

Dance/movement therapy approaches to fostering resilience and recovery among African adolescent torture survivors*

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Abstract

Dance/movement therapy (DMT) interventions, if designed to promote cultural relevance and community ownership, may enhance healing among African adolescent survivors of war and organised violence. The author posits a theoretical rationale for body movement-based approaches to psychosocial rehabilitation, and offers DMT's holism as evidence of transcultural applicability. Two distinct DMT initiatives with this population are discussed in terms of theoretical assumptions, implementation, and outcomes. Both efforts afforded creative means for discharging aggression and restoring interpersonal connection. The first of these programmes engaged a community of South Sudanese refugee youths, resettled to the U.S., in a series of gatherings for traditional dancing and drumming that reconstituted a central culture-of-origin ritual. Anecdotal evidence supports this psychosocial intervention's emphasis on group cohesion as a vehicle with both preventive and reparative capacities. Also a series of DMT groups with youths in Sierra Leone. All organized several years post-conflict, these interventions involved applying the DMT modality within a framework of Western psychotherapeutic conventions described in a series of groups with youths, all organized several years post-conflict, is presented. Programme evaluation revealed a drop in average symptom expression among a group comprised of former

boy combatants who reported continual reduction in symptoms of anxiety, depression, intrusive recollection, elevated arousal, and aggression. The group's teenage males joined actively in improvisatory dancing and in other structured creative exercises. These former child soldiers later elected to demonstrate their wartime experiences through public presentation of a role-play. A report on this event illustrates the success of the process in overcoming stigma and enabling meaningful community reintegration. Thus, whether introduced in refuge or post-conflict, DMT approaches are shown to embody revitalizing psychosocial support in the aftermath of massive violence.

Key words: Torture, trauma, child soldier, refugee, war, Africa, reconciliation, creative arts therapy, sociodrama, dance/movement therapy

Introduction

In the year 2000, UNICEF estimated that armed conflicts worldwide had traumatized ten million children during the decade-long span that began in 1986.¹ Given the impact of war and organized violence on children's well-being, initiatives targeting the psychosocial needs of war-affected young people would logically amount to a global priority. Whether in developed or developing countries, however, programmes that deliberately

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1) Children and armed conflict: report of the Secretary-General. New York: United Nations, 2000 19 July. Report No.: A/55/163-S/2000/712.

and meaningfully address psychosocial problems among children of war remain relatively uncommon, despite the potential for strengthening identifiable protective factors that may shield children and adolescents from severe emotional and psychological harm.

Engaging cultural resources, including those associated with creative artistic expression, has been shown to enhance communities' resilience in the face of terror and deprivation, and to cultivate children's capacities in particular.^{2,3,4} Dancing is one such expressive activity, the collective performance of which delivers strong potential for sublimating inter-group tensions, while increasing interpersonal connection and strengthening solidarity. Although rarely utilized as modes of psychosocial intervention, dance/movement programmes, if appropriately designed to maximize cultural relevance, may prove an effective means of fostering resilience after massive violence. This essay documents the author's use of dance as a medium of healing with war-affected African youth, both those in refuge in the West and those living in a post-conflict situation in their war-ravaged homeland. In detailing the pertinent benefits of particular dance-based initiatives—including but not limited to relaxation that flows from the pleasurable contained release of aggression through body movement—the discussion below focuses on methods applied for ensuring the programmes' community ownership and cultural appropriateness.

2) Richman N. Annotation: Children in situations of political violence. *J Child Psychol Psych* 1993;34:1286-302.

3) Miller KE, Billings DL. Playing to grow: a primary mental health intervention with Guatemalan refugee children. *Am J Orthopsychiat* 1994;64:346-56.

Structured in three interconnected parts, this paper begins with a brief rationale for body movement-based interventions in torture rehabilitation. There follows an introduction to dance/movement therapy ("DMT"), particularly as defined in terms of this psychotherapeutic modality's suitability for fostering recovery among young African survivors. Concluding the argument are descriptions of two distinct DMT approaches to working with young torture survivors, as inherent in a pair of interventions – preventive, on the one hand, and largely reparative on the other – with African youths in quite differing environments. It cannot be overemphasized that each of these two unique DMT programmes was developed with a specific sociocultural context in mind: A situation of resettlement in the developed North, and a situation of a post-conflict society in the global South. Any programmatic generalizability, therefore, would have to be elicited from the broader therapeutic vision of the interventions, rather than from their specificities, which involved considerable adaptation to social, cultural, and political realities in the two environments.

