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Polyvagal-Informed Dance/Movement Therapy for Trauma: A Global Perspective

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Abstract During the 51st annual American Dance Therapy Association conference, this author participated in a cross-disciplinary panel, “Polyvagal-informed therapy for trauma, attachment and autism,” with Dr. C. Sue Cater, Executive Director of the Kinsey Institute and Rudy Professor of Biology at Indiana University, and Dr. Stephen Porges, Distinguished University Scientist at the Kinsey Institute at Indiana University Bloomington and Research Professor in the Department of Psychiatry at the University of North Carolina at Chapel Hill. The following article offers the author’s remarks on this panel, focusing on the intersections between trauma treatment and the activation of the social engagement system through polyvagal-informed dance/movement therapy (DMT). This author applies polyvagal-informed DMT within a global framework.

Keywords Dance/movement therapy · Haiti · Refugees · Trauma · The Polyvagal theory

In 2010, when Port-au-Prince, Haiti, was ravaged by an earthquake, I was deployed to provide psychological first aid to local first responders. I recall a moment of reflection at the end of an intense and grueling deployment when I felt extraordinary gratitude that I had dance/movement therapy (DMT) to “call on” to support the work I was doing. Similarly, it is hard to imagine DMT without the infusion of the polyvagal theory that began in 1998. The co-development and co-creation of polyvagal-informed DMT, in collaboration with Dr. Porges, has enabled this work

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to be more relevant in more contexts, cultures, and countries than it might otherwise have been. As global as dance for healing, social change, and community events is, DMT is primarily based in western theories and beliefs. Science is the universal; culture is what shapes and “dresses up” our ways of expressing, sharing and communicating. The crossroads of science and DMT—which itself sits at the crossroads of somatic psychology and creative arts psychotherapies—creates huge potential for our field to take a well-earned place at the forefront of trauma therapy. We have the ability to engage and embody the polyvagal theory into practice, and to apply what we know about oxytocin and the biochemistry of love to our work in very immediate, embodied ways. Dance/movement therapy allows us to deepen any clinical or therapeutic work because we access the neurological underpinnings of all human behavior in service of our clients’ healing. My work with survivors of trauma—the work I call polyvagal-informed dance therapy—supports the human right to embody. One of my oft-stated mantras is this: All human beings have the right to inhabit their bodies in ways that they choose.

A primary premise of polyvagal-informed DMT is the right to embody. An aspect of this right to embody is respect for the body. Rather than view negatively the dissolution to more primitive behavioral strategies and states that occurs when we are faced with unsafe and potentially traumatic events, the fear-based responses of mobilization (fight or flight) or immobilization (shut down) that can become the blueprint for traumatization are recognized and acknowledged as in service of survival and therefore worthy of celebration. Our evolution has provided us with bio-intelligent resources to survive dangerous (mobilization with fear) and life threatening (immobilization with fear, or terror) events. When these bio-emotional reactions to a traumatic exposure leave long lasting imprints, resulting in states of traumatization and/or clinical diagnoses of PTSD, the state-shifts that occurred are also central to the restorative process. These state-shifts are physiological at their roots, and express emotionally and psychologically. Emotional and psychological state shifts are not possible nor are they likely to have longevity without physiological state shifts. These state shifts can only occur working with the direct experience of the body.

For many years, psychotherapy and behavioral science privileged long-term behavioral changes through process work, and this is important work. However, this work lacks the power of DMT and its ability to promote immediate state-shifts, inside the body. These state-shifts, even if only momentary, can be metaphorically perceived as momentary “threads” that can weave a tapestry of restoration, healing, and reconnection. Music, movement, dance, and rhythm, are activities that provide an immediate resource to shift physiological states. Polyvagal-informed DMT also recognizes the safety-trust-relationship continuum as fundamental to humanity and to dignity. Trust is built on safety, and relationships are built on trust. Safety begins in the body. The tape accompanying this talk shows work I did in post-earthquake Haiti. I facilitated many drum circles as part of my polyvagal-informed DMT work there. Drumming, or playing instruments, can offer an intermediary object, and “relatively safe” space in which to promote expression for people who don’t want to dance or work with movement, which can be more provocative and intimate. In this footage, drumming a variety of rhythms in a group promotes state shifting, in

