

# Dancing the Demons Away: Dance/Movement Therapy as a Tool in Counseling Sexually Abused Children in the Philippines

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*Dinghy, B.A. Psych., M.Ed., pioneered the first Master's thesis on Dance therapy in her country. Her first encounter with DMT was at a conference run by the Japan Dance Therapist Association (JADTA) and following this she by organized the first Dance/Movement Therapy Workshops in her own country with overseas presenter from Israel, Ms. Na'ama Shklar. Dinghy has represented her country on the International Panel of the American Dance Therapy Association (ADTA), on several occasions. Dinghy works as a counselor in the University of the Philippines, Office of Anti-Sexual Harassment, is a Research Associate/Project Assistant at this university in the Center for Women's Studies and is a Psychologist/Counselor who works with Children with special needs as a therapist/counselor in private clinics. She incorporates DMT in her work with children in therapy in anger management and play therapy. She also conducts DMT activities for various target populations. These include children and women survivors of violence (rape, incest, trafficking) for NGOs, and poor communities as part of the VAWC*

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## **I. Background:**

This research was a pioneering study in the Philippines on the use of Dance Movement therapy (DMT) in counseling sexually abused female children that were institutionalized in a government shelter. It was undertaken as a final fulfillment for an M.Ed., course at the University of the Philippines and was submitted in March 2005.

Although DMT is an established field under the mental health programs of countries such as USA, UK, Australia, and Japan, the Philippines has yet to develop its own DMT program. In the local context, mental health workers working with sexually abused children are still heavily reliant on traditional counseling techniques and strategies that largely depend on verbal exchange/interaction between the counselor and the child survivor. Review of related literature, however, coupled with my own personal experience in working directly with abused women and children shows that victims of such forms of violence have specialized needs requiring a more holistic form of crisis intervention.

Survivors of sexual abuse are often faced with the difficulty of expressing themselves verbally, specifically with regards to their traumatic experience. This could probably be because they find the experience too frightening to share or that they have simply repressed the painful memories (Goodill, 1987). Since abusers are often of authority, sexually abused children may also feel a strong sense of guilt and/or helplessness, which could hinder them from telling others about the incident. Those who have been abused at a very young age may also find it hard to share the incident simply because they have underdeveloped vocabularies and cannot articulate clearly what happened to them (Weltman, 1986; Goodill, 1986). Since the occurrence and nature of sexual abuse is shrouded by veils of secrecy, the children who have been sexually abused are usually threatened or embarrassed which prevents them from disclosing the abuse (Weltman, 1986). Likewise, culturally, Filipinos have the concept of "hiya" (shame) and the predominant belief that one should not wash their dirty linen in public. The child survivor and his/her family experience a strong pressure to try to keep the

problem amongst themselves. Hence, there is an evident need to tap creative forms of psychotherapy to facilitate a more integrated approach towards physical and psychological healing and recovery.

## II. Rationale and Significance of the Study:

But why dance? “To watch us dance is to hear our hearts speak” so goes a famous Indian Hopi saying which essentially captures and reflects dance’s potency as an art form since the product and the producer are intertwined in the dance itself. For people who have gone through a traumatic experience such as rape and abuse, they often go through a mind and body split, and suffer from Dissociative Disorder whose aspects include: a) depersonalization and b) psychogenic amnesia (Bernstein, as cited in Lewis, 1986). Depersonalization occurs when the survivor detaches themselves from the abuse inflicted on their body. Intellectualization becomes a defensive function and there is a warding off of emotions (feeling of numbness) - a splitting of soma (body) and psyche (mind) (Siegel, 1984). In psychogenic amnesia, survivors of sexual abuse generally experience difficulty or inability to recall important events or specific time periods that often relate to the traumatic experience (Johnson, 1987).