Chronologically first among these programmes was an initiative that served 70 unaccompanied South Sudanese refugee minors resettled to the United States. Traditional dance was this programme's defining communal activity. The second programme to be discussed, and the more recently completed, concerns a series of four gender-specific counseling groups conducted

4) Boothby N. Mobilizing communities to meet the psychosocial needs of children in war and refugee crisis. In: Apfel RJ, Simon B, eds. *Minefields in their hearts: the mental health of children in war and communal violence*. New Haven: Yale University Press, 1996:149-64.

with adolescents in a remote rural district in Sierra Leone. All of the young participants in these four DMT counseling groups – including the one discussed below with former child soldiers – originated from or had returned to border communities at the epicenter of atrocity during the recent 11-year war.

These DMT projects were sponsored by two different humanitarian agencies, and involved quite contrasting sets of objectives and therapeutic paradigms. By here identifying and analyzing the strengths of the two interventions—which succeeded in remarkably different ways—it may be possible to elucidate the underpinnings of DMT’s un-usual flexibility and relevance in fostering resilience and recovery among African youth. Indeed, comparing observations from this pair of programmes sheds light on what appears to be a broad capacity in the DMT modality for promoting healing among distinct populations of African youth to have survived egregious violations of their human rights and intrinsic dignity as persons.

Focusing on the body and body movement in torture treatment

Even cursory analysis of the psychophysiology of trauma and posttraumatic distress reveals that human beings both live and relive traumatic exposures. The original incident and the reliving alike tend to be experienced “at the body level” through such functions as heart rate, respiration, and perspiration, often in tandem with images that may seem to overrun the mind. It is

commonly agreed that initially our bodies respond to life-threatening events through fight or flight, or by undergoing a sort of temporary paralysis likened to freezing.⁵ Long after the disappearance of genuinely acute danger, the involuntary functions controlled by the autonomic nervous system may continue to operate as if the threat were present. This posttraumatic phenomenon of re-experiencing agitation and elevated arousal associated with memories of grave threats to well-being, moreover, is observed across cultures, regardless of vast differences in local understandings of the idea of trauma, and of suffering itself.

In underscoring advances in neuroanatomy research that have buttressed contemporary practice in the field the psychophysiology of trauma, Bessel van der Kolk and his colleagues⁶ have taken a lead in turning the attention of psychotraumatology to the importance of addressing the body in trauma treatment. In a November 1988 presentation, entitled “Neurobiology, Attachment and Trauma,” at the annual meeting of the International Society for Traumatic Stress Studies, Van der Kolk postulated:

If it is true that at the core of our traumatized and neglected patients’ disorganization is the problem that they cannot analyze what is going on when they re-experience the physical sensations of past trauma, but that these sensations just produce intense emotions without being able to modulate them, then our therapy needs to consist of helping people stay in their bodies and to understand these bodily sensations.⁷

5) Rothschild B. *The body remembers: the psychophysiology of trauma and trauma treatment*. London: WW Norton & Co, 2000.

6) Van der Kolk BA, McFarlane AC, Weisaeth L.

Traumatic stress: the effects of overwhelming experience on mind, body, and society. New York: The Guilford Press, 1996.

7) See note 5. p 3.

Van der Kolk's advice to clinicians to monitor trauma sufferers' capacity for making sense of the connection between sensation and experience serves as a guiding principle for many mental health service providers, and not only those with a decidedly somatic orientation. Yet techniques for regaining such corporeal understanding differ widely from one culture to another.

Dance/movement therapy and its transcultural applicability

Dance/movement therapy is particularly well-equipped for overcoming cultural differences, while helping traumatized persons gain the skills they need both for grounding themselves "in their bodies," and for comprehending the relationship between bodily sensation and traumatic memory. The American Dance Therapy Association, a four-decade-old professional organization active in the United States, has defined DMT as "the psycho-therapeutic use of movement as a process that furthers the emotional, cognitive, social, and physical integration of the individual."⁸ Thus, dance/movement therapists engage at the locus of the human body an extraordinary fount of meanings – physical, affective, cognitive, developmental, and even spiritual. According to one leading exponent of the modality in the United States, DMT's central premise is that "the visible movement behavior of individuals is analogous to their intrapsychic dynamics."⁹ Perhaps anticipating the field's lack of consensus over such psychodynamic terminology, this same practitioner managed to coalesce divergent perspectives on the profession by identify-

ing along with her basic premise three core assumptions concerning DMT practices that elaborate on it:

1. Movement reflects personality.
2. The relationship established between the therapist and patient through movement supports and enables behavioral change.
3. Significant changes occur on the movement level that can affect total functioning.¹⁰

The dance/movement therapist, accordingly, utilizes movement interaction as the primary – but not the only – means for accomplishing therapeutic goals in both assessment and treatment.

