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Examining Ritual in Dance/Movement Therapy: A Literature Review

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

Ritual practices have long been a part of numerous cultures' history as mind-body actions performed for healing. Modern day rituals can be observed in baptisms, weddings, or funerals. Rituals have also been adapted into various psychotherapy approaches as effective, time-limited transformative additions through Van Gennep's transition phases among varying populations. Ritual and dance/movement therapy are established as effective healing processes through similar concepts including sociality, dance, non-verbal communication and being body-based approaches. This literature review revealed the inner workings of ritual performance and dance/movement therapy through neuroscience. This literature review intends to present relevant research on the unique molding qualities of rituals in psychotherapy, neuroscience that further establishes the work of dance/movement therapy and ritual practices, and the effective and inclusiveness of utilizing rituals within dance/movement therapy.

Keywords: ritual, ceremony, traditional cultures, psychotherapy, dance/movement therapy, social connection, mirror neurons

Examining Ritual in Dance/Movement Therapy: A Literature Review

Ritual is our original form of therapy. –Ed Friedman

The practice of societal rituals can be traced back to the earliest of cultures (Crockett & Prosek, 2013), and is inherent to most cultures on the planet (Richardson, 2012). In these early societies, individual needs were met through the prosperity of the groups' use of communal rituals, which brought order to abundant relationships by inducting individuals into society, and supporting them as contributing members of the group (Bewley, 1995). Expression of heritage was handed down body to body through ritual and ceremony (Harris, 2009). Furthermore, members of society who suffered an unknown life or death situation were transformed through ritual by way of struggle and sacrifice into more insightful beings (Dosamantes-Beaudry, 1998). The transformation process in rituals in early societies can be understood through Van Gennep's transition phases (i.e. separation, liminal, aggregate) (Dosamantes-Beaudry, 1998), which were navigated through powerful rhythms and prolonged music and dance in a social context (Vinesett, Price, & Wilson, 2015). These practices are being rediscovered and understood in psychological terms (Dosamantes-Beaudry, 1998). Cole (2003) contended "rituals are developed together by therapist and client to effect a transition from one psychological state to another" (p. 184). Most research in relation to the therapeutic efficiency of rituals derives from marriage and family counseling (Crockett & Prosek, 2013), however research has also been conducted with female survivors of childhood sexual trauma, university students, the bereaved, traumatized adolescents, and veterans suffering from post-traumatic stress disorders, amongst others (Crockett & Prosek, 2013; Obenchain & Silver, 1992; Paylo, Darby, Kinch, & Kress, 2014; Rando, 1985; Reeves, 2011).

Dance/movement therapy ascertained dance as naturally therapeutic in relation to physical, emotional, and spiritual components (Chaiklin & Wengrower, 2009). Pioneers of dance/movement therapy recognize cultural influences of this practice (Chaiklin & Wengrower, 2009). They stated, “Those who first danced for healing, likely shamans or witch doctors, clearly made use of the interrelationship of the body—mind—spirit” (p. 4). Moreover, dance/movement therapy has always, similarly to ritual, been rooted in relationship (Berrol, 2016). Accordingly, current research suggests the effectiveness of non-verbal therapeutic approaches, such as dance/movement therapy, with deliberate engagement of ritual liminal structure as a framework for profound transformation (Harris, 2009). The scientific research of mirror neurons supports and illuminates the interconnected workings of social connection, dance/movement therapy, and ritual.

Literature Review

This literature review intends to present relevant research covering brief understandings of ritual, the cultural influences ritual had on dance/movement therapy, the use of ritual in psychotherapy, and the foundation of social connection that is essential in ritual practices and dance/movement therapy. These topics are important and relevant because ritual practices are embedded in humanity as healing practices of the mind-body. In reviewing the historical value and interconnectedness of ritual practices and dance/movement therapy, this writer hopes that this report will add to the current and emerging body of literature regarding the effectiveness and inclusive cultural perspective of utilizing ritual in dance/movement therapy with various populations.

Ritual

Ritual has a long-standing history as a human spiritual practice as Wyrostok (1995) described, “Since time began, rituals have been practiced in all cultures for the purpose of facilitating health and harmony among their members” (p. 397). While ritual practices are woven into the tapestry of human history, ritual has a multitude of dimensions—biological, political, psychological, ecological, religious—which makes it unique, and also infinitely beyond our grasp (Crockett & Prosek, 2013; Stephenson, 2015). Simply stated ritual is a way of thinking, a knowing, and a doing (Stephenson, 2015), which highlights the systemic connection of mind and body. Ritual is also a process. As Stephenson (2015) stated, “Ritual is in part a model for action, but even more profoundly ritual discloses and enacts the experience of distance and tension between what is and what is hoped for, between the real and the unattainable, actuality and possibility” (p. 26). Crockett and Prosek (2013) asserted that ritual can be distinctive characteristics and functions including universality, the facilitation of transitions and change, the creation of new meaning, and the formation of a new identity.

In consideration of the vastness of ritual, this paper will focus on the transformative process of rituals through Van Gennep’s transition phases; separation, liminal, and aggregate (Dosamantes-Beaudry, 1998). Van Gennep was born in Germany in 1873, and made a living as a freelance writer in France (Hockey, 2002). He is now recognized as a major contributor to ethnography and anthropology for his work in exploring commonalities amongst ritual practices (Hockey, 2002). Hockey (2002) contended, “We can summarize his work as an exposition of the structural similarity of a whole variety of rituals of transition” (p. 212). These transformations can be seen in psychological states, when a developmental or significant life event occurs, or in

interpersonal or intrapersonal changes (Crockett & Prosek, 2013). Additionally, transition phases were linked to the stability of society (Hockey, 2002).

