

Dialogus

"A Free E-mail Newsletter – Furthering the Dialogue to Better Serve Survivors of Torture"

Volume 5, Number 1, May 2001

Dialogus provides a forum for members of the torture treatment centers in the U.S. who serve survivors of torture to participate in a dialogue about innovative approaches in their work with survivors as well as share resource information, news, and solutions to challenges we face. We hope that you will enjoy being part of this forum and community. However, if you wish to unsubscribe to Dialogus in the body of the text, just type: Unsubscribe (your e-mail address).

This edition and all earlier editions of Dialogus will be archived on PTV's website at: <http://www.ProgramForTortureVictims.org/Dialogus/>.

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Article:

“Healing the Relational Wounds of Torture Through Dance Movement Therapy”

by Amber Gray, MPH, MA, DTR, BENCC

Somatic Psychology recognizes that the body is the source of feelings, thoughts, emotions, actions, symbols, images and sensations. Therefore, the body is a resource for integrating the physical, emotional, cognitive, spiritual, and energetic aspects of the self. Somatic, body-based, psychotherapies posit that mind and body exist on a unified continuum; they are not separate. Dance movement therapy (DMT), while a psychological discipline in its own right that focuses more specifically on movement as a primary language, also states that body and mind are inseparable. As such, its basic premise is that movement is the first language all humans explore and share. Body movement reflects inner states and therefore changes in movement can facilitate changes in the psyche. DMT is a particularly well-suited modality in the treatment of severe trauma such as torture.

The [AEG1]trauma of torture on bodily organization of experience creates a need to work with the recognition that the body is a continuum from physical sensation to transpersonal experience. Survivors of torture may find that it is unbearable to describe the violence they experienced. However, they are left with somatic imprints: intrusive memories, nightmares, heightened startle responses, dissociation, and hyper-arousal all are symptoms frequently identified in torture survivors. These symptoms live in the body because the act of torture takes place to the body. Because DMT focuses therapeutic work directly on the body and its movement, it provides a uniquely targeted therapy modality for survivors of torture, albeit one that must be modified for the therapeutic needs of this intensely traumatized population.

DMT is also cross-culturally adaptable as it has its roots in the rituals and traditional healing practices of indigenous cultures from around the world. This is a major consideration in the field of torture rehabilitation. Theoretically, DMT is holistic; the individual is viewed as an integrated unity with mind and body reflecting and affecting each other (Lewis, 1986). Inherent in this integration is the premise that muscle tonus affects the psychic attitude and vice versa. DMT theory posits that the health-dysfunction continuum is reflected somatically, in the body. Several perspectives from the field of psychology influence the theoretical foundation of DMT.

Somatic, psychodynamic, transpersonal and interpersonal perspectives are briefly described.

From a somatic perspective, the integrated unity of an individual is the result of healthy development, broadly defined as the successful sequencing of the basic neurological actions that comprise our earliest developmental movements (Aposhyan, 1997; Cohen, 1993). Lewis (1986) also writes that the individual is viewed in relationship to the environment and develops in an organized, sequential manner. Each phase in this developmental process has somatic and physiological elements as well as psychosocial aspects. It is the successful and satisfactory completion of each of the phases that supports healthy development and therefore a state of health that is reflected in the body. This perspective is an important one in the treatment of torture survivors because torture is in and of itself a severe disruption to the human experience, and negatively impacts an individual's ability to sequence experience. It is also widely considered in the field of torture rehabilitation that torture is a regressive, and therefore pre-verbal, trauma. The pre-verbal nature of torture impacts a person on every level of bodily experience.

The psychodynamic perspective began its influence on DMT at the earliest stages of its development as a psychotherapy. Wilhelm Reich paid close attention to the expressive movements of his patients, and posited "defenses were rooted in the body as muscular tension" (Schmais, 1977, p. 9). He was developing his work around the same time that Marian Chace was developing hers, and the psychoanalytic influences of the period supported similar theories. Levy (1988) writes "Both were experimenting with psychomotor therapeutic intervention as a way to unlock the thoughts, ideas, and feelings they believed were held in the musculature in the form of rigidity" (p.25). An early and ongoing focus of DMT is to foster movement patterns that begin to mobilize and release the tensions of chronically tight areas, thereby supporting the expression of "repressed excitation and affect" (Schmais, 1977, p.9). There is relevance in this theoretical underpinning to clinical work with survivors of torture. Torture is a direct attack to the physical, human structure, and to one's humanity. The emotions and excitations, or arousal, that this attack produces are often necessarily repressed as a means to survive.