For the most part, DMT has been articulated within the United States and Europe, nonetheless, the modality's application may extend far beyond the developed North, since its origins and development are informed by a fusion of Western psychological precepts and dance – itself a worldwide form of cultural expression with its beginnings in celebratory ritual. Fundamental to this body-oriented mode of psychotherapy, moreover, is the notion that health and well-being are predicated on an integral connectedness of psyche and soma. Such an abiding ethos of intrinsic holism would appear at one with that of many cultures of the developing world. Given the unusual concurrence in one treatment modality of these three elements – foundations in Western psychotherapeutic theory and practice, association with the global phenomenon of ritual, and holistic belief in the unity of mind and body – DMT should prove ideally suited to respond to the effects of torture

8) American Dance Therapy Association, 2006. www.adta.org [cited 2006 Dec 15].

9) Schmais C. Dance therapy in perspective. In: Focus on dance. Washington, DC: American Alli-

ance for Health, Physical Education and Recreation, 1974:10.

10) Ibid.

and war among persons from holistic, collectivist cultures.

Indeed, with body movement accepted across many such cultures as a “basic mode of communication,”¹¹ dance/movement therapists may be especially well prepared to engage survivors transculturally. Furthermore, the modality in its early years – as practiced by founder Marian Chace at St. Elizabeth’s Hospital in the U.S. capital – was virtually indivisible from the treatment regimen of numerous psychiatric casualties of the Second World War.¹² Despite these diverse, transcultural origins and a history as postwar treatment, this form of therapeutic intervention has, to date, been little utilized in prevention and recovery programmes addressing the needs of either children or adolescents affected by war and organized violence, whether in the developing or the developed world. As of this writing, apparently nothing has been printed on DMT that specifically considers an application with children of war.

There is, however, an emerging literature that addresses DMT as torture treatment.^{13,14,15,16,17} Karen Callaghan, a therapist at London’s Medical Foundation for the Care of Victims of Torture, has underscored in accounts of her movement psychotherapy with survivors an essential oneness of being that is the specific target of the torturer’s cruelty. “Memories live in the body,” she posits, “and are stimulated by one’s own or another’s movements.” Pointing to the fundamental unity of mind and body she locates resources at the body level – including “[m]uscular and visceral responses to emotions and memories”¹⁸ – for repair of the body/mind split that many survivors experience as an overwhelmingly dehumanizing consequence of the terror they have endured. The dance therapist’s holistic conviction thus harmonizes well with Van der Kolk’s blunt deduction: “Brain, body, and mind are inextricably linked, and it is only for heuristic reasons that we can still speak of them as if they constitute separate entities.”¹⁹

11) Pallaro P. Culture, self and body-self: dance/movement therapy with Asian Americans. *Art Psychother* 1997; 24(3):227.

12) Johnson DR. Marian Chace's influence on drama therapy. In: Sandel SL, Chaiklin S, Lohn A, eds. *Foundations of dance/movement therapy: the life and work of Marian Chace*. Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association, 1993:176-89.

13) Callaghan K. Movement psychotherapy with adult survivors of political torture and organized violence. *Art Psychother* 1993;20:411-21.

14) Callaghan K. In limbo: movement psychotherapy with refugees and asylum seekers. In: Dokter D, ed. *Arts therapists, refugees and migrants: Reaching across borders*. London: Jessica Kingsley Publishers, 1998:25-40.

15) Callaghan K. *Torture-the body in conflict: the role of movement psychotherapy*. London: Med-

ical Foundation for the Care of Victims of Torture. Paper No. C36.

16) Gray AEL. The body remembers: dance movement therapy with an adult survivor of torture. *Am J Dance Ther* 2001; 23(1):29-43.

17) Harris DA. Remaking the world: dance/movement therapy with survivors of torture and war. In: *Proceedings of the thirty-eighth annual conference of the American Dance Therapy Association [CD-ROM]*. Denver, CO: ADTA, 2003.

18) Callaghan K. *Movement psychotherapy with torture survivors [master's thesis]*. Philadelphia, PA: Hahnemann University, 1991:59-60.

19) Van der Kolk BA. The body keeps the score: approaches to the psychobiology of posttraumatic stress disorder. In: Van der Kolk BA, McFarlane AC, Weisaeth L, eds. *Traumatic stress: the effects of overwhelming experience on mind, body, and society*. New York: The Guilford Press, 1996:216.