A brief history of ritual. Ritual has been studied by a variety of scholarly disciplines leading to a myriad of definitions (Stephenson, 2015). Ethologists' were able to draw on human ritual to identify ritualistic animal behaviors (Stephenson, 2015). For example, when honeybees return to hives after food gathering, they engage in a series of abdominal waggles and footwork, while other bees gather to observe their performance (Stephenson, 2015). The scientific community has accepted this as communication through movement signaling directions to food supplies (Stephenson, 2015). In this non-verbal communication, movement is given meaning; body language can be understood through embodiment. That is to say in considering ritualistic animal behaviors, we must also consider non-verbal communication and shared action. Furthermore, animal ritual behaviors highlight ethologist's perspective that ritual was present at the very beginnings of humanity, and as playing an adaptive role in biological and cultural evolution (Stephenson, 2015).

Anthropologists have studied ritual through the lens of shamanism. The origins of shamanism come from the Tungus people of Siberia (Stephenson, 2015). In this and other early cultures, the health and social order of the community was often entrusted to a magico-religious figure: the shaman (Wyrostok, 1995). Shamans possessed the power to heal and the capacity to communicate with the spirit world on behalf of individuals or the entire community (Wyrostok, 1995). Winkelman (2009) explained that shamans used community rituals, altered states of consciousness (ASC), spirit beliefs, metaphors, and visual symbols to heal through an integral approach including various brain systems (i.e. reptilian, paleomammalian, neomammalian), and their functions. These brain systems provide the basis for behavioral, emotional, and

informational functions including innate needs and drives, and emotional, social influences (Winkelman, 2009). These imbalances could lead to health issues such as anxiety, chronic obsessions, or paranoia (Winkelman, 2009). In the case of anxiety or chronic pain, neurobiologists have found that shamanic rituals release endogenous opioids, which they believe provide anxiety relief or pain reduction (Wyrostok, 1995). Shamanism rituals are compiled of biological, physiological, and sociological components intended for healing (Winkelman, 2009).

Ritual as sacred and secular. Anthropologists worked in civilizations whose understanding of ritual has been drawn from studies of cultures in which all life and all life activities were viewed as sacred (Bewley, 1995). As such, primitive cultures used ritual to articulate and reinforce their understanding of life (Bewley, 1995). As time went on to the Paleolithic period, there was a “great leap” in cultural forms and cognitive capacities in which human beings presence can be traced back to (Stephenson, 2015). Some researchers contend that upper Paleolithic cave art was understood as the product of shamanic practices, therefore shamanism becomes the original religious or spiritual expression of humanity; the caves being a sort of womb, as well as the place and moment that ritualized acts were conceived (Stephenson, 2015). Moving to the Neolithic period, defined by the appearance of large scaled building projects, the rise of the these new settlements and agriculture call for new forms of social organization including divisions of labor and maintaining of hierarchies, enter religion and ritual (Stephenson, 2015). In conjunction with the building of Neolithic temples, ritual is separated from ordinary life, and given a “sacred” space to take place (Stephenson, 2015). As research and technology continued to develop, near the end of the Middle Ages (500AD-1500AD), a separation between healing and spiritual activities, between medicine and Church, between sacred and secular occurred (Wyrostok, 1995). The Church denounced medical and scientific

research, and so investigators of medicine asserted their independence from the Church (Wyrostok, 1995). This led researchers to turn away from spiritual matters, and concentrate on the physical body, thus dividing medicine and religion (Wyrostok, 1995). Sacred rituals became intended for Church and secular rites and rituals became the function of public figures (Wyrostok, 1995). Secular rituals led by public figures can include weddings, births, institutional events, and graduations (Gusfield & Michalowicz, 1984).

Ritual in western culture. It is important to consider Western's thinking in the divide of medicine and religion (Wyrostok, 1995). Western intellectual tradition is characterized by dualistic separations including nature versus culture, living versus dead, or sacred versus secular (Stephenson, 2015). In reference to ritual, we explore the dichotomy between ritual being an ordinary everyday activity or an act connected to the supernatural or religious (Stephenson, 2015). These distinctions are not easily applied to primitive cultures where ritual permeates society (Stephenson, 2015).

Ritual permeating societies may also be linked to cultures relying on actions rather than words (Al-Krenawi, 1999). According to Rando (1985) ritual often reaches the unconscious more rapidly than verbalization, and is used as a "doing" that invokes behavioral expression of internal thought and feeling. While the mind-body congruence enhances the working through of difficult issues (Al-Krenawi, 1999) these concepts have traditionally lacked support in western thinking.

This brief history establishes the intricate and mass connection and understanding of ritual through various scholarly disciplines. These findings show that ritual has biological, cultural, political, and socio-anthropological, amongst other, inner workings. This paper intends

to acknowledge the use of all aspects into a systemic approach fit for the complexity of human beings.

Dance/Movement Therapy

Acolin (2016) stated that for more than a half century, the American Dance Therapy Association has worked from the premise that the mind, body, and spirit are interconnected, which allows dance/movement therapists to use movement to further the emotional, cognitive, physical, and social integration of individuals. Dance/movement therapy acknowledged that all elements and components of a human are a related system reinforcing the mind-body concept (Chaiklin & Wengrower, 2009). Dance/movement therapy facilitates individual validation of worth and recognition of personal struggles, while also emphasizing individual's relation to community (Chaiklin & Wengrower, 2009).