the direction of social engagement. While facilitating, I observe the children's states, as reflected in their posture and movement, their facial expression and gaze, and their willingness and ability to express and share feelings and experiences. I look at state shifting as multi-directional: When people are in a fear-based state (mobilized or immobilized), they may have to up-, down- or side-shift to move towards social engagement. The dissolution that occurs in the moment of exposure follows a hierarchical pathway that reflects our evolution. The restorative process may not follow this hierarchical pathway; the pathway to restoration is rarely this direct. This may seem simplistic, but is actually quite complex, and there are many ways we dance/movement therapists can work with this. We can invite clients to "side regulate" from mobilization with fear to a mobilization without fear, or a play state. I see many different types of play states: from competitive and more edgy play, to joyful play, intimate play, and what I like to call lyrical play—think of reggae music. It is play with a quality of relaxed, fluid, slow engagement.

Can somebody down regulate from mobilization in fear to an immobilization state? This can be more challenging; obviously, we don't want to encourage shutting down (immobilization in fear) and the deep relaxation or "rest and settle" quality of the immobilization without fear state is harder to shift into without considerable safety and trust. This shift is invited in the drum circle when I invite the children to pause, rest their hands on the drums, and breathe together. We don't manipulate our breath; we just breathe and notice how we feel. The drum circle is usually fun for the children, and may offer long-term opportunities for immediate state shifts that promote longer term physiological and emotional regulation. The rhythm-inspired individual and group state shifts that occur do so in multiple directions throughout the time spent drumming together.

Polyvagal DMT has global implications. A colleague and I have created the "Kind Faces Campaign"

Figure 1 shows an image of my bodyguard in Darfur, unarmed. His job was to protect me each night from armed militia. His face, to me, displays the features of safety. His ability to make me feel welcome and cared for, without the benefit of a shared spoken language, and despite very different cultures, religion, and socioeconomic background, was expressed through his face. One of the most debilitating and tragic consequences of being traumatized is isolation, which is not

Fig. 1 The Kind Faces Campaign



explicitly named in the DSM-5 diagnosis of PTSD. And yet, feeling alone may be the most definitive hallmark of being traumatized. Fear increases isolation. Think about the face of fear, whether it is hyperaroused and anxious, or shut down. These faces are often perceived as unapproachable, and so what do we do when we see faces that are expressing fear?

Often, we look or move away. The Kind Faces Campaign endeavors to post images of kind faces in as many places as possible as a way of encouraging people to be a kind face. Here's how: Next time you see a face that appears sad, afraid, or disconnected—reach out. Express kindness with your eyes, or facial expression, or gestures. Or just smile. I always encourage people traveling in airports to say hello to the refugees who can be spotted by the IOM (International Organization for Migration) bags and badges they carry. If every smile reflects an open heart, we can change the environment we all live in by sharing our kind faces, and state shifting our way to connection, inclusion, safety, and compassion.

Conflict of interest This author was invited by the American Dance Therapy Association to participate in the cross-disciplinary panel at the 51st annual conference. This article reflects her remarks on the panel.

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MPH, MA, BC-DMT, LPCC, NCC is a pioneer in the use of dance/movement therapy with survivors of trauma, particularly torture, war, and human rights abuses. Amber's expertise is represented in many published articles and chapters, keynote addresses, professional collaborations and presentations around the world. Amber has provided clinical training on the integration of refugee mental health, torture treatment, and creative arts, mindfulness, and body-based therapies with survivors and refugees to more than 30 programs worldwide since the late 1990s. She originated a resiliency-based framework and clinical approach (Restorative Movement Psychotherapy) for mind-heart-spirit, somatic, movement and arts-based therapies with survivors of trauma in cross cultural, low resource contexts, and she has two upcoming book chapters, one co-authored with Dr. Stephen Porges, on *polyvagal informed dance movement therapy* based on her collaborations with Dr. Porges, and the wisdom of whole body, moving intelligence.