Under the umbrella of the psychodynamic perspective it is also important to consider the interpersonal perspective. From an interpersonal perspective, DMT is viewed "as a process of resocialization vis-à-vis the interactive process" (Schmais, 1977, p. 9). This perspective takes into account that healthy human development requires a communicational relationship between an infant and his or her caregiver.

Lewis (1986) describes this early foundational relationship as being "carried out primarily through mutual sensori-motor engagement" (p. 289). That the earliest form of communication is movement has implications for clinical work with torture survivors, for there is often a verbal language barrier between client and therapist. Movement is a language that is spoken by all people, everywhere, to some extent, especially in the early part of life. DMT, with its emphasis on movement as the primary means of expression, facilitates access to pre-verbal information. Given the pre-verbal nature of traumatic experience and traumatic memory, the ability to relate to another person through movement is clearly important.

Object relations theories also influence the interpersonal aspects of DMT; the internal representation of early relationships is often present in the therapeutic relationship. In DMT, such representations are frequently invoked through sensation and motoric activity, as well as through images and memories. The rehabilitation of a torture survivor will always depend on the ability to build healthy relationship. As a relational trauma, the importance of relationship in the healing process cannot be overemphasized. The extreme state of dependency created by the torturer can create an uncanny bond between the torturer and the tortured. In the course of therapy for the survivor, this bond can appear as an internal representation or experience of the perpetrator. The manifestation of this in the physical structure of many clients I've seen is a withdrawal into a subservient or fetal-like posture.

From a transpersonal perspective, being human can be described as a creative and a sacred act. Dance is an ancient form of worship in many cultures, and the use of dance in rituals of mourning, celebration, and divination is frequently cited. Dance is both art and sacred experience, and in the joyful, ecstatic and often painful states expressed by many forms of ancient and contemporary dance, the body is the medium for expression and divination. Trudi Schoop, whose work focused extensively on the use of improvisational movements as "free association" and planned movement formulation as ego function, believed that any form of man-made art draws on the creative forces of the UR. She describes the UR as "endless space and/or endless time that continues with no apparent reason" (Levy, 1988, p. 77). A healthy body creatively and freely opens to our connection to this universal force, and the act of healing can be seen as restoring a sense of awareness of, and connectedness to, what Lewis (1986) calls "the universal pool of knowing" (p. 280). With regards to the experience of torture, an act of unspeakable terror, the words of Schmais (1977) best describe the significance of the transpersonal

perspective: "By virtue of the nonliteral or apparently nonrational aspects of the creative act, deep feelings that defy words can be symbolically represented" (p. 9).

In summary, DMT is a form of psychotherapy that uses movement as the primary medium to invoke change, with the ultimate goal of integration towards wholeness.

Addressing the issue of trauma, Bartenieff (1980) writes "traumatic, shocking experiences are stored as fixed, isolated gestures or symbolic representations of an experience" (p. 149). Methods and interventions vary according to the therapist and the client, but there are many standard methods and interventions that support the release of the bodily fixations frequently seen in torture survivors.

There are many movement-based languages available to practitioners of somatic psychotherapy and DMT. The basic neurological actions, based on the work of Bonnie Bainbridge Cohen and Susan Aposhyan, comprise a system of assessment, diagnosis and intervention based on the earliest developmental movements such as spinal push, homologous push, homolateral reach, that all humans explore. Rudolf Laban, an early pioneer in dance and movement, created Laban Movement Analysis (LMA), an intricate notation system to describe movement. LMA is based on the tensions, efforts, shape, flow of movement, mobility and motility in the body.

Concepts such as kinesphere, defined as the space into which an individual can comfortably extend oneself with both feet planted on the ground, are essential to this movement based form of communication. The Kestenberg Movement Profile (KMP) evolved from this work, and is a sophisticated language of rhythmic patterns created by changes in muscle tension that are developmental in nature. KMP is based on the work of Anna Freud. Elements of these systems are discussed in the case study of DMT with a child survivor of torture in the next issue.