Cultural and religious influences. Dance/movement therapy acknowledged the use of dance within early tribal communities as a link to understanding and directing the rhythms of the universe such as dances to plead for rain, for success in hunting, or appreciation of a plentiful harvest (Chaiklin & Wengrower, 2009). Further, dance/movement therapy recognized the many cultural groups through distinct movement and dances that have evolved specific to their geography and way of life (Chaiklin & Wengrower, 2009). In certain cultures, such as the Far East, dance has always been part of the religious and spiritual life of the people, and dancers would be trained to learn specific movements, myths, stories, and symbols of their culture (Chaiklin & Wengrower, 2009). The western world shared similar ideas about dance being a necessary part of life, and the magic power of dance (Chaiklin & Wengrower, 2009). For example, in ancient Greece all arts were intended to please the gods (Chaiklin & Wengrower, 2009). Similarly to ritual dynamics shifting in the Middle Ages, due to dance manias, dance was

banned by the Catholic Church and no longer thought of as a religious experience (Chaiklin & Wengrower, 2009). Dance manias, or people obsessively dancing, occurred when the plague swept through Europe as a reaction to all the lives lost in these environments (Chaiklin & Wengrower, 2009). In response, the Church believed their souls were possessed (Chaiklin & Wengrower, 2009). In addition, the emergence of the Christian religious beliefs in the Middle Ages led to a disassociation of the body-mind-spirit concept ((Chaiklin & Wengrower, 2009).

Dance/movement therapy and western culture. Comparable to ritual roots, dance/movement therapy recognized the ubiquity of the mind-body connection everywhere in the human experience, and concurred that treatment in the western world is dichotomous (Acolin, 2016). For example, Acolin (2016) referenced research by Damasio (1994) and O'Rourke (2014) that highlighted how medical doctors claim ownership over the physical body, while psychologists typically lend themselves only to the mind. Acolin (2016) exemplified this lack of connection in everyday experiences such as children being told to be still in their bodies in order to properly develop their minds in school environments. Here again, and years later we examine the perspective of western culture on therapeutic processes.

A Comparison of Ritual and Therapy

Research supported the likeness between ritual and therapy (Davis, 2000). They are both described as suspensions in time and interruptions in the flow of every day life (Davis, 2000). According to Davis (2000), classic ritual is the process of “breach, transition, and reincorporation,” and therapy parallels as “telling, retelling, and retelling of the retelling” (p. 127). “Breach” is the start and end of clients sharing their story with a therapist (Davis, 2000). In the “transition,” the therapist as listener becomes a teller, and the client as a teller becomes a listener (Davis, 2000). Furthermore, the retelling of the story by both allows the story to

transform (Davis, 2000). The transformative action is when meanings shift and new perceptions emerge (Davis, 2000). The “reincorporation” process integrates the new and prior story with a changed understanding of co-existing (Davis, 2000).

Additionally, ritual and therapy are both public structured occasions with routines, formats, actions, and mutually agreed upon roles (Davis, 2000). They both make use of ritual symbols (Davis, 2000). In either a therapy session or a ritual ceremony, communication regarding identity is constituted and negotiated (Davis, 2000). In other words, individuals are creating themselves presently while being safely held or challenged by healer or therapist. Ritual and therapy are also cathartic in the sense of moving people from a place they had not been before (Davis, 2000). This process happens through responsivity, and works by allowing people to let go of becoming who they really are and instead become “other than they were,” (Davis, 2000, p. 127). The similar processes that are offered in ritual and therapy guide the therapist’s consideration of how to integrate ritual healing for clients.

Ritual in psychotherapy. In response to rapid changes in social theory and social life, new theory is required to understand ritual through the concepts of transformation, which lend themselves well to current psychotherapeutic applications of ritual aimed at facilitating growth through time-limited intervention (Wyrostok, 1995). Van Gennep created a process followed by rituals involving transition in terms of three phases (Dosamantes-Beaudry, 1998).

Dosamantes-Beaudry (1998), a psychologist and dance/movement therapist, outlined the three phases:

1. Separation—the person detaches from an earlier fixed state;
2. Liminal—he or she enters a neophyte state characterized by ambiguity and lack of definition;

3. Aggregate—a transformative passage is completed by the neophyte who returns home as a renewed and wiser person. (p. 79)

Of note, the term “liminality” derives from the Latin *limen*, literally, a threshold (Stephenson, 2015). Stephenson (2015) explained, “A threshold or doorway mediates and joins two different spaces and has long been a symbol of transformation and change” (p. 50). In the context of the social sciences, liminality has been developed and applied to practices connected with change, and ambiguous, fluid, and malleable moments or situations (Stephenson, 2015). In further detail of liminality and transformation, rituals are creative uses of the medium of time (Brin, 2004). It can be thought of as an elongated moment to make a memorable distinction between what came before and what comes after (Brin, 2004). Van Gennep’s approach allows for a variety of rituals to be considered through this structure.

Rituals are infinite in regard to form, duration and focus (Crockett & Prosek, 2013), however these dynamics establish a structure that is helpful when experiencing confusing disorganization of identity in relation to changed circumstances (Rando, 1985). Transformational rituals communicate the coming of change as individuals experience a symbolic death of their old life and the rebirth of a new identity (Crockett & Prosek, 2013). According to Crockett and Prosek (2013) rituals have “active ingredients” (Wyrostok, 1995) that make them powerful and effective counseling interventions. In relation to the complexity of human beings, there is not one structure that needs to be followed to conduct a transformational ritual.

