cannot be expressed in words. Evan (1951) noted that when dance is used as therapy, one has to believe that because dance involves a conglomeration of breathing, postures, and sounds, it is “work,”

which is the primary motivating power of dance. This conviction gave me the will to continue because I believed that in this manner, the body would find its own way out.

Phase two: embodiment of expression of “Imagination + Props”. The original plan for the afternoon on the first day involved conducting a Return to Brightness activity, which is a well-known ceremony in Taiwan in which participants practice walking from one end of the classroom to the other along a path of lighted candles. This activity puts focus and concentration on the physical act of walking. Perhaps because the children felt that they had been tolerated and accepted, or perhaps because moving through space gave them a sense of freedom, they did not walk along the prescribed path, but instead, they made their own paths. They stepped in their own spontaneous rhythms, even hopping about with their feet together. Their moving bodies were permeated with complex emotions. Some of the interactions between pairs of participants seemed as though they were playing, but the interactions were also full of aggression and competition. All of the props that we prepared became toys, including the stretch fabric, tambourines, ribbons, and cloth, which added agitation and confusion to the already disorderly workshop.

The children wildly and energetically searched every corner of the classroom for things with which to play. They picked up brooms, cushions, mops, buckets, and other things, as well as the props, and spontaneously raced around the room. They gathered ribbons together to use as bombs and threw them into the air to “explode,” and mops became machine guns, as the boys imagined they were on a battlefield. The children also acted out scenes and performed “defense” and “suicide attacks” between armies. Through imagining this battle, they released immense amounts of physical energy.

Phase three: making coffins and tombs. The children released a great deal of energy while running around all morning, so by the time that we made coffins and tombs, several of the girls had already sat down to talk. One girl started playing with the plastic mats on the floor and folded them into a cube. Other children joined in, and gradually, different shapes began to emerge. Some of the boys who had been tussling became interested and also started folding the mats, and then more children left their “battlefield” and joined in this activity. Gradually, almost all of the participants were together folding the mats. They continued *assembling and creating shapes*, and if they were not satisfied, they would take the pieces apart and reassemble them. This process of dismantling and reassembling played a very constructive role in that it allowed *everyone to gather close together while their hands continued working*, but their *bodies were no longer moving impulsively*. Step by step, different forms took shape, becoming containers or vessels for holding things, and the children started putting their emotions and imaginations into these containers.

One girl said to the child next to her, “This is the *coffin* they’ll put me in when I *die*, and these things next to it are *flowers*.” Her friend responded, “I am here, I’ll be *buried next to you*.” A boy said, “Oh, mine is even bigger, see? My tomb can *hold several people*.”

The children continued to make coffins and talk about imaginary tombs. For example, some children said, “This is my *coffin*, this is *where I died*, and my tomb will be *oval*, with your *coffin* next to mine.”

“You know, JJ¹ died, so let’s make a tomb for him, and I’ll make a wall around it, okay? I’ll put in a door to make it easier for him to come out and play.”

“Come over here and lie down and see, my *coffin* is really big, so two people can lie down together!”

¹ Name has been changed.

“Okay, I’ll go to your tomb and lie down and see, I want to make a bigger one, too.”

We walked around the room and occasionally stopped to talk to the children.

“Teacher, let me tell you, *don’t go down to the marketplace*, that place is no good.”

“Why is it no good?”

“The buildings there are all new.” This statement meant that people died there during the earthquake, and the area was rebuilt.

We continued to admire their improvised creations and listened carefully to their conversations. The *momentum* continued to change, and they joined the interlocking edges of the mats to make a larger area. As they continued dismantling and reassembling, their dialog changed.

“See? Now the area is big, it’s a *castle*.”

“You’re right! And all around the castle, there are *supersonic superheroes on guard*.”

The children decorated the new arrangement with ribbons, balls, and scarves.

“This is a castle with a garden, *this is our home*, there is a *warrior protecting the door*. There’s a big sofa here, Teacher! You can come over here and play with us!”

There was a marked change in their behavior, as it changed from tussling, wild grappling and turmoil to the children sharing their feelings with each other.