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News and Announcements:

The Program for Torture Victims in Los Angeles, California announces a job opening for an Executive/Development Director. The Program for Torture Victims (PTV) provides medical, psychological and social services to survivors of torture coming to Los Angeles from all over the world. PTV seeks a professional Executive Development Director to take responsibility for overseeing the programs, operations, personnel, finances and fundraising. We seek an experienced nonprofit manager with commitment and heart. Knowledge of human rights and refugee issues is preferred; excellent communication and interpersonal skills are required. Please send resume and cover letter to: PTV, 3655 S. Grand Ave., #290, Los Angeles, CA 90007 or fax to: (213) 747-4662. Attn: Ana Deutsch, e-mail: anadeutsch@earthlink.net.

The Program for Torture Victims in Los Angeles, California announces a job opening for a Licensed Psychotherapist. The Program for Torture Victims seeks a full-time therapist to provide clinical services to survivors of torture coming from all over the world. Bilingual Spanish/English preferred. Please send resume and cover letter to: PTV, 3655 S. Grand Ave., #290, Los Angeles, CA 90007 or fax to: (213) 747-4662. Attn: Ana Deutsch, e-mail: anadeutsch@earthlink.net.

Survivors of Torture, International announces a job opening for a Case Manager. Survivors of Torture, International, a non-profit agency located in San Diego, California, is advertising for a full-time case manager. The case manager will provide services such as information and referral, outreach and coordination, as well as related duties. Ability to speak Spanish, French or Arabic is preferred. Mail, fax, or e-mail resume to: David Gangsei, Ph.D., Clinical Director, Survivors of Torture, International, P.O. Box 151240, San Diego, CA 92175, Tel: (619) 278-2403, Fax: (619) 294-9405; e-mail: dgangsei@notorture.org.

24-Hour Vigil on June 26, 2001. The Torture Abolition and Survivors Support Coalition (TASSC), an organization of survivors of torture, invites survivors of torture to Washington, D.C. from June 23-30, 2001 to commemorate the United Nations' International Day in Support of Survivors of Torture. TASSC will hold meetings, lobby the U.S. Congress, meet with the public and press, and hold a 24-hour vigil in front of the White House on June 26 for all survivors of torture in the world. For more information, contact: Orlando Tizon at (202) 529-6599 or otizon@ghrc-usa.org, or visit www.torture-free-world.org/.

NYU's Certificate Training Program in Trauma Studies: The International Trauma Studies Program at New York University is currently accepting applications for its fourth annual Certificate Training Program in Trauma Studies. There are two programs available, both running from September to May of 2001. Applicants can select from a two-semester course, "Comprehensive Course in Trauma Studies," or a seminar series entitled "Advanced Clinical Seminar Series in Trauma Treatment and Prevention." The deadline for applications is June 30th, 2001. For further information, contact: International Trauma Studies Program, New York University, 418 Lafayette Street Room 554, New York, NY 10003, Tel: (212) 992-

9669, Fax: (212) 995-4143, email: trauma.studies@nyu.edu, website:
www.nyu.edu/trauma.studies.

Newly Published Book -- "The Mental Health Consequences of Torture" This book is a comprehensive and interdisciplinary review of research data, clinical cases, and survivor experiences. It can serve as a reference for researchers, clinicians, survivors, service providers, human rights advocates, and policy makers, with 21 chapters by national and international experts on human rights and the consequences of torture, trauma and violence. The book can be ordered through the toll free # for Kluwer/Plenum (866-269-9527), their website (<http://www.wkap.nl>) or through a local bookstore.

SHARE YOUR EXPERIENCES AND THOUGHTS WITH YOUR COLLEAGUES!

CALL FOR SUBMISSIONS

How to Contribute to Dialogus

Dialogus encourages submissions from those who work with survivors of torture. We welcome your contributions of:

Issues related to treating survivors of torture: articles or informal pieces on various innovative clinical interventions and programs, how you handled challenging cases or situations, policies, and other information relevant to work with survivors.