Ritual as sacred or secular in psychotherapy. Wyrostok (1995) acknowledged, “Yet, the world over, non-Western healers continue to practice shamanic healing rituals with treatment outcomes equivalent to those of Western psychotherapists.” Western medicine may overlook the work of ritual within psychotherapy by focusing on the prevailing Christian culture perspective

of sacred and secular (Bewley, 1995). As a pastoral counselor, Brin (2004) acknowledged that ritual is usually associated with religion, while also questioning the usefulness of this one-sided outlook. Besides the divide of medicine and Church, Brin (2004) explored how traditional religions are created from andocentric worldviews that discount and ignore women's experiences as human beings in a female embodiment. For example, currently there are medical technologies, such as becoming pregnant through artificial insemination and in-vitro techniques, which have not been religiously considered (Brin, 2004). These advances have emerged within a social and cultural context that does not provide recognition of personal experiences (Brin, 2004). If religions are unable to provide formal rituals or considerations for dealing with trauma of modern life, individuals find themselves in psychotherapy trying to contend with their feelings of loss, isolation, powerlessness, and fear (Brin, 2004). The practice of psychotherapy will call for both the sacred and secular frameworks depending on the needs of the client (Wyrostok, 1995). The following research articles example adaptation of sacred and secular ritual practices with clinical populations.

Ritual in psychotherapy of the bereaved. Rando (1985) and Reeves (2011) examined the use of ritual in psychotherapy of the bereaved. Both their works are influenced by Van Genep's transition ritual phases (Rando, 1985; Reeves, 2011). Rando (1985) posited that rituals can facilitate the necessary formation of a new relationship with the deceased by accepting the physical loss while allowing the memory to continue. As such, Reeves (2011) identified grieving individuals in the space of the liminal phase as they were already separated from their loved ones. Reeves (2011) stated, "They were experiencing an unending "liminal" phase, with all its anxiety-producing ambiguity. The grievors knew they could not return to the world as it was, yet they were unable to fully be in the world as it is" (p. 411).

There are essential components of this work including careful preparation, the role of symbols, participation, inclusion of others, and clarifying the past, present, and future (Reeves, 2011). Careful preparation takes time and energy (Reeves, 2011), because the ritual needs to be tailored to the individual needs of the griever and pertain to the specific loss experienced to be meaningful and therapeutic (Rando, 1985). The use of symbols or symbolic activities can direct individual's attention away from their thoughts and toward the purpose of the ritual (Reeves, 2011), which may be to separate from the departed and their grief (Rando, 1985). Participation implies an attitude, an intention to be present (Reeves, 2011), and the learning gained through experience and doing (Rando, 1985). Reeves (2011) asserted that active participation is a working together of the mind, heart, body, and spirit to meet physical and psychological needs. This congruency of our being encourages commitment to the transformation because all parts of being are "touched," (Reeves, 2011). Furthermore, Rando (1985) contended participation through acting out, which enables individuals to "do" something to process and change their grief. The acting out gets away from the intellectualization of the grief and reaches affect more deeply (Rando, 1985). The inclusion of others is facilitated in rituals for social interaction that is essential for grief resolution and social reintegration (Rando, 1985). Past and present are explored to gain clarity before looking to the future (Reeves, 2011). Irion (as cited in Rando 1985) stated, "movement along a continuum from a relationship of presence...to a relationship of memory" (p. 238).

Reeves (2011) outlined her ritual work with one of her clients, Claire, who was in a car accident with her parents in which her mother did not survive. When she came out of a 3-week long coma post accident, she learned of her mother's death and the many serious injuries she sustained that took most of her attention (Reeves, 2011). Claire's rehabilitation came to a stand

still when she insisted that she could not go on living until she accepted her mother's death as per the Roman Catholic Church, which could only occur if a person attends the departed's funeral (Reeves, 2011). In this immotile situation, Claire was referred to psychotherapy with Reeves (2011). In their work together, Reeves (2011) encouraged Claire to explore her thoughts regarding rituals with her priest and her father. She learned that her priest supported her idea of creating a ritual to allow her to accept and grieve her mother's death so that she could move forward (Reeves, 2011). They decided on a memorial Mass that would include others that were close to the family (Reeves, 2011). After the ritual, Claire was able to find closure with losing her mother, and she felt increased self-confidence in being able to move forward with her life with more direction and meaning including a graduation, and new job working with preschoolers with special needs (Reeves, 2011).

Ritual in psychotherapy of grieving parents of miscarriage or stillbirth. In her article, Brin (2004) explained her work with a couple who experienced unfinished grief from a stillbirth they experienced two years prior. She learned that after the stillbirth, the couple felt the Jewish community had abandoned and invalidated them by telling them not to go to the cemetery for the burial of their baby, but to "go home and make another baby" (Brin, 2004). Brin's (2004) approach utilizing ritual emphasized that each ritual is unique to the person or people creating it, that it provides people's deep need to express themselves, and that the ritual occurs at a particular moment and makes a distinction between that which came before and the hopes, dreams, and potential that reside in the unknown future. Further, rituals are created that are universally symbolic and meaningful so that all those who wish to partake by seeing and supporting are able to help (Brin, 2004). For the aforementioned couple, this included feeling accepted, supported, and understood by the Jewish community (Brin, 2004). She met with the

couple to learn about their contours of grief, and frustrations of their efforts to deal with it (Brin, 2004). Brin (2004) explained the “telling” or “separation” phase as the repeating of personal stories over and over again as part of our continual search for meaning. The created ritual was to take place at the cemetery where the baby was buried with letters read aloud by the parents about their hopes and dreams of becoming parents, of the grief they experienced when their baby, Junior, died, and of how they coped since death (Brin, 2004). They concluded with planting flowers at the grounds, and having a “mourners’ meal” with friends (Brin, 2004). This process allowed them transformation out of their grief and to the future.

The use of ritual as sacred and secular can be seen in both of these studies, which were able to consider and incorporate all the necessary pieces of identification for the process of transformation to occur. There can be a subtle difference exhibited between the use of sacred or secular ritual that can be best understood by the attitude with which it is intended (Bewley, 1995). We can infer the use of ritual as used by our earliest cultures, or also consider how adaptable sacred or secular ritual can exist in psychotherapy. Moreover, we can contemplate how existing dichotomies are serving society regarding physical and mental health.