Phase four: review and prepare for termination. The following morning, which was the second day of our workshop, the children arrived at school refreshed. The castle of mats was still in place. Several participants brought along their favorite music CDs to share songs that they liked with the group. We used the children’s music as a background for the opening warm-up, and then we started to watch the video of the activities from the previous day. As the video played, we noted what the group had been doing and what had been happening. They carefully watched the video, concentrating on themselves, and even offered advice to the other participants, indicating how they felt the day before. In the afternoon, we prepared for termination. The children were asked to organize their experiences over the two days into a simple skit to present, and then we held the Termination Ceremony. A red path was laid down in the classroom, and each child walked down the path as they were encouraged along the way by the other participants and teachers. The workshop ended with everyone cheering.

The previously described process demonstrates the process of the workshop. To focus on the three issues that we brought up at the beginning of this paper, we will omit extraneous details below and examine and discuss phenomena related to dance/movement therapy.

Discussion

What impact does psychophysical liberation have on the possibility for healing?

If we consider the children’s spontaneous creation of tombs to commemorate their dead friends as a manifestation of significant psychological contents, and if we note that these manifestations followed closely after disruptive behavior, then we can follow up on at least two issues. First, is there a conditional relationship between physical liberation and the manifestation of significant psychological contents? Second, if there is such a relationship, what are the conditions for its existence?

It is now thought that people who have been traumatized retain an implicit memory of traumatic events in their brains and bodies (Rothschild, 2000). That memory is often expressed in a symbolic way to make the traumatic experiences safer, while increasing mind-body integration. Adler (2002) explains these as “energetic phenomena”: “Direct experience is at the core of energetic phenomena. There is an awareness of and the immersion in the ineffable experience of nonduality . . . such experience can be understood as experience of spirit in both a concentrated and an expansive way.” Therefore, experiencing energetic phenomena may gradually occur or may suddenly occur at any time. Continued practice in pairs or in groups may help the body and the individual develop a foundation and prepare to accept the coming of energy. Adler further explained that because energy may be a source of *clear seeing*, it might secretly help at times to resolve unresolved experiences or unconsciously suppressed experiences that become psychological complexes. If this hypothesis is true, then the children’s creation of the tombs occurred after they had liberated their bodies, implying that they were integrated with the energy and had achieved *clear seeing*, thus automatically connecting and recreating traumas from the past that had not yet passed.

The preceding explanation is based on the concept that the individual body is engulfed in the collective energy flow. Another explanation can examine the issue from the stance of the strength of corporeal feelings, which includes the existential relationship between the strength of the senses and psychological feelings (Sternberg, 2000). Lee (2010) further identified that when free dance movement reaches the point where it induces physical strength of muscle and bone, as well as stimulating the so-called “strength of feeling,” the body may produce a non-verbalized, but functional, strength.

The first of these viewpoints focuses on the group as a power that carries the individual forward, while the second viewpoint focuses on the individual body through the process of dance movement and crossing a feeling strength threshold to enter a particular physio-psychological state. In terms of the dance/movement therapy group, these viewpoints complement each other and provide a more complete explanation. They also help us find a connection between the force of the group and the strength of corporeal feelings that are related to physio-psychological changes. From the viewpoint of the power of the group, we found that the force that manifests in the bodies of a group of children changes in direction and forms with the growth, transfer, and inflation/deflation of that power. These terms are similar to those used in physics to describe dynamics; if we relate these to the appearances, bodies, performances, and dynamics of the entire situation and physically feel the various manifestation and metamorphosis of the force, everything suddenly becomes tangible. Not only were the children affected, but the adults were also carried along by this dynamo of power, leading them to ask me to rein the children in and maintain order. This anxiety was produced by this unbearable power. This physical power does not reside solely in a body, but rather, individuals are engulfed and agitated by it. Participants amplify the energy, which empowers the individual with attraction and support surpassing his or her own state. This power requires some time to aggregate. In our group, the various steps of introducing ourselves, exploring the space, experiencing physical interaction, using the stretch fabric, and imagining demons were all necessary steps in the creation of this power. When the power was released, it consumed the group, boiled over, and overwhelmed the participants.