Review of the literature shows distortions in body shapes and functions are actually maladaptive responses to conflict and pain (Chaiklin and Schmais, 1986 as cited in Sandel et. al, 1993). Sexual trauma may therefore be repressed in certain body parts as musculature tension or rigidity, unconnected feeling or lifelessness and/or chronic pain.

DMT emphasizes helping a sexually abused child to recognize and change the way she uses, abuses or inhibits her body as well as promotes a healthy image towards body and self. Dance and movement can lead to increased body awareness and help release certain repressed memories and emotions (Marcus & Arbeiter, 1994) through symbolic movement which can lead to improved self-awareness and body image. Inappropriate motor and behavioral characteristics displayed by a sexually abused child are corrected through movement techniques that help in the development of an improved and more normal self-image (Goodill, 1986). Furthermore, in DMT, the violated body becomes at once the vehicle for change and the focus of change helping the child reclaim his/her body as an ally in his/her struggle toward health (Espenak, 1981).

It is in this context that this paper explored the use and effects of DMT on a sexual abuse survivor’s body image and self-concept. This paper attempted to address the following research questions:

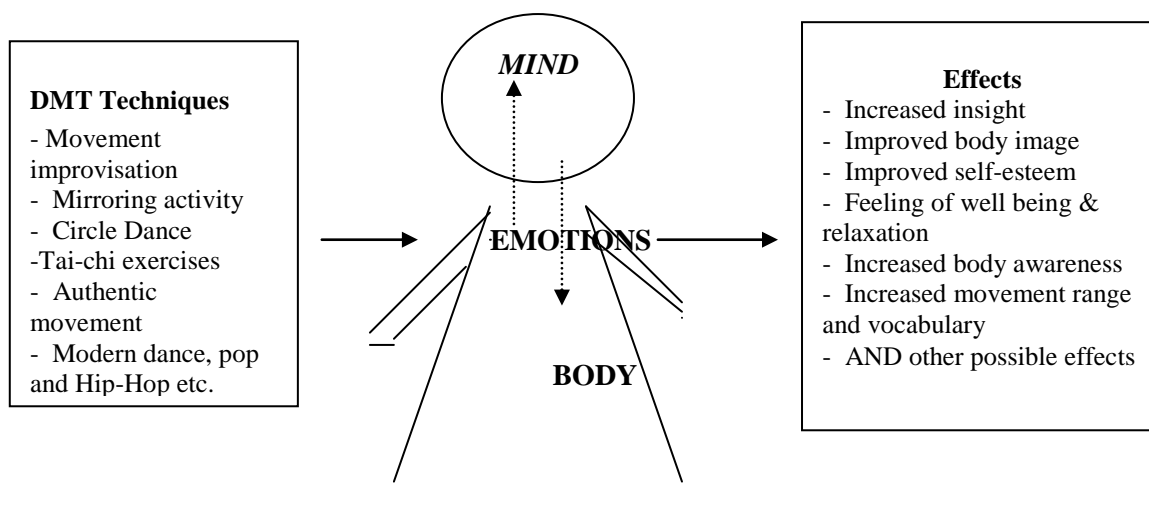
**What** is the nature of trauma in sexually abused children?

**What** are the movement characteristics and/or behavior of sexually abused children?

**What** are the possible effects of DMT on sexually abused children, specifically on their body image and self-concept, when it is integrated in their counseling program?

**How can DMT** be used in the therapy of sexually abused children?

### Schematic Diagram of the Conceptual Framework:



A sexually abused girl experiences trauma in all aspects of her personality: cognitive, emotional and physical. Adhering to the mind-body integration principle, DMT believes that body movement is related to emotion, and that working on the movement level in conjunction with the emotional level will help facilitate an individual's insight of his/her inner self (Payne, 1988), thereby leading to personality or behavioral change(s) (Leventhal, 1980 in Payne 1988).