Informal interactive articles that explore observations and challenges, and pose questions to the other members of this e-newsletter forum

History of your program

Descriptions of research or assessment instruments that are currently being used with torture survivors, or are being developed and tested

Descriptions of research studies and projects

Book and article reviews

Resource information on: conferences; training opportunities; call for papers; grants; new books, manuscripts, or monographs; interventions and programs; where to order useful clinical supplies or training materials; and other resources

Informative Internet sites and resources

News

Submission Guidelines:

- 1.All article submissions should be between 500 to 900 words, not including references. Shorter submissions are also encouraged.
- 2.Author(s) of article submissions should include a 50-word or shorter biographical sketch of author(s), and include an e-mail address where the readers can contact the author(s).
- 3.The editors of Dialogus would prefer if you would send the attachment of your article or other submissions in Microsoft Word 7.0 or in Rich Text Format.
- 4.Submissions should be sent to the editors of Dialogus at:
PTVNewsletter@usa.com.

We anticipate publishing this e-newsletter on a bimonthly basis. For more information, please e-mail PTVNewsletter@usa.com.

RESOURCES

Calendar of Events:

Contact Information

June 4-6, 2001

"Local Heroes: Supporting Refugee Resilience and Adaptation"

Hosted by the Immigration and Refugee Services of America's National Alliance for Multicultural Mental Health and the YMCA International Services Galveston, Texas

<http://www.refugeesusa.org/forms/conference.cfm>

or visit IRSA's web-site at: <http://www.refugeesusa.org/>

June 11, 2001

“The Embodiment of Resiliency: The Body's Call to Heal in the Face of Trauma”

Presented by Safe Horizon/Solace and Refuge

Safe Horizon Conference Center, 194

Joralemon, Brooklyn, New York

This conference is open to refugees, torture survivors, refugee workers, clinicians and others. Registration is Free: Please call (718) 899-1233, Ext. 145, or email: lamaker@safehorizon.org

Lunch will be served!

July 1-6, 2001

The 26th International Congress on Law and Mental Health: Mental Health Crisis and Social Change

(Special Human Rights Focus)

Faculty of Law,

McGill Univ.,

Montreal,

CANADA

International Academy of Law and Mental Health (Académie internationale de droit et de santé mentale)

c/o Chaire de psychiatrie légale et d'éthique biomédicale Philippe Pinel

Faculté de médecine, Université de Montréal

C.P. 6128, Succ. Centre-Ville, Montréal, Québec, H3C 3J7

CANADA

Tel: +1 (514) 343-5938

Fax: +1 (514) 343-2452

E-mail: admin@ialmh.org

July 2-20, 2001

12th International Summer School in Forced Migration

Oxford, UK

The Refugee Studies Centre Summer School Administrator:

Dr Shannon Stephen:

Tel: +44 (0) 1865 270723

Fax: +44 (0) 1865 270721

Website: www.qeh.ox.ac.uk/rsc

Aug. 2-5, 2001 Conference 2001: "Trauma Across the Cultures"

Brisbane, Australia

Tel: +61 7 73266 3929

E-mail: acisaqld@hotmail.com

Aug. 19-21, 2001
Disaster Mental Health Institute 4th Annual Conference: International
Psychosocial Responses to Disasters and Humanitarian Emergencies
Rapid City,

South Dakota

For additional conference information, online registration and poster submission
details:

<http://usd.edu/dmhi/conf01/index.html>

For further information call:

1-800-522-9684

Aug. 31 –
Sept. 7, 2001
"World Conference against Racism, Race Discrimination, Xenophobia and
Related Intolerance."

Durban, South Africa

For more information visit the NGO Website for the World Conference:

<http://www.hri.ca/racism>.

The Commission on Human Rights will have a preparatory meeting in Geneva in May of 2001.

September 4-8,
2001

Sponsored by
The Takini
Network, Inc.,
a
Lakota/Native
collective of
traditional
healers,
community
leaders, and
service
providers.

"Models for Healing Indigenous Survivors of Historical Trauma:
A Dialogue Among Allies"

Takini is a Lakota word for "survivor" and "to be reborn." The Takini Network is seeking to help Native people to heal from historical trauma - the intergenerational trauma of the genocide of the indigenous peoples of this continent. They are calling upon allies - other survivors and descendants of massive group trauma - to join with them to exchange knowledge and develop healing strategies.