The next step was approaching “strength of corporeal feelings,” or the transformation of the individual physio-psychological state. Within the group, we observed the gradual completion of the diffusion and transformation of group energy. The children steadily progressed from an agitated state to “making time,” thus expressing themselves through verbalization and facing memories of the

disaster. Physical tension and eruption are developments of power. Before we reached the state of manifesting significant psychological contents, playing with the mats and then taking them apart was a transition for physical strength, allowing everybody to gather close together and keep their hands busy without random movement. In addition, after they sat down, the children spontaneously began to tell stories about the disaster and recreated it, bringing up the topic of death, memories of deaths of their friends, spatial awareness of taboos, and recreating the meaning of death. This recreation was permeated with the contents that were built earlier during the chaotic stage. To this point, our narration has not been sufficient to provide answers for the question, “How far does physical liberation have to progress for psychological contents to manifest spontaneously or for healing to occur extemporaneously?” A more microscopic and detailed description of the physio-psychological states is necessary. However, this transformation and its rich ramifications open the possibility of further investigation into the alternative therapeutic method of progressing from physical liberation to the mediation of emotional expression.

Making death rituality is the mourning process for survivors

Before making any interpretations, we will first provide background information on the situation of the survivors. “Death” is something that these children, all of whom were diagnosed as being at high risk for PTSD, have seen with their own eyes and narrowly escaped, and it is also something that has taken away many of their close friends and relatives. We can imagine how uncanny PTSD is, as to these children who have experienced the threat or shock of death, it permeates their everyday lives despite the fact that death has disappeared from their everyday lives. Just as Levinas (1987) said, death is “far” but “close.” Death is “far” because in the calm following the disaster, death no longer oppresses as an Absolute Other, but instead it is something far away in terms of “others’ deaths.” These “others” withdraw to become a genuine Other (outside the subject, one who is not involved in it [the Other] at all), but death is so close that it appears in the intangible, ephemeral guises of lingering fear, fleeting emergence of trauma signs, and nonverbal sensational and physical memories (Lin, 2003), as well as in mourning for lost friends and relatives remaining in the hearts and minds of survivors. In severe cases, death fundamentally oppresses once it appears without an intermediary (Levinas, 1987).

The main concern in the lives of these surviving children becomes how they can live with death, or this presence of an ever-present non-being. Viewed in this light, the children’s actions of making coffins are an embodied response. In Levinas (1987), death is ruled as “the absolute Other”: as an absolute event, the otherness of death occurs because it does not exist in the comprehensible horizons of humans, so the comprehension and cognition of the Self is useless and futile (Gang, 2002). This may be why death is so terrifying, as it encompasses, approaches, and finally shuts down lives in both existential dimensions of temporality and spatiality. However, facing this impossibility (local taboos strengthen the power of impossibility), children unfold its existential possibilities by their corporeal involvement in imaginary fictions and artificial constructs. Furthermore, according to Freud’s (1917) “Mourning and Melancholia,” melancholia is the result of an inability to cathect a loss, or an incomplete work of mourning, which leaves a type of residue or scar. Through the ‘Make Death Rituality,’ the children worked through the traumatic experiences. What is lost, then, is precisely that which in the object, is more than the object. The “content” of this loss is correlated to the unconsciously repressed. One cannot make the unconscious present, for it is precisely the impossibility of such an encounter with the unconscious that marks it in the first place. However, arts medium therapy creates the situation that repeats the relationship to the loss of loss, collapsing into the

abyss of a symbolic act. Any attempt to engage with trauma may be an unclaimed experience, whereas the analysis of the movement of trauma permits witnessing it (Caruth, 1996).

How is death reproduced? First, through the structuring of matter and space: next to the coffins were flowers, walls, and doors, and tombs could be large or small. Death, with its non-spatial devouring of human lives, becomes a living place, and that place may be built and unfolded. The unfolding is registered with the marks of the existence of subjects. For example, a large coffin may be “large enough for two people to lie in,” or “large enough to hold a bunch of people,” as if even after death, everyone can be together, I can invite you to my home, or I can go to yours. It transpires that spatial arrangement and activities within that space develop and unfold different types of relationships, as shown in this quote: “Put in a door, so it’s easier to go out and play.” Of course, “go out and play” implies playing with other children. In this manner, spatiality after death is no longer lonely, deserted, and desolate; instead, it becomes a living world rich with Me, You, Him, Her, Us, There, Doing.

