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A place and space to survive: A dance/movement therapy program for childhood sexual abuse survivors



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ABSTRACT

Little research on dance/movement therapy (DMT) programs for childhood sexual abuse survivors has been reported. This paper presents the results of a DMT program designed to address the adaptive issue of building healthy relationships with the self and others among Chinese childhood sexual abuse (CSA) survivors. The program emphasizes development of a sense of security and the setting of appropriate boundaries, along with the concepts of place and space. Twenty-five female Chinese CSA survivors (age range 25-52 years) attended a five-session two-hour weekly DMT program in Hong Kong. The General Health Questionnaire (GHQ), Courtauld Emotional Control Scale, Rosenberg Self-Esteem Scale (RSES), and Stagnation Scale (SS) were administered before (T0), after (T1), and five weeks after the sessions (T2) to measure the program's potential effects. Qualitative feedback was also collected from the participants to better understand their experiences during the program. Analysis of the quantitative data showed changes with small effect sizes in the GHQ, RSES, and Overattachment subscale of the SS but no changes reached statistical significance. The qualitative feedback from the participants demonstrated the program's positive effects to be related primarily to its therapeutic elements. Participants reported finding their inner rhythm and space, developing greater awareness of personal boundaries, enhanced understanding of relationships, and hopes for a better future. Introducing and exploring the concepts of place and space in the DMT program not only provided the participating CSA survivors with a concrete and direct bodily experience but also helped them to articulate physical experiences with a sense of security, freedom, and boundaries. Further investigation with a more rigorous research design and a larger sample size is warranted.

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"Place is security, space is freedom: we are attached to the one and long for the other."

—Tuan. Y. F.

Introduction

A large body of literature has shown that childhood sexual abuse (CSA) has profound short- and long-term physical, psychological, and social effects on its victims' lives (Browne & Finkelhor, 1986; Paolucci, Genuis, & Violato, 2001). Apart from a broad range of negative psychological effects and mental health consequences, such as adjustment problems, distress, depression, poor self-image, anger, feelings of betrayal, disbelief in the trustworthiness of others,

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psychosis, and post-traumatic stress responses (Bagley, Wood, & Young, 1994; Cheasty, Clare, & Collins, 1998; Kendler et al., 2000; Levitan et al., 1998; Steel, Sanna, Hammond, Whipple, & Cross, 2004; Teicher, Samson, Polcari, & Andersen, 2009), there is also evidence showing that CSA is related to long-term health and medical problems, such as poor general health, neurological and musculoskeletal disease, gastrointestinal problems, gynecological and cardiovascular symptoms, obesity, and immune system disorders (Irish, Kobayashi, & Delahanty, 2010; Maniglio, 2009; Wegman & Stetler, 2009; Wilson, 2010). Experience across a broad range of cultures indicates that the experience of abuse can lead to difficulties in building interpersonal and intimate relationships (Luo, Parish, & Laumann, 2008; Ozbaran et al., 2009; Vogel & Gschaider-Kassahun, 2009).

The biopsychosocial model of health posits that psychological problems, poor physical health, and difficult interpersonal relationships are interrelated in CSA survivors (Olden & Drossman, 2000). In addition, a sense of security is considered an important underlying factor affecting both personal and interpersonal issues

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because it is crucial to building healthy and positive relationships with oneself and others (Holmes, 2000; Mikulincer, Hirschberger, Nachmias, & Gillath, 2001). A sense of security contributes to the development of a positive self-image and self-confidence and reduces anxiety in personal matters, all of which are important to building healthy interpersonal relationships (Baldwin & Sinclair, 1996; Cross, Morris, & Gore, 2002). Several researchers explain the effects of sexual abuse experiences from a developmental perspective using the concept of attachment security (Cole & Putnam, 1992; Muller, Sicoli, & Lemieux, 2000). They suggest that the feelings of insecurity which develop within the self in people with childhood experiences of maltreatment or sexual abuse can lead to fear, anxiety, feelings of inferiority and shame, and other psychological problems. Feelings of insecurity toward others lead to mistrust, withdrawal, a failure to build relationships, and other social problems (Aspelmeier, Elliott, & Smith, 2007; Muller, Lemieux, & Sicoli, 2001; Wright, Crawford, & Del Castillo, 2009). Finkelhor and Browne's (1985) traumatic model of CSA also identifies a relationship between damaged trust and security in CSA victims and points to the long-term impairment of their social and interpersonal functioning.