### **III. Methodology:**

Using purposive sampling, five girls (ages 6-9 years old) institutionalized in a government shelter attended ten (10) DMT sessions over a period of two (2) months. The entire research process was divided into three (3) stages:

- 1) Initial Phase - which consisted of two weeks of once a week DMT intervention;
- 2) Treatment Phase - wherein the DMT sessions were increased to twice a week for 3 weeks; and
- 3) Final Phase - in which the DMT interventions were decreased to once a week for a period of two weeks.

Every DMT session consisted of four (4) stages: warm-up stage, creative improvisation on a theme, cooling down period and the group discussion. A quasi-experimental approach involving multiple observations with repeated measures was used with the following instruments: Sentence Completion, Piers-Harris 2 Self-Concept Scale for Children (a standardized psychological test), and a Movement Indicator Checklist for Sexually Abused Children (a movement rating scale). The test instruments were administered on the 1<sup>st</sup>, 8<sup>th</sup> and 10<sup>th</sup> DMT sessions and two weeks after the final (10<sup>th</sup>) DMT session wherein no DMT intervention occurred.

The case studies method was likewise employed to fully describe the DMT process and the themes that arose in each of the DMT sessions. Since the use of the movement rating scale required years of training on the different perspectives of movement analysis (LMA, KMP, Effort and Shape, etc.), the 1<sup>st</sup>, 8<sup>th</sup> and 10<sup>th</sup> DMT sessions were videotaped and sent to the DMT consultant, Dr. Sherry Goodill, the Director of DMT Education at Drexel University, Center City Campus, Philadelphia for movement analysis. The three (3) videotaped DMT sessions were viewed and rated by two graduate DMT students from Antioch University and Drexel University wherein three (3) sets of five (5) movement ratings were completed by each of the movement raters under the supervision of Dr. Goodill. The completed forms were sent back to the researcher who then grouped the movement items into movement clusters.

## **IV. Results and Findings of the Piers-Harris Self Concept Scale for Children (Piers-Harris 2)**

### **1. Self-Concept and Body Image**

The results of the findings from these tests are displayed in Table 1: p. 5. This Table shows the average Group Mean T-Scores of the Five Girls as tested on the Piers-Harris Self Concept Scale for Children (PHSCSC). It demonstrates that the five participants of the study benefited from the DMT interventions, especially in improving their general self-concept and self-esteem.

Upon examination of the individual T-scores for the TOT and domain scales of each girl and comparison of the scores of each from the first administration (1<sup>st</sup> DMT session) and the last administration (2 weeks after the 10<sup>th</sup> DMT session), it could be surmised that four out of the five girls showed a positive increase in their T-scores in the TOT (total self-concept scale). This is the measure of a child's overall self-concept. Looking at each of the domains closely, it could be gleaned that the majority of the girls showed an improvement in their self-evaluation of their behaviors (BEH, 3/5) as well as in their physical attributes and abilities (PHY, 4/5) and improved satisfaction in their life (HAP, 4/5). All of the girls showed an improved emotional disposition and were less anxious after the DMT interventions (FRE, 5/5). In terms of the domain that covers their social relationships and perceived skills in making friends and feeling included in social activities (POP), only two showed a positive change in their T-scores. Finally, no significant effects on the T-scores of all the girls were noted in the Intellectual and School Status (INT) domain. Since DMT is a body-oriented form of psychotherapy, it does not target the children's self-evaluation of their cognitive and academic abilities.

### **2. On the Movement Indicators Checklist for Sexually Abused Children**

The Movement Indicators Checklist for Sexually Abused Children developed by the DMT consultant, although un-standardized, proved helpful in describing the body movements and behavioral characteristics of the five girls involved in the study. The items were grouped in movement categories and were developed by Dr. Goodill based from Rena Kornblum's (a DMT from Hancock Center for Movement Arts and Therapies in Madison, USA) movement checklist for sexually abused children. The movement checklist adopted a Likert Scale in which movement characteristics observed in each child were rated according to its presence and degree of occurrence in a scale of 1-7 (1 being the lowest and 7 the highest measure). High scores in some

items meant a positive change in the movement and bodily characteristics of the children and in some cases it indicated a change towards the negative direction. Some items require scores to be

somewhere in the middle range for them to be considered favorable.