Throughout this process, the children were physically aware of the transformation of death, as demonstrated by “This is where I died” and “Come lie over here.” All of the “dead” lying together in a coffin, being covered up, and sealed underground forever is a rather frightening image. If we actually lie in a coffin and imagine the coffin lid being closed and being sealed forever deep in the dark, airless ground, physical fear is provoked, as the body is aware of the feeling of being trapped in a small, sealed, smothering space. Therefore, it was very significant that these children wanted to “lie down and try it out.” Doing so transformed the physical sensation of the coffin space and converted the coffin into the image of a bed or a place to be shared with friends. As such, the correct interpretation of “This is where I died” should be, “This is where I was resurrected.”

By creating and testing the “coffins,” spatiality, relatedness, and active possibilities of “death” were explored. Its physical threat was transformed, so that “I may die” and “others die” were accepted in the imagination. However, it should be mentioned that doing so can never overturn the meaning of death as an absolute, but can act as an alternative space in which impossible death may be spoken, created, and built. Between this new space and the glimpse of the otherness of death, the children attempted to find a viable balance. *Significance of “holding” by the therapist in dance/movement therapy*

Winnicott (1955, 1984) used holding as a method to aid in the understanding of early social relationships. Holding is achieved during infancy through the mother’s care and physical contact. The mother introduces external phenomena to the infant so it can learn about the outside world. This method of developing bodily senses to establish recognition (contact) with the outside world helps the infant to institute relationships and provides support for feelings and emotions.

Holding includes physiology, psychology, and stimulating surroundings. Those psychological/physical states of mother and infant are in fact the essential experiential referents for Winnicott’s metaphor/concept of holding (Ogden, 2004). In dance/movement therapy, holding means to create a safe space where relationships are instituted, feelings are affirmed, and sufficient support is provided for the traumatized person to re-experience positive feelings and heal painful experiences.

In this study, a proposition was to determine the central spirit of “holding” for a dance/movement therapy group. In the example of the children’s group discussed in this article, should the therapists have held the participants? If the answer is yes, what was the effect of holding?

First, in the group experience, including creative play with stretch fabric, holding occurred at the level of developing physical senses, just as when a mother holds a child. When the children went wild, on the foundation of physical movement, the therapist did not

stop them, but witnessed their behavior, and on the body level, was attuned to and established relationships with the children. Was this holding? Our preliminary answer is that it was holding.

We should first distinguish the cases that disobey the spirit of holding in order to more clearly understand the holding of a dance/movement therapist from the opposite side. Current directions in trauma intervention generally focus on reducing the symptoms (Saltzman, Layne, Steinberg, Arslanagic, & Pynoos, 2003) and use psychological training programs to allow the individual greater expression and support.

Employing this structure may yield any of three results. First, progressing by means of the rules of psychological health for PTSD, the patient is taught how to manage anxiety, how to relax the muscles, proper breathing, positive thinking and dialog with oneself, and other methods. With the aid of cognitive therapy or medicine, the children are taught to believe in themselves so they are not afraid of the dark. They are told that their PTSD symptoms can be helped and cured, and that their reactions to disasters are entirely normal. They are told that with therapy, they will be able to overcome these problems. This is not holding, but rather, it is didactic indoctrination.

Second, after the flow of the group was disrupted, order had to be restored, and the liberated bodies were required to adapt to the flow design. These drives would have to be enacted through power and violence to draw the children back in and restore order. This is not holding because it has nothing to do with the dynamics created by the situation.

The third result is to rigidly proceed according to the planned course structure, such as drawing pictures, telling stories, coloring, reading about disaster and loss, playing games related to disasters, and working along the lines of specified activities and teaching with no possibility for spontaneity or disorder. Such an event would depart from the needs of the participants' psyches. Again, this is not holding.