Keynote presenter: Dr. Bessel van der Kolk

Hyatt Regency Tamaya Resort & Spa.

Santa Ana Pueblo,

New Mexico (an Indian reservation 22
miles outside of Albuquerque)

For further information, contact:

The Takini Network

PO Box 4138

Rapid City, SD 57709-4138

Tel: (605) 399-2554

Fax: (605) 343-3447

E-mail: takininet@aol.com

Newsletters, Listserv, & Database:

v Amnesty Online: A New E-mail Newsletter: Amnesty International USA has launched a new twice-monthly email newsletter, Amnesty Online -- a great way for you to keep up with Amnesty's work, breaking human rights news, and opportunities to take action. To subscribe today, go to: <http://www.amnestyusa.org/newsletter/index.html>. To see a sample issue, click on: <http://www.amnestyusa.org/newsletter/amnestyonline.html>.

v Network and Listserv for Those Interested in Issues Related to Refugee Women Fleeing Gender-Based Persecution. The Canadian Council for Refugees (CCR) has created an e-mail network and listserv of over 200 individuals and organizations interested in issues related to refugee women fleeing gender-based persecution. To join the network and listserv, or for further information, contact Afsaneh Hojabri at: ahojabri@total.net. For information about US gender asylum cases and gender guidelines, check out the University of California, Hastings College of Law's Center for Gender and Refugee Studies web-site at: <http://www.uchastings.edu/cgrs/>.

v Detention-Related Resources Available from LIRS and CLINIC as part of the Detention Watch Network. The following resources are available: Detention Watch Network News; Detention E-mail List (subscribe by e-mailing Charles Wheeler at CLINICSF@aol.com); Fourth Annual Detention Watch Network Conference Handbook; and the "Know-Your-Rights" Video Package. In addition, the LIRS Pen Pal Project fosters hope for asylum seekers imprisoned upon their arrival in the US, who often remain detained for months, even years, while their asylum claims are considered. For further information on any of the above resources please contact Cheryl Skafte at Lutheran Immigration and Refugee Service at 410/230-2753 or cskafte@lirs.org.

v Database of Information on Perpetrators. The Center for Justice and Accountability and Redress UK, under a board of directors including Amnesty, FIDH, Human Rights Watch and others, is putting together a database of

information on perpetrators. This information is to be available to all treatment centers, and information is willingly received from all centers (and other sources). Learn more by contacting The Center for Justice and Accountability in San Francisco at (415) 544-0444.

Web Sites of Torture Treatment Centers in the U.S.:

Below is a partial list of Web site addresses of some of the torture treatment centers in the U.S. We do not have the Web site addresses for all of the centers in the U.S. Please let us know if we are missing some Web sites or if we do not have the correct addresses, so that we can circulate an updated list.

Location of Program

Program Name & Web address

California
Los Angeles, CA

San Diego, CA

San Francisco, CA

Program for Torture Victims

www.ProgramForTortureVictims.org

Survivors of Torture, International

(SOTI)

www.notorture.org

Colorado

Denver, CO

Massachusetts

Boston, MA

Boston, MA

and Human Rights

www.glphr.org/BCRHHR_index.html

Minnesota

Minneapolis, MN

New York

New York, NY

the World

Oregon

Eugene, OR

Survivors International
www.survivorsintl.org

Rocky Mountain Survivors Center
www.home.earthlink.net/~rmsc

Boston Center for Refugee Health

International Survivors Center
www.iiboston.org/isc.htm

Center for Victims of Torture
www.cvt.org

Human Rights Clinic – Doctors of
www.doctorsoftheworld.org

Amigos de los Sobrevivientes

This e-newsletter is sponsored by the Program for Torture Victims (PTV), which has been providing medical and psychological services to torture survivors in the Greater Los Angeles area since 1980.

* Dialogus encourages you to forward this e-newsletter and share any information with colleagues. However, the authors who contribute to Dialogus would appreciate your contacting them for permission to use the information in any articles or manuscripts and using proper citations. *

** The statements and information presented in Dialogus are not necessarily those of Dialogus or the Program for Torture Victims. Dialogus and the Program for Torture Victims assume no responsibility for statements made or expressed and do not endorse any particular service or training listed in this e-newsletter. Rather, resources are provided for your information only. **

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