**Table 1: Average Group Mean T-Scores of the Five Girls in the PHSCSC**

The table below shows self concept (TOT) group means scores of the five girls as well as their group scores in the six domains of the Piers-Harris Self-Concept Scale for Children (PHSCSC II). The domains of the scale are found in the horizontal row, while the vertical columns display the girls' group mean scores. The PHSCSC II test was administered four (4) times during the research period. The first was given before any DMT intervention was conducted to measure the baseline data; the 2<sup>nd</sup> following six (6) DMT sessions; the 3<sup>rd</sup> at the end of the last DMT session; and the 4<sup>th</sup>, taken two weeks after the last session.

GROUP MEAN T-SCORES				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Self-Concept Scale (TOT)	39	40.2	39.2	43.4
Behavioral Adjustment (BEH)	44.8	46.6	44.2	50
Intellectual & School Status (INT)	43.4	43	43.8	44.2
Physical Appearance (PHY)	40.2	40.6	40.6	41.4
Freedom from Pain (FRE)	36.6	40.6	40.8	45.4
Popularity (POP)	44.2	40.2	38	45
Happiness (HAP)	43	47.4	45.6	51.8

### Summary of the Findings on the Movement Indicators Checklist for Sexually Abused Children

The effects of the DMT interventions on each of the five girls varied in degree and form. Although generally it could be surmised that the DMT sessions had an overall positive effect on the girls movement and behavioral characteristics particularly in their use of space, body posture, in improving the quality of their movements, decreasing tension level and rigidities in certain body parts, and in minimizing certain regressive behaviors, some of the girls did not benefit as much as others in addressing certain behavioral characteristics that needed to change/improve (i.e. level of hyperactivity, sexualized behavior, molding and moving in synchrony with others).

A number of factors could have caused this such as the child's motivation and propensity to participate in the dance/movement activities; the degree and nature of sexual trauma that they experienced which has implications for the type, length and intensity of interventions she may need to heal; and other concerns that the therapist failed to identify and/or address during the DMT interventions.

## VI. Conclusions, Implications and Recommendations

### A. Conclusion

1. Sexually abused children experience trauma in their cognitive, emotional, and behavioral functioning.
2. The nature of trauma of sexual abuse is complex and is manifested through various cognitive, emotional and behavior (movement) problems and/or characteristics. All five girls manifested a number of varying problems as a result of the sexual trauma: fear of entering puberty, identity problems, display of violent tantrums and attention-getting behaviors. All of them displayed the following characteristics: a negative body image, poor self-esteem, highly sexualized behaviors, aversion to being touched, blocked flow (rigidity in moving) in certain body parts and a high level of tension when moving, concave body posture, lack of groundedness and passive (heavy) movements.
3. A body oriented form of psychotherapy such as DMT can be an effective therapeutic tool

in addressing the issues faced by a sexually abused child about her body, which is central to the sexual violation and trauma.

4. DMT can help improve a sexually abused child's poor/negative body image and low self-esteem (self-concept).
5. DMT, being a body-oriented form of psychotherapy, has no specific, direct effect in improving the girls' perceived cognitive and academic abilities.
6. DMT can be used in helping sexually abused children improve their body awareness and in accessing and releasing certain memories and emotions that may otherwise been repressed as a result of the sexual trauma that they experienced.
- 7.

## **B. Implications:**

### **1. Use of symbolic dance movements and imagery can lead to catharsis and development of trust in a therapeutic alliance**

In the initial stages of the DMT interventions, the five girls were testing the therapist to discover if she were a safe adult that they could trust and hence they displayed numerous behaviors that were disruptive – they were observed to be clingy, had poor body boundaries (often bumped each other during movement activities), and required numerous prompts before they cooperated and followed instructions.