Holding in dance/movement therapy allows us the opportunity to follow the path of a person's movements and physical motions, along with personal sensations, feelings, and psychological experiences (Adler, 2002). The idea "Follow the group/body to find the way" uses creativity to banish obstacles. This concept of "following the body" is unique to dance/movement therapy and is also a difficulty for teachers in Taiwan. We observed how the children were chaotic and spontaneous, made a mess of the classroom, and elevated the tension by "tussling, cussing, mussing, and fussing". This behavior almost reached the limit of the therapist's patience and tested the trust that the therapist had developed during the process. Because the process of this group was supplemented by appropriate holding, the therapist did her best to lead and maintain support of the group, which enabled psychological bonding and transformation. The conditions allowed the therapeutic embryo to gradually evolve through guided activities, props, situations, and language in accordance with the physical dynamics of the moment. This is the holding of a dance/movement therapist: bringing about a new circumstance from an old situation. This does not negate the old situation, but is created by therapists to facilitate the best situation to encourage the so-called "healing."

Conclusion

This was the first preliminary study of dance/movement therapy in a school-based intervention program for children in Taiwan who are at high risk for PTSD. Because the research agenda could not interfere with the regular learning schedule in the elementary school system, we conducted a two-day workshop that had an intensive, rather than extensive, approach. Although it was not a long-term program, the outcome was empirical and

fitted with evidence-based practice (Kazdin, 2008). As the fifteen members in the group had high-exposure traumatic experiences during the disaster, the intensive program may have enhanced their self-awareness through dance/movement dynamics. The outcome was in accord with the view that implicit memory is often expressed symbolically to make traumatic experiences safer while overcoming the underlying loss and fear of death (Rothschild, 2000). These implications are meaningful.

Furthermore, the children's dance/movement therapy group was proscribed by limited funding, personnel, and materials, so follow-ups to understand their later physical-psychological developments were impractical. This was a limitation of the study. Further studies should consolidate the methodology and follow these high-risk children to understand the developmental patterns after attending a dance/movement therapy group. However, based on the experience of this dance/movement therapy group, we found different perspectives than those in past literature of trauma theories in clinical psychology.

While using a particular arts medium in therapy, Dosamantes-Beaudry (1997) indicated that the various mediums all share an arts-based process approach to healing that encompasses the following steps: (a) facilitate the conditions that help to promote the emergence of creative "potential space"; (b) encourage clients to regress and to become immersed in the creation of illusion making, pretend playing, and the novel manipulation of objects, symbols, and metaphors that they derive from their own experiences and imaginations; (c) help clients work through the various meanings contained in their symbolic and expressive behavior. This explanation helps us to understand the group process in dance/movement therapy.

Because we dealt with children who were traumatized by a disaster, the "leading process" of the group was not focused on trauma (although we did not ignore the trauma), including both past and lingering symptoms; nor did it focus on "dealing with" trauma. Conversely, varied knowledge about trauma was suspended. The holding of the therapist brought "restoration" by inducing physical expression through which the individual or group transformation of self was achieved with the power flow.

This high-power, situational group process suspended, but did not repudiate, the information that knowledge of trauma provides, such as attention paid to whether or not traumatic symptoms surface, or whether the case leads away from or represses certain expressions. This process occurred because the knowledge of trauma has its own knowledge system as preexisting criteria, which is used to evaluate the individual circumstances arising on the spot. Therefore, do simple facts concerning the amount of deviation, the frequency of appearance, or the quantity of deficiency appear? Facts and possibilities beyond the scope of its own criteria (considered to be a perspective) cannot be seen. In contrast, dance/movement therapy, working from the existing circumstances of the group at hand, uses the body and dynamics as the foundation. It addresses what exists in the circumstances and makes connections, rather than dealing with what does not exist or what is deviant, until the possibilities of the circumstance are realized. This is a process of developing a new self, with greater importance placed on performance than on cognizance. The performing manifests in the result that even if the person is unaware of the trauma, that person may still maneuver it and engage it in possible dialog, using it to achieve the transformation of self.

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