Ritual use with traumatized adolescents. In 2011, the United States Department of Health and Human Services reported that 681,000 children in the U.S. were victims of maltreatment (Paylo et al., 2014). Experiences of abuse invoke immediate distress and disturbance, and also produce long-term health and functioning detriments of adolescents such as depression, cognitive distortions, identity disturbance, or substance abuse (Paylo et al., 2014). These impacts are serious and call for effective interventions that guide adolescents to expressively work through traumatic events to acceptance (Paylo et al., 2014). Therapists have found that therapeutic accomplishments can be acknowledged at the completion of treatment or

termination (Paylo et al., 2014). The termination process can be particularly difficult for adolescents with trauma and abandonment issues (Paylo et al., 2014). Therapists have a responsibility to provide clients with a purposeful and thoughtful termination experience that helps the client's ability to be future-orientated (Paylo et al., 2014). While there is a lack of literature related to the use of rituals concerning the termination process for traumatized adolescents, researchers have found that utilizing a creative ritual during termination allows client's accomplishments to be emphasized and reduced anxiety regarding the end of therapy sessions (Paylo et al., 2014).

Van Gennepe's transitional phases demonstrated effective therapeutic work in treatment for traumatized adolescents. This study explored the use of ritual through physical representation of the internal process, and of the symbolic representation of reorienting cognitive and emotional selves to the world (Paylo et al., 2014). The separation that occurs for traumatized adolescents can be understood as various diagnoses and through the client-therapist relationship of the client's telling their story (Paylo et al., 2014). Clients were able to separate themselves from and externalize the trauma in a symbolic way such as destroying written expression (Paylo et al., 2014). As they separated from this self, they were able to connect to their present self through expressive arts such as storytelling, drama, or creating a letting go ritual (Paylo et al., 2014). The transformational process was done through the sharing of the client's trauma narrative with family and friends (Paylo et al., 2014). The transformation process is not complete without the transition back into the world as the changed self. The effectiveness of ritual as a step of the process of the therapeutic work for traumatized adolescents can be re-created to fit other populations or spotlighted as an effective termination method.

Ritual and Society

During the first half of the twentieth century, through the perception of sociological and anthropological theory, ritual is theorized to bind people together through harmonious function by creating and sustaining orders of meaning, purpose, and value (Stephenson, 2015). Al-Krenawi (1999) concurred that a benefit of ritual is its ability to promote interaction between the individual and the community. The social aspect of ritual can be understood through Victor Turner's, a man who helped develop Van Gennep's approach, explanation of *communitas* as the experience of merging self and others into oneness (Stephenson, 2015), and that which appears most often in liminal spaces manifested in all types of rituals (Harris, 2009).

Ritual in tribal community. As earlier explained ritual can be thought of as a “doing” stemmed from thought, feeling and emotions (Al-Krenawi, 1999). Rituals in non-Western cultures are often public, community events (Wyrostok, 1995). In tribal communities illness is generally seen as the loss of one's soul, which must be retrieved, or as the intrusion of an object or spirit, which must be expelled (Dosamantes-Beaudry, 1998). The illness is connected to spirits that related to the whole community, therefore it was understood that it was best to restore harmony amongst the community by ensuring all in the community attended the ritual ceremony (Wyrostok, 1995). Additionally, the combined witnessing efforts added power toward the ritual activity of healing (Wyrostok, 1995).

Ritual community in psychotherapy. Dosamantes-Beaudry (1998) stated:

The metaphors of the loss of one's soul and the exorcism of intrusive spirits have been rediscovered and reinterpreted in modern times by western psychotherapists as “the loss of one's self” and as “the projection and re-introjection of disavowed experience. (p. 80)

Ritual witnessing is also considered an important aspect of acknowledgment when utilizing ritual in psychotherapy (Davis, 2000). Davis (2000) maintained that witnesses acknowledge the person's claims about her or himself, as well as, acknowledge what aspects of the story relate images of bystander's own lives. The role of the community can be understood through the example of Gaila's experience of losing her house and all her possessions from a fire that engulfed her entire community (Dosamantes-Beaudry, 1998). Gaila began to work with a therapist to help her process her deep distress and depression (Dosamantes-Beaudry, 1998). She began to attend a group therapy session of other fire survivors where she created a dance about her experience and performed it for her students and other fire survivors in the group (Dosamantes-Beaudry, 1998). The group members were so moved that they asked Gaila to recreate the dance with them so they could invite their loved ones to witness it (Dosamantes-Beaudry, 1998). The viewing of the dance triggered a communal emotional catharsis that led to each person sharing their story, and grieving the loss they endured (Dosamantes-Beaudry, 1998). In the process of ritual witnessing, the community was able to move forward from their loss (Dosamantes-Beaudry, 1998).

There are many social properties involved in ritual processes. Davis (2000) asserted that a productive ritual makes the private suffering public, and the public becomes integrated into each person's private identity. Dosamantes-Beaudry (1998) explained, "Effective ritual helps to manage and resolve collectively held unbearable distress and creates communal solidarity in the process" (p. 80). Lastly, public witnessing of ritual has the capacity to create a renewed relationship between the sufferer and his or her community (Wyrostok, 1995).

Dance/movement therapy and community. Comparatively, dance/movement therapy recognizes that through dancing people share a sense of community through rhythmic connection

in public places (Chaiklin & Wengrower, 2009), as well as move in deeper relationship with oneself and others (Homann, 2017). Dance/movement therapy is historically rooted in interconnectivity spotlighting the interpersonal, empathic relationship between movers and witness' (Berrol, 2016). Furthermore, dance/movement therapy is based on the realization that individuals express themselves through dance to find relation within the community on a large or small scale (Chaiklin & Wengrower, 2009). The connection cultivated through shared energy and strength supports persons to go beyond their personal limitations in transformation (Chaiklin & Wengrower, 2009).