These challenges were overcome through an animal imagery theme that evolved from the creative improvisation stage in the initial phase of the DMT interventions in which the girls initially cast the therapist as an animal attacker/hunter who will eat them for food. They all attacked the therapist – clawing, growling and pouncing on her like they were wild animals fighting for their lives. In that session (2<sup>nd</sup>), as the therapist allowed them to band together and defeat her, the girls had the opportunity to express negative and hostile emotions that they may not have otherwise expressed in an acceptable and safe manner.

In the succeeding DMT session, the girls elaborated on the animal imagery theme and brought in the therapist as a fellow fighter/defender against an imaginary animal aggressor. This seems significantly symbolic of the girls' development of a therapeutic alliance with the therapist in which they no longer considered her as a possible threat but instead a safe adult and ally in the therapeutic

process. After this symbolic transition of roles for the therapist - from being an animal hunter to an animal ally who joined the girls in warding off the imaginary attacker - the children further expanded their dance improvisation by eventually turning the therapist into a "mother bird", who had enveloped all of her "babies" with her protective wings. This development again seemed to be the girls' symbolic way of asking for help and protection from an adult. As they played the role of young birds chirping for food while their mother bird (therapist) fed them one by one, the girls likewise manifested their need for care and nurturance, specifically from their mothers.

### **2. DMT can help develop body boundaries and provide positive experiences to certain behaviors otherwise associated with the sexual trauma**

The DMT sessions addressed the issue of body boundaries and proper ways of being touched and touching. Since all of the five girls shared a common aversion to being touched, which could be attributed to their sexual trauma, healthy and safe experiences associated with touching were incorporated and explored in the DMT sessions, such as dancing with a partner and holding hands (mirror dance; circle dance); and being gently rocked to sleep and being assisted in changing to clean clothes during the "mother-child" dyad in which the mother cared for the young child through different movement activities.

These activities as well as the animal imagery, where they cast the therapist as a mother bird protecting and feeding her young, provided the girls a venue and opportunity to associate the concept of touching with a fun shared group movement experience, allowing them to express both their underlying need and desire to be nurtured and to nurture in a non-threatening and non-sexual manner.

### **3. Sexual abuse leaves a body signature of the trauma**

In the warm-up and cooling down period of the DMT sessions body exercises, similar to the "Basic Six" developed by Irmgard Bartenieff, were incorporated to help the girls develop an increased awareness of their bodies. These exercises were done standing up (warm-up stage) or lying down on a mat (cooling down period) and consisted of slow movements of isolated body parts.

It was interesting to note that as the girls' body awareness increased, certain repressed memories about the sexual abuse were evoked, and were eventually shared during the group discussions. The therapist never asked the girls about the sexual abuse, unless to clarify the information that the girls had

initially volunteered to share. Furthermore, the therapist noted that as the DMT sessions progressed, the girls seemed to have recalled more specific details about their abuse with their narration of their experience becoming more detailed and in-depth.

Doing some of the body movements proved to be uncomfortable and painful for some of the girls. One for example felt pain in slowly opening her legs

during the cooling down stage of a DMT session and said that her vagina was hurting as she pointed to it. A similar experience occurred to her during the breathing exercises as she lay on a mat when she suddenly screamed “Ay!” and covered her eyes. Later on, in the group sharing, she disclosed that she associated the specific body movements to the sexual abuse she experienced.