Such holism is indeed core within the field of dance/movement therapy, and on occasion is linked with what are deemed timeless cosmologies and practices. While some dance/movement therapists focus on the Western psychotherapeutic side of the DMT healing continuum, there are others guided by the modality's primary antecedents in dances of communal affirmation and defence – in “roots . . . [that] extend back to ancient times in dances of celebrations and crises, in dances that define individual and group identity, and in dances of death and exorcism.”²⁰ Dance therapists, accordingly, have referenced the scholarship of ethnologist Judith Lynne Hanna, who discerns among traditional cultures a number of specific functions for dance, all possibly pertinent to healing from organized violence:

- (a) the mediation of unknown and uncontrollable forces within participants and their environment,
- (b) a safe way of acting out negative or deviant emotions and behaviors,
- (c) a means for self-transformation or for enacting changes in adopted role or status,
- (d) a way of releasing emotions arising from personal conflicts or pent-up frustrations and (e) the reaffirmation of an individual's inclusiveness within the communal group.²¹

20) See note 9, p. 7.

21) Dosamantes I. Body-image: repository for cultural idealizations and denigrations of the self. *Art Psychother* 1992;19:265.

22) Shweder RA, Bourne EJ. Does the concept of the person vary cross-culturally? In: Shweder RA, LeVine R, eds. *Culture theory: Essays on mind, self and emotion*. Cambridge: Cambridge University Press, 1984:158-99.

23) Okeke BI, Draguns JG, Sheku B, Allen W. Culture, self, and personality in Africa. In: Lee

A search for ways of galvanizing the restorative strengths of the communal, as for sources of regeneration, release, and renewal – functions Hanna identifies in dance itself – leads certain DMT practitioners and theorists beyond examination of dance ethnography to that of the rituals and traditional healing practices of non-Western cultures. It would follow that applying relevant DMT methodologies, not only with individuals from societies where an *egocentric* identity structure prevails, as among the cultures of the developed North, but with groups of people from *sociocentric*²² cultures that exist in much of Africa²³ and elsewhere in the global South, has potential to yield revitalizing transformation in the wake of massive violence.

Desomatizing memory through mindfulness and creative symbolization

“Trauma” may be understood as a process that encompasses an interaction of risks associated with exposure to stressors and factors that may mitigate the potential impact of such an encounter. Overcoming the consequences of such traumatic exposures as those to extreme terror and violence involves what Van der Kolk refers to as a practice of “desomatizing” recollection.²⁴ So long as the mind deems the traumatic event unutterable, he theorizes, the body automatically re-

Y-T, McCauley CR, Draguns JG, eds. *Personality and person perception across cultures*. Mahway, New Jersey: Lawrence Erlbaum Associates, 1999:139-62.

24) Van der Kolk BA. The complexity of adaptation to trauma: self-regulation, stimulus discrimination, and characterological development. In: Van der Kolk BA, McFarlane AC, Weisaeth L, eds. *Traumatic stress: the effects of overwhelming experience on mind, body, and society*. New York: The Guilford Press, 1996:205.

sponds to the intrusive remembrances of the experience as if it were happening all over again. Healing means altering that feedback loop, identifying the “triggers” to such bodily responses and attaching words to these painful “somatic experiences” affords a potential to loosen terror’s grip. “[T]he task of therapy,” observes Van der Kolk, “is both to create the capacity to be mindful of current experience, and to create symbolic representations of past traumatic experiences, with the goals of taming the associated terror and of desomatizing the memories.”²⁵ Enhancing mindfulness, or reunifying mind with body in a way that cultivates awareness of being in the present moment, the here-and-now, is thus posited as an act that both precedes and informs symbolization, and in turn opens the way to recovery. These as well are core DMT processes in trauma treatment – promoting awareness of a reintegrated body/mind oneness, and facilitating creative expression to represent the traumatic suffering, its origins, and the personal or collective strengths available for recovering from its pain.

In further situating DMT in the assessment, prevention, and treatment of emotional or psychological disturbances associated with children’s exposure to the stressors of war, it may be useful to consider the application of other expressive arts therapy modalities in such contexts. Creative activities are broadly seen to afford children a valuable way of coping meaningfully with their suffering through “symbolic expression

of shared feelings” that may enable “reaffirming [their] identity or competence.”²⁶

The creative process, improvisatory thought and action, and symbolization more generally, are innately therapeutic.^{27,28} All are basic as well to the creative arts therapy modalities, just as they are valued for their role in furthering children’s healthful development.