The successful treatment of CSA survivors relies on the resolution of sense of security issues (Schachter, Radomsky, Stalker, & Teram, 2004; Schachter, Stalker, & Teram, 1999). A sense of security is not only a determining factor in building trustful therapeutic relationships—an essential element of the entire treatment process—but is also a crucial factor in an individual's success in adjusting to the real life and reality (Jehu, Gazan, & Klassen, 1985). Only when a sense of security is present do a healthy self-concept and identity develop. A sense of security also gives the individual greater freedom to build healthy relationships with others (Cole & Putnam, 1992).

Sense of security and place, sense of freedom and space

Attachment theory focuses on developing a sense of security by internalizing the belief that the world is generally a safe place (Bowlby, 1999). Embodying a feeling of safety in relation to place facilitates the development of a sense of security that makes us feel "at home." Feelings of security can also be fostered through intimate relationships, love, and bonding with those present in the safe place (Hidalgo & Hernández, 2001). Recent developments in attachment theory and the environmental psychology construct of place theory have expanded current knowledge in the area of place attachment, which signifies recognition of the relationship among development of a sense of security, emotional connections with those who inhabit the place, and individuals' identification with a meaningful environment (Hernández, Carmen Hidalgo, Salazar-Laplace, & Hess, 2007; Rollero & De Piccoli, 2010).

Place encompasses a physical location, generally referring to where the body is grounded and situated. Space, in contrast, relates to the geometrical and three-dimensional area in which the body is embedded and situated. As a human being who lives on the surface of the earth, it is difficult to feel space without anchoring oneself to something or to some bounded place. Therefore, place can be felt by sensing where the feet or body are anchored, whereas space can be felt by the other free parts of the body that are able to move within the environment. It is thus clear that the relationship between place and space is unbreakable (Hornecker, 2005) both physically and psychologically.

An anchor to a place allows a person to reach out to the external world. This outward extension and exploration of the space around the body can bring about a sense of pleasure and freedom. Tuan (1977) suggested that both place and space are a part of human nature: "Place is about security while space is about ... freedom, and we are attached to the one and long for the other"

(p. 3). However, owing to the feelings of insecurity that people with experiences of abuse develop, they are often hesitant to reach out or enjoy freely exploring the external world, let alone interacting with others.

The foregoing discussion suggests that the concepts of place and space in relation to security and freedom are likely to provide valuable insights into the treatment of CSA survivors. The relationships between place and security, as well as space and freedom, provide the operational definition of place and space in this study. Because place and space can be perceived only through the body by seeing, sensing, feeling, and moving (reacting), bodily experience becomes extremely important in helping abuse survivors to regain a healthy experience of place and space and thus in assisting them to recover a sense of security and freedom conducive to outward exploration. Dance/movement therapy (DMT), which emphasizes bodily experience, provides an innovative way of ameliorating these issues.

Dance/movement therapy with childhood sexual abuse survivors

Dance/movement therapy is clinically recognized as an effective treatment modality for sexual abuse survivors, although limited empirical research has been published. Baraero-Sharma (2006) reported a case study of the use of movement therapy to help sexually abused children, whereas Weltman (1986) demonstrated positive effects on the movement and behavioral characteristics of five girls after 10 sessions of dance therapy. However, the participants in both studies were children, not adult CSA survivors. In a qualitative study, Mills and Daniluk (2002) discussed how dance therapy helped five female CSA survivors, and Valentine (2007) presented case study examples of a DMT treatment model for women who had suffered sexual abuse. Although a literature review has been conducted, no qualitative or quantitative studies with a large sample size could be found. Nevertheless, a number of experienced therapists and scholars have proposed treatment models and theoretical frameworks for using DMT or creative arts therapy for sexual abuse survivors based on both theory and clinical experience (Goodill, 1987; Meekums, 1999; Pierce, 2014; Valentine, 2007). These practitioners and scholars acknowledge the special contributions of dance therapy during the creative process to selfawareness, a sense of security, the ability to access unconscious and embodied materials, the rebuilding of intra- and inter-personal relationships, and the re-integration of mind and body. Their findings indicate the potential, but yet undetermined, effects of the use of DMT among CSA survivors.

The aim of this pilot study was to develop and assess the effects of a DMT program for Chinese CSA survivors, with a particular focus on the embodiment of the place and space concepts in developing a sense of security and fostering healthy interpersonal relationships. As DMT can encourage emotional expression, enhances self-esteem, frees bodily blockages, and elevates mood; the program's quantitative outcomes on mental distress, self-esteem, control of emotional expressions, and psychosomatic stagnation were evaluated. Further, qualitative feedback on participants' subjective experiences was collected. We hypothesized that participants would realize improvements in all of the outcome variables, thereby offering insight into the changes that may result from DMT. Findings should inform the feasibility and preliminary effects of the program and future implementation of a larger study.

Methods

This study was an uncontrolled clinical trial with repeated measures and a nested qualitative component. Before the study commenced, all procedures were approved by the Human Research

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