Dance/movement therapy and folk wisdom, such as ritual practices, have endeavored to try to explain the mind-body connection in healing practices for years (Acolin, 2016). A growing body of empirical data is clarifying the interconnectedness of mind and body through neuroscience (Acolin, 2016). In support of dance/movement therapy and ritual practices, these concepts are explored through the transformational processes that occur through dance/movement therapy theory and social connection.

Social Connection

Communication exists in all our relationships, and can be understood through a host of sciences including anthropology, sociology, physiology, linguistics, and more (St. Clair, 2017). Researchers (Coan, Brown, & Beckes, 2014) contended that aside from primary physiological needs, social relationships might be the most powerful factor related to human health and well-being. Social isolation can lead to emotional pain and increased risk for illness and death, while rich social connections lower risk for physical and psychological illnesses (Coan et al., 2014). Similarly to the long-standing history of ritual, human sociality can be traced back more than 250 million years (Lieberman, 2013). In the ritual liminal space these two factors, social connection

and individual/community transformation exist within each other, and all who are engaged are changed (Davis, 2000). Literature (Fishbane, 2007) supported the brain being wired through relationships, and connection in our lives through what Siegel (1999) calls “interpersonal neurobiology.” Interpersonal neurobiology furthers vast research supporting the necessity of relationships for brain development and neural functioning throughout the life cycle (Fishbane, 2007).

Neuroplasticity. The human brain is considered the most complex entity in the universe (Fishbane, 2007). It has billions of neurons, which have thousands of connections with other neurons (Fishbane, 2007) and yet is the most organized organ (Berrol, 2016). Neurons meet at synapses, which are small gaps between neurons, and neurotransmitters drift between gaps to communicate, creating neural connections (Fishbane, 2007). These connections form neural circuits and when activated in various parts of the brain produce thoughts, emotions, and feelings (Fishbane, 2007). Neural circuits are impacted by genetics and experiences including biological parents, the nature of relationships, or the experience of therapy (Fishbane, 2007). Therefore, experience can literally change the wiring of our brains, by changing synaptic connections and circuits, which is to say that experience is biology (Fishbane, 2007). Here Fishbane (2007) highlights Siegel’s concept of “interpersonal neurobiology” through neuroplasticity, which asserts that human connections create neuronal connections, which changes the structuring and wiring of the brain through interactions with others. Thus, neuroplasticity affirms that change is possible through individual and social learning (Fishbane, 2007). Additionally, interpersonal neurobiology reinforces the necessity of connection and that there are no single brains because without mutually stimulating interactions, people and neurons die (Fishbane, 2007).

Dance/movement therapy as a mind-body practice. It is crucial to understand that dance/movement therapy is an encompassing practice that does not dichotomize the body, but rather works simultaneously from a physiological and psychological framework (Homann, 2017). Homann (2010) supported the work of Damasio (1994) who explained how emotion is experienced through the mind from gathered somatic cues including hormonal levels, blood flow, digestive activity, neurotransmitters, and other makeups of cellular metabolism.

Pert (as cited in Homann, 2010) described the inner workings of this mind-body approach:

Your brain is extremely well integrated with the rest of your body at a molecular level, so much so that the term mobile brain is an apt description of the psychosomatic network through which intelligent information travels from one system to another. Every one of the zones, or systems of the network—the neural, the hormonal, the gastrointestinal, and the immune is set up to communicate with one another... Every second a massive information exchange is occurring in your body. Imagine each of these messenger systems possessing a specific tone, humming a signature tune, rising and falling, waxing waning, binding and unbinding, and if we could hear this body music with our ears, then the sum of these sounds would be the music that we call the emotions. (p. 84)

Through all these inner workings, dance/movement therapists engage the brain through the body (Homann, 2010). Non-verbal expression and communication are rooted in the human body and the multimodal nervous integration of sensing, feeling, moving, and imagining (Trevarthen & Fresquez, 2015). Sensing is perceiving information via stimuli, which can be received through exteroception, proprioception, and interoception (Trevarthen & Fresquez, 2015). As sensory information is received from the outer world it travels to the thalamus, and then to the

determined sensory association area of the brain (Homann, 2010). In regards to kinesthetic sensing, this area is the parietal lobe, which receives neuronal input from each part of the body to create an internal body map in the brain (Homann, 2010). This area works with the limbic system to suffuse sensory perceptions with affective and emotional value (Homann, 2010). The limbic system also works with the cortical process areas to designate certain information as relevant (Homann, 2010). This process identified emotions as physiologically based (Homann, 2010). Dance/movement therapists facilitate breath work or movement to access emotions, and produce feelings, the mind's subjective understanding of somatic cues (Homann, 2010). By tuning into the body, dance/movement therapy allows for increasing affect awareness and emotional regulation through physiological processes connected to emotion, and also makes them possibly more available to the conscious mind (Homann, 2010). This mind-body approach allows us to explore further developed concepts in neuroscience supporting dance/movement therapy theory and social connection.

Mirroring. In a recent study, regarding the association between dance/movement therapy and interpersonal neurobiology, Berrol (2016) postulated that interpersonal neurobiology has illuminated and validated the interactive therapeutic process of dance/movement therapy, and allows dance/movement therapists to work with deeper understanding of the entity of the work. Furthermore, the use of interpersonal neurobiology has been used in an “up-down” perspective in traditional talk therapies by psychotherapists, as opposed to a “down-up” perspective such as dance/movement therapy does (Berrol, 2016). Berrol (2016) explained that interpersonal neurobiology, through the lens of psychotherapy, comprises themes of mirror neurons, neuroplasticity, empathy, intersubjectivity, and social consciousness. Mirroring, the work of mirror neurons, was the predominant technique of Marian Chance, dance/movement therapy

pioneer (Berrol, 2016) in the early 1940's with persons with schizophrenia and psychosis (Chaiklin & Wengrower, 2009).