There is a role for such pivotal creative processes in coping with and integrating experiences of traumatic disturbance. Van der Kolk indicates that individuals enacting posttraumatic repetition compulsions are frequently more capable of expressing “internal states more articulately in physical movements or in pictures than in words.”²⁹ Writing within the framework of Western psychotherapy, he prescribes expressive arts interventions in response: “Utilizing drawings or psychodrama may help [these individuals] develop a language that is essential for effective communication and for the symbolic transformation that can occur in psychotherapy.”³⁰ As Van der Kolk suggests, the *language* of creative arts expression may indeed compensate for or even overcome difficulties in using words to convey feelings. This difficulty, alexithymia, is a common occurrence after exposure to extreme stressors, and one that this prominent trauma researcher and others have found “mirrored in actual changes in brain activity.”³¹

Children of war – and adolescent torture survivors too – may experience just such impediments to verbal expression, or may

25) Ibid.

26) See note 2, p. 1296.

27) Maslow AH. *The farther reaches of human nature*. New York: Penguin Books, 1976.

28) Goodill SW, Morningstar DM. *The role of*

dance/movement therapy with medically involved children. *Int J Arts Med* 1993; 2(2):24-7.

29) See note 24, p. 195.

30) Ibid.

31) See note 19, p. 233.

come from cultures that restrain altogether discursive processing of both posttraumatic and more commonplace disturbances. Evidence suggests that these youths may be usefully encouraged to engage in representing their feelings and thoughts through artistic means – at least those considered culturally syntonic. For young refugees, creative production may be associated with the “construction of meaning and identity,”³² a process that enables safer psychic passage between the country of origin and the site of exile or asylum. Rädä Barnen’s approach to helping Southern Sudanese children in the Pignudo refugee camp in Ethiopia – members of the same group of so-called Lost Boys who comprise the resettled refugee community served years later by the DIER programme discussed in this paper – thus incorporated a range of creative activities.³³ The landmark United Nations study, “The Impact of Armed Conflict on Children,” (termed the Machel Study, after lead author Graça Machel) endorsed such approaches explicitly, noting that children’s ongoing need for emotional and intellectual stimulation may be fulfilled in part through “structured group activities such as play, sports, drawing and storytelling” (Par. 179).³⁴ Surely, dancing and DMT approaches merit inclusion in any update of the Machel Study’s otherwise partial list.

Comparing two distinct DMT approaches for enhancing coping capacity among African adolescent survivors

Two humanitarian organizations in recent years, first a U.S. refugee resettlement

agency, and later an international NGO in Sierra Leone, launched quite different dance-based psychosocial interventions, both coordinated by the author, in the service of resilience and torture rehabilitation among African youths. These two programmes articulated differing methods for achieving similar goals considered fundamental in the promotion of resilience and recovery after exposure to extreme traumatic incidents, namely: (1) desomatizing memory, (2) nurturing experiences of mindfulness, (3) enabling meaningful experiences for the contained discharge of anxiety and aggression, and (4) unleashing the pleasure of creativity, and thereby freeing participants to symbolize their traumatic losses and future hopes.

The Dinka Initiative to Empower and Restore, started in 2001, served a community of just over one hundred unaccompanied refugee minors from the Southern Sudan, all resettled in southeastern Pennsylvania. An activity programme open to an entire community, DIER utilized traditional Dinka dance as its vehicle for fostering resilience. By contrast, the series of DMT groups sponsored in three towns within the devastated Kailahun District of Sierra Leone were short-term psychotherapeutic interventions for smaller numbers of identified clients suffering severe sequelae of torture. Combining experiential psycho-educational exercises that focused on the somatic implications of trauma with improvisatory group movement designed to enable symbolic representation of traumatic experiences, these counseling groups incorporated local music

32) Rousseau C, Heusch N. The trip: a creative expression project for refugee and immigrant children. *Am J Art Ther* 2000;17(1):31.

33) Petrán A. The unaccompanied minors of southern Sudan. Stockholm: Rädä Barnen, 1994.

34) Impact of armed conflict on children: report of the expert of the Secretary-General, Ms. Graça Machel. Document A/51/306 & Addenda. New York: United Nations, 1996.

and dance, while adhering to the ethical standards and formal conventions of Western psychotherapy.