**The movement categories and movement items that were scored by the movement raters**

**BODY ATTRIBUTES**

<b>&amp; CHARACTERISTICS</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>	<b>USE OF SPACE</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>
Lack of Groundedness				Excessive Use of Vertical Space			
Concave Body Attitude				Difficulty in using Horizontal Plane			
Convex Body Attitude				Immature Use of Planes			
Blocked Flow in Specific Body Areas				Mismatching Effort and Plane Affinities			
High Tension Level				Use of Close Kinesphere			

<b>TENSION FLOW</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>	<b>MOVEMENT QUALITY</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>
Poor Impulse Control				Passive Use of Weight			
Impulsive Phrasing				Active Use of Weight			
Difficulty in Modulation of Inward & Outward Flow				Indirect Movement Style Tendency Toward Hyperactivity			

<b>DEVELOPMENTAL ASPECTS</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>	<b>MOVEMENT QUALITY IN RELATION W/ OTHERS</b>	<b>1<sup>st</sup> Session</b>	<b>8<sup>th</sup> Session</b>	<b>10<sup>th</sup> Session</b>
Immature Movement Patterns				Lack of Sustained Eye Contact			
Overtly Sexualized Behaviors				Averted Eyes			
Overtly Regressive Behaviors				Difficulty with Synchrony and Molding Tendency to be Spatially Defensive			
Self Touch Actions				Tendency Toward Intrusiveness			

The girls' experiences seem to lend support to the notion that major and significant bodily experiences are locked in our muscles and could be released through manipulations and exercises (Marcus and Arbeiter, 1994; Chaiklin and Schmais, 1986 as cited in Sandel et. al, 1993); and further support the interconnectivity of the mind and body, which is one of the theoretical assumptions of DMT.

#### **4. Sexual abuse distorts and contributes to a negative body image**

All of the five girls disclosed a strong dislike of their private parts (breast and vagina) since these were touched with malice ("they were fondled"). All of them expressed shame of their private parts since these reminded them of the sexual abuse.

The three older girls (age 9 years old), in particular, were already entering the puberty stage and were starting to develop breasts. They were ashamed of their growing breasts and attributed their growth to the constant fondling these have received when they were sexually abused: "The breasts are getting bigger because they were constantly touched before." Hence, they tried to hide their breasts by pulling their shirts away from their blouses and taking on a concave posture in which both of their shoulders were pulled up and hunched forward. They were all fearful of growing up: "I don't want to grow up" since they did not want to develop to a young lady or woman, supporting the assumption that girls who experienced sexual abuse at an early age maybe be afraid to enter puberty and/or become women for fear that looking like a woman may bring more abuse (Davis, 1999).

#### **C. Recommendations**

In this study, several recommendations were put forward in the fields of theory and practice, as well as in research. One very glaring realization was the need to re-think the current traditional counseling approaches used in the healing programs for sexually abused children in the Philippines, and to tap innovative and creative forms of psychotherapy (dance, art, drawing, music, psychodrama etc.) that can result in a more holistic program of interventions for sexually abused children.

As shown in this study, DMT proved to be effective in bringing forth the girls' unconscious desires, feelings and fears to interact with the conscious (body/mind integration). Moreover, the group approach encouraged the development of positive relationships with others through different shared movement activities, which could aid in the development of trust in one's body to move and express itself, as well as in moving with others. Furthermore, DMT was a vehicle for catharsis since

repressed negative and hostile emotions were released through dance improvisations and imagery.

Since this is considered a pioneering study on DMT in the Philippines, it would be noteworthy and useful if future researches on DMT would be undertaken to validate the findings in this study with a bigger sample size and inclusive of male and female participants.

Guidance Counselors, Teachers, Social Workers, and other allied professionals involved in working with children, can become pro-active in responding to the problems of child sexual abuse if they are familiar with the different manifestations and/or behavioral indicators of child sexual trauma thereby preventing further victimization of children.

Finally, although the Philippines still has a long way to go in terms of understanding the potentials of DMT in helping different populations, it is hoped that through this research, more Filipinos will become interested to learn more about DMT and apply its potential to healing lives. The author hopes that, eventually, the Philippines can develop its own brand of DMT that is more sensitive to its local context and reflective of its traditions and rich culture.

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