A few decades ago neuroscientists (di Pellegrino, Fadiga, Fogassi, Gallese, & Rizzolatti, 1992) in Palermo, Italy discovered mirror neurons while working with the visual cortex of primates (St. Clair, 2017). They found that when a monkey observed another primate pick up a cup, it would signal these actions neurologically as if it were acting out the same movement (St. Clair, 2017). Further research confirmed that mirror neurons were also present within the human brain, and that not all behaviors are imitated, but only those with correlated well-formed intentional behaviors (St. Clair, 2017). Therefore, mirror neurons were activated when the motor function of another person was intentional and related to the habitual motor behavior of the witness (St. Clair, 2017). As previously discussed with sensing, from this connection the witness creates a map of intention of the observed in his or her own mind (St. Clair, 2017). For this reason, there is a strong link established in the mind between observing the actions of others and recognizing the intention (St. Clair, 2017). Payne (2017) affirmed, "Essentially the point is that mirror neurons and associated neuroscience studies show that witnessing the actions of others rather than being simply a visual exercise, is one that co-involves our own actions and emotions" (p. 169).

Mirror neuron systems represent the constant relationship of adjusting our responses to others based on our sense of what is happening in the minds of those whom we are relating to (Homann, 2010). Aragon, Sharer, Bargh, and Pineda (2014) further examined the relationship of the mirror neuron system and social connection by investigating participant's responses to purely kinematic and goal-directed movements when treated fairly and unfairly by the confederate of the study. A confederate is an actor involved in a study that appears to be a participant, but is

actually working for the researcher. The study indicated that when participants were treated fairly they felt that the confederate was more trustworthy and warm, and conveyed a desire to socially connect with him (Aragon et al., 2014). In addition, these participants mirrored both, purely kinematic and goal-directed movements (Aragon et al., 2014). However, when participants were treated unfairly they reported the confederate as less trustworthy and warm, conveyed less desire for a future social connection, and did not mirror purely kinematic movements, rather only movements that were relevant to their own goals (Aragon et al., 2014). This research demonstrates the impact of kinaesthetic intersubjectivity on social relationships.

Mirror neurons and ritual. Comparatively, the underlining and internal work of rituals can also now be better understood through mirroring. Winkelman (2009) described the components of ritual practices in shamanism as dance, drumming, rattling, and chanting while the shaman engaged with the spirits. Baimel, Severson, Baron, and Birch (2015) examined mirroring through the concept of behavioral synchrony through anthropological and historic records of collective ritual using music, dance, and drills. They found that synchrony cultivated increased commitment to the group, and increased feelings of liking, similarity, and trust (Aragon et al., 2014; Baimel et al., 2015). Researchers asserted that evolved cultural ritual practices around the world are being utilized to develop cognitive connection through synchronous action creating sociality (Baimel et al., 2015). Furthermore, the study elicited dance/movement therapy as a practice that heavily involves synchronous interactions with others (Baimel et al., 2015). Homann (2010) affirmed mirroring as a hallmark of dance/movement therapy based on movement synchrony and affective attunement that can create a profound experience of emotional connection.

While current research of mirror neurons identified scientific findings of dance/movement therapists' work, it also established the historic inner workings of ritual practices. These practices are further supported by understanding that the activation of mirror neurons is based on the assumption that all humans share common motions and emotions (Berrol, 2016). The scientific findings of mirror neurons show that dance/movement therapy and rituals are intertwined with sociality.

Dance/Movement Therapy and Ritual

Accordingly, the use of ritual within dance/movement therapy has been and is currently being studied amongst various populations, particularly cultures that emerge from and embrace rituals. Harris (2009) explained this developing dynamic, "Attending to interventions performed at the boundary between the wisdom of timeless traditional cultures of the global South and the neurophysiology-informed psychotherapeutic knowledge of the North may potentially bring insight into a fundamental paradox of healing" (p. 95). In his article, Harris (2007) posited the effectiveness of utilizing non-verbal approaches, such as dance/movement therapy, with ritual structure and its unusual potential of the liminal as a catalyst for transformation and as a social reintegration process through empathetic connection for former boy soldiers of Sierra Leone who have posttraumatic distress. The study consisted of a dozen former boy soldiers, aged 15-18 years old, who all participated in the heinousness of the Revolutionary United Front (RUF) rebels, and was facilitated by an accredited dance/movement therapist from the United States, two dozen psychosocial counselors, and three local Centre for Victims of Torture (CVT) staff (Harris, 2007). The facilitators had numerous treatment goals to work on from March-September 2006 including increasing peer interaction, fostering a safe environment to rebuild trust and dignity, increasing knowledge about the body and trauma, reintegrating of body and

mind through experiences of mindfulness, and utilizing symbolic expression as a way of integrating trauma, amongst others (Harris, 2007). The dance/movement therapist decided to “combine openly improvisational dance to recordings of Sierra Leonean popular music with more elaborately defined physical exercises, each chosen to help meet a particular psychosocial objective” (Harris, 2007, p. 206). Additionally, the use of a Chacean circle, the general structure of a Chace dance/movement therapy session (i.e. warm-up, theme development, and closure), and kinesthetic empathy were put to use throughout the intervention (Harris, 2007). Moreover, ritual was easily incorporated throughout this intervention as Harris described, “Within cultures such as those of Sierra Leone, where an essential unity of mind and body, cognition and affect, is traditionally reflected in an unbroken participation with the natural world, body-orientated rituals afford restoration and social reintegration after disruption” (p. 205). For example, the last session of the intervention commenced a ritual return for the youth, as transformed human beings, by enacting a role play asking the community for acceptance and reiterating the plea to be taken ‘*as your children*’ (Harris, 2007). The community cultural healing event (Harris, 2007) evidenced Harris (2009) assertion, “In many holistic cultures to this day, ceremonial performance sustains a pivotal position in community restoration in the aftermath of violence and disruption” (p. 98).