DIER: a community-based traditional dance program

In the years 2000 and 2001, the United States government resettled a population of some 3800 young Southern Sudanese – the nation’s largest ever resettlement of unaccompanied refugee minors – in cities and towns across the country, many of which had no pre-existing Sudanese community.³⁵ Slightly more than 100 of these young people, mostly minors but including a few “majors” as well, arrived in the Philadelphia, Pennsylvania (PA) metropolitan area under the sponsorship of Lutheran Children and Family Services (LCFS) of PA. Ranging in age from 13 to 25 – with most in their late teens and less than 10 percent female (as was the case with the entire population resettled in the U.S. at that time) – all had spent a minimum of five years in the Kakuma refugee camp in Kenya prior to their departure for a new life in a post-industrial society of the global North. In escaping an ongoing war in the Southern Sudan, most of these young refugees had endured a thousand mile ordeal on foot over the course of a decade. They had witnessed numerous killings and other acts of violence and terror, some directed at family. At some point in their lives, extreme deprivation had brought many to the brink of starvation.

Acculturating teenagers are highly susceptible to marginalization and need ongoing opportunities to engage with both

the host culture and culture of origin.³⁶ Given the multiple traumatic exposures in the group’s collective history, resettlement agency staff members were alerted that these young people might well prove vulnerable to both clinical and sub-clinical complaints. Empowering this young community to meet the challenges of adapting to a previously unforeseen way of life in the host culture necessitated programmatic innovations aimed at reinforcing the resilience these remarkably resourceful young people brought with them to their new environment. Offering an authentic experience of temporary culture-of-origin immersion was deemed a productive, and cost-effective way of helping these young people face acculturation without succumbing to emotional or psychological distress. By giving priority to strengthening inherent protective factors borne in the culture of origin, those developing the programme hoped to reduce susceptibility to the many new risk factors for posttraumatic stress in the culture of refuge.

Appreciating that dance and healing are essentially one in Dinka culture, the author contacted the resettled youths in September 2001, introduced himself as a counselor and dancer, and asked that they meet with him on an ongoing basis over the subsequent academic year to teach him their traditional dances. With the refugees’ consent – in fact, their enthusiastic endorsement – LCFS launched the Dinka Initiative to Empower and Restore (or DIER, which is the Dinka word for *dance*) the following month, and in so doing served a Sudanese refugee community that was about 98 percent of Dinka

35) Corbett S. The lost boys of Sudan. The long, long, long road to Fargo. New York Times Magazine 2001 Apr 1.

36) Berry JW. Refugee adaptation in settlement

countries: an overview with an emphasis on primary prevention. In: Ahearn FLJ, Athey JL, eds. Refugee children: theory, research, and services. Baltimore, MD: The Johns Hopkins University Press, 1991:20-38.

tribal origins. Beyond agency support, DIER benefited as well from that of the Zion Mennonite Church of Souderton, the Lutheran Immigration and Refugee Service, and the DMT clinical internship programme of MCP Hahnemann (*now* Drexel) University, which provided the author professional supervision as DIER's coordinator.

A substantial body of research indicates that, while the psychosocial sequelae of exposure to the stressors of war and organized violence can be severe, most children survive war and flight without seriously debilitating psychological disturbance.³⁷ As a health promotion project, DIER aimed to reach the entire community of young South Sudanese, without regard to level of function or disability. The goal was to provide culturally relevant group activities for young refugees, who as individuals may have presented with diagnosable disorders, sub-clinical mental health concerns, or no discernible psychosocial problems whatsoever. Instead of separating children with perceived disorders from the group, the continuity of which sustains identity structure in the African sociocentric environment, the cohesion of the group itself was engaged for its combined preventive and reparative capacity. As such, the project's main objectives involved fostering resilience and healthy, adaptive development, rather than diagnosing or treating mental disorder in Western terms – an action that was judged likely to effect a schism, increasing chances of marginalization.³⁸

For Southern Sudanese youths – singled out in the Machel study for their extraordinary resilience in the face of horrific adversity – a prevention strategy with emphasis on fortifying group capacity to cope with ongoing and newly encountered stressors³⁹ was an especially suitable one. Such a plan may have been all the more important, given findings of significant potential for delayed onset of posttraumatic stress disorder (PTSD).⁴⁰ War refugee children not suffering disturbance may potentially begin to do so later. Indeed, in promoting “adjustment mechanisms” through a programme of creative arts activities, sports, and scouting, Rädä Barnen⁴¹ had utilized a parallel prevention approach with these youth in camps in both Ethiopia and Kenya. The Swedish NGO had initially implemented a Western-styled treatment programme, but abandoned it later as inappropriate. Making a deliberate effort to examine the role of traditional cultural expression in this group's remarkable level of resilience, Rädä Barnen encouraged the young people in the camp to engage in writing compositions about what happened to them on their long journeys, performing traditional songs and dances, recording favorite Sudanese folk tales, drawing places encountered on the way, and telling and discussing their dreams – a traditional cultural activity. While no empirical data is available to demonstrate effectiveness of these prevention efforts, anecdotal evidence confirms their value.⁴²

37) Cairns E, Dawes A. Children – ethnic and political violence – a commentary. *Child Dev* 1996;67(1):129-39.

38) Hicks R, Lalonde RN, Pepler D. Psychosocial considerations in the mental health of immigrant and refugee children. *Can J Community Ment Hlt* 1993;12(2):71-87.

39) Ajdukovi M, Ajdukovi D. Psychological well-being of refugee children. *Child Abuse Neglect* 1993;17:847.

40) Sack WH, Him C, Dickason D. Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children. *J Am Acad Child and Psy* 1999;38:1173-9.

The DIER project, in addition, was designed to fulfill all three of the structural factors Cowen identified as requirements for an effective primary prevention programme. It was: (1) “group oriented”, (2) targeted to a group without significant maladjustment, while risks of such problems (not an exclusionary criterion, according to Cowen) were certainly present, and (3) built on the foundation of a “solid knowledge-base.”⁴³ The programme also modeled transcultural sensitivity, as reflected in assertions that programmes targeting the needs of war-affected children from developing countries may be successful to the extent that they forego “conventions of Western diagnosis” and concentrate on matters of “social adaptation and functioning.”⁴⁴

The preponderance of evidence in the existing literature shows that children of war may be usefully encouraged to represent their feelings and thoughts to symbolise their experiences of rupture and potential restoration through means that are syntonically to their culture. The DIER programme provided just such culturally specific opportunities for personal expression within a collective context that helped sustain communal equilibrium. DIER consisted of an ongoing series of two-hour gatherings that enabled participants to perform the dances and songs they had brought as an ancestral legacy from Africa. Some 18 sessions were slated over the course of an academic year in

each of two locations – the LCFS offices in the urban West Philadelphia neighborhood that was home to about half of the youths, and the fellowship hall at a suburban church – a central meeting point accessible to about 40 youths who resided in small towns north of the city. Attendance was strong and grew throughout the year. Of the 10 female Sudanese – equally divided between the urban and suburban communities – spring attendance averaged over 80 percent, male attendance in percentage terms was about half that number for the same time period.

For the most part, sessions were unprogrammed opportunities for the youths themselves to organise dancing and drumming. From the outset, the author in coordinating DIER determined not to assert a form, nor attempt to control the use of time and space. Instead, the youths were presented the challenge of teaching him about their dances and their culture. Rather than offering the role of passive consumer of an intervention, this improvisatory arrangement supported the overriding goal of fostering resilience through empowerment and collective action. This innovation indeed placed the youths in the role of experts and the facilitator in the role of recipient of the group’s collective wisdom.

On the whole, the young refugees approached their role with enthusiasm. A dynamic sense of collective agency was especially manifest in the way the group’s

41) See note 33.

42) Tefferi H. Building on traditional strengths: the unaccompanied refugee children from South Sudan. In: Tolfree D, ed. Restoring playfulness: different approaches to assisting children who are psychologically affected by war or displacement. Stockholm: Rädde Barnen; 1996:158-73.

43) Williams CL. Toward the development of preventive interventions for youth traumatized by war

and refugee flight. In: Ahearn FLJ, Athey JL, eds. Refugee children: theory, research, and services. Baltimore, MD: The Johns Hopkins University Press, 1991:207.

44) Boothby N. Mobilizing communities to meet the psychosocial needs of children in war and refugee crisis. In: Apfel RJ, Simon B, eds. Minefields in their hearts: the mental health of children in war and communal violence. New Haven: Yale University Press, 1996:161.

members organized music to accompany their dancing. A drum of Ugandan origin and set of drumsticks, both brought in by the author, were the only objects utilized in DIER's core activity. These were placed actually and symbolically at the center of the process. Drumming is a constant during Dinka dance, and is itself for the most part extremely forceful and vigorous—to a degree that occasionally meant replacing broken drumsticks. The physical requirements of drumming were such that no one in the group had the stamina needed to drum on his or her own throughout the duration of a session. As a result, there was a constant shuttling in and out of drummers. Usually this was managed by the group in such a seamless flow that the drumbeat was seldom lost, and the dancing continued without break. Within this unequivocally sociocentric order, almost everyone had an opportunity to drum at some point in the course of a gathering.