In another study, Vinesett et al., (2015) explored the use of ritual through a drum and dance ceremony based on the African Ngoma Tradition through a therapeutic lens, on “difficult issues,” which normally relate to health or life transitions, to determine its acceptance and potential benefit for US culture. Researchers (Vinesett et al., 2015) pronounced, “the original practice of healing through strongly rhythmic music and dance in a social context, a practice that once embraced all of humanity, is not widely available in US culture” (p. 460). The study consisted of seventeen participants who were living with chronic illness (Vinesett et al., 2015).

The Congolese Zebola ceremony, an African healing practice was religion-neutral, and conducted by participants first spending ten minutes in a focused activity (i.e. meditation, yoga, or prayer), followed by dancing to the Congolese rhythm for an hour and a half, with a rest every 20 minutes (Vinesett et al., 2015). Afterward, participants were asked to reveal if they had a positive, neutral or negative experience, and also strengths and weaknesses of the ceremony (Vinesett et al., 2015). The results of this study indicated that all participants identified a positive experience and described benefits of stress reduction, feelings of group support, and beneficial spiritual experience (Vinesett et al., 2015). Although several limiting factors, including lack of participation of men, and ethnic diversity, the authors advocate for consideration of the healing potential of the ceremonies in the US provided the outcomes of this research (Vinesett et al., 2015).

Cultural considerations. According to Al-Krenawi (1999) there are an increasing number of people from non-Western cultural backgrounds seeking mental health therapy in recent years. It is important for therapists to be accepting of all aspects of a client's life including the acceptance of the role of ritual in their lives, and their expectations of therapists (Al-Krenawi, 1999). Many traditional cultures remain deeply connected to ritual practices, and are more apt to utilize rituals in psychosocial, psychiatric, and medical situations than modern Westernized peoples (Al-Krenawi, 1999). Both Al-Krenawi (1999) and Wyrostok (1995) referenced researchers (Jilek & Todd, 1974; Suryani & Jensen, 1992; Torrey, 1986) contention that there are similar outcomes of Western psychotherapists techniques and traditional healers use of rituals for treating anxiety, depression, substance abuse, and family dysfunctions.

Traditional cultures have faced difficulties, and had suspicions of traditional Western talk therapy due to lack of education in ability to abstract and articulate their stories (Al-Krenawi,

1999). Further, they are not accustomed to introspection and thorough analysis of their motives and drives (Al-Krenawi, 1999). Through the use of ritual, therapists can substitute actions for words, and also reduce the novelty of Western therapy by relating the client's beliefs and values (Al-Krenawi, 1999). Similarly, dance/movement therapy implements resembling concepts of ritual such as non-verbal communication. Moreover, using rituals as time-limited (Reeves, 2011), adapts to traditional cultural patterns of short-term, highly structured rituals (Al-Krenawi, 1999). While rituals are linked to traditional cultures, Al-Krenawi (1999) acknowledged that rituals have value as a therapeutic tool for any client's cultural background.

Discussion

This critical review of research and literature examines the role of ritual being utilized in dance/movement therapy as an effective therapeutic treatment. Rituals do not have to be a remembrance of the past; instead they can be fruitful adaptations of humanity, which remain vital across time and culture (Wyrostok, 1995). In addition, this review illuminated the relevance of movement and social connection that is deep-rooted in both ritual and dance/movement therapy through neuroscience. Profound relational bonds, whether experienced in a ceremonial dancing circle or creative arts therapy group, contribute to a person's ability to survive unthinkable traumas (Harris, 2009). This review also included research on the cultural inclusiveness of applying ritual in dance/movement therapy sessions. Oftentimes, rituals have distinct cultural origins that are part of a grammar of the body (Norris, 2001). However, there is still a clear need for more research to be conducted to better understand the role of ritual in dance/movement therapy and the provided benefits. While there is a more developed body of literature conducted on the use of rituals in psychotherapy, one of the main limitations that this writer discovered was the lack of research examining the effectiveness of utilizing ritual in

dance/movement therapy. In searching key words of this paper, this writer was only able to identify three articles that examined the role of ritual in dance/movement therapy (Harris, 2007; Harris 2009; Vinesett et al., 2015). In conjunction with a lack of research, there is a lack of populations identified in this sort of treatment despite ritual's historic roots amongst numerous cultures, and explained flexibility within a therapeutic environment. Future studies should aim to investigate how the use of ritual in dance/movement therapy could better serve populations through time limited transitions, working from the body, non-verbal communication, and dance, as well as the role of innate social connection, which both these practices incorporate.

This literature review presented research that supports dance/movement therapy as an effective treatment modality for incorporating ritual due to shared similarities through cultural influences. The creative arts therapies, specifically non-verbal applications, are gaining sturdy support through neuroscience for their effectiveness in not needing left-brain linguistic processing present in therapeutic environments (Harris, 2009). Additionally, mirror neurons have confirmed unconscious and intuitive understandings that are created in relationships.

Dance/movement therapy theoretical framework and ritual practices exist on necessary and inclusive concepts including sociality, body-based communication, and personal transformation, which enables them to be available to diverse populations. Moving forward, it is essential to conduct research in the field of dance/movement therapy incorporating ritual practices specifically and in consideration among varying populations to confirm this modality as an inclusive and effective treatment option. Future research should aim to provide evidence-based results for the use of ritual in dance/movement therapy to make it more comparable with other evidence-based practices.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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