The programme proved successful at both augmenting participants' awareness of the cultural strengths that had enhanced their collective resilience and increasing their capacity to negotiate with the host culture. While traditionally only males drum, in the central city group females began to assert their interest in the role of drummer. Coming well beyond the halfway point in the programme, this evolution potentially suggested an increasing degree of acculturation on the part of the young women – and perhaps of the young men, as well, in acceding to change. Traditionally, gender roles in the dancing are apparently strictly defined. While there are important tribal distinctions as well as variations from one region of the Southern Sudan to another, women generally assume a more deferential stance. In the suburban group, whose membership largely emanated from one particular

Sudanese region, women sat at the sidelines and would deliberately ignore their male counterparts. The women would cast their gaze aside as crews of three to seven men engaged in group courting behavior that involved vigorous gesticulating, standing very close to the woman in question, and chanting poetry to her loudly – all in competition with other teams of male cohorts also vying for her attention and approval. While feigning disinterest, the women in fact were following tradition and actively assessing the competing crews, choosing a winning entry among them. Once a young woman's selection was made, a silent nod from this ostensibly reluctant judge sent the victorious team of young men leaping high into the air in a celebration of collective prowess. Soon afterwards, the little throng would form a semi-circle around the woman – after she had walked quietly to her place an appropriate distance from the drum. With the drumbeat thickening the air, everyone of both genders would jump up and down in a sustained rhythmic pattern, traveling a counterclockwise orbit around the drummer. Indeed, this basic constellation formed and dissolved over and over again in the course of each gathering. Big, powerfully ecstatic bursts on the part of the young men, and expressions of diffidence from the women, were followed by fairly measured – though still vigorously aerobic – circling by everyone to a constant pulse. What appeared at first to the author's unpracticed Western eye as rather constrained unison movement, in fact allowed for a subtle range of individual expression within a collective whole. Moreover, virtuosity proved treasured, and the height of a leap suggested to all present the measure of a man.

At about the same time in the course of the programme year that the young women at the Philadelphia site began drumming,

at the other location there was a parallel incursion of gender role reversal. During one of the formations, a small cluster of women formed a semi-circle around one of the especially virtuosic young male dancers. While the women vocalized behind him in decidedly “male” chants, he danced alone, fully and respectfully performing a woman’s role, prancing forward in the conventionally proscribed orbit, and with the slenderest of smiles on his face.

As among other sub-Saharan dance traditions, DIER thus apparently afforded a degree of playful improvisation that overturned temporarily the social group’s usual hierarchies of power. Drawing from anthropologist Victor Turner’s revealing analysis of the “ritual order,” it could be argued that the liminal potential for *communitas* as social change was thus embedded in DIER’s performative moment.⁴⁵ Extrapolating further from Hanna’s contribution to the ethnology of African dance, the gender role reversals may be considered indicative of the dance form’s psychotherapeutic function in the culture as a mechanism of collective psychic management.⁴⁶ The dance circle itself afforded an avenue for resolving potential conflicts between the demands of the new culture and those of tradition.

Hence, in DIER, dancing and drumming functioned as something of a surrogate for the culture as a whole, a synecdoche, a part that represented the entirety, and one which was grounded in a ritual order that repairs

“psychic distress” – for the individual and the social group – through the medium of the body. The ritualized form itself provided the therapeutic *container* for the participants’ anxieties and emotions, and in much the same way that in Western psychotherapy groups, the group as an entirety *contains* the tensions of its individual members. Typically in DMT, as practiced in egocentric cultures, particularly among trauma survivors, it is the function of the therapist to define “boundaries.” Dance/movement therapists working with abused children in such Western contexts appropriately introduce notions of “personal space” and “territory” that enable these children to begin to gain an enhanced sense of control over their bodies within the safety of a therapeutic contract.^{47,48} With DIER, however, the group created its own container and the therapist’s role was one of *facilitator*. While manifesting to the extent of his abilities the presence of a consistently caring adult, the author worked fluidly to ensure that conditions were in place for what one cultural anthropologist working among African refugees has referred to as the “re-gaining of sociality.”⁴⁹ This facilitating role, informed as much by the writings of anthropologists as those of Western psychology, was born of a conviction that healing itself is a function of the community’s capacity for social cohesion. The desired “corrective emotional experience” was that of the cohesiveness innate in the timelessly holistic culture itself.⁵⁰ Revisiting the culture of ori-

45) Turner V. *The ritual process: structure and anti-structure*. Ithaca, New York: Cornell University Press, 1977.

46) Hanna JL. African dance: some implications for dance therapy. *Am J Dance Ther* 1978;2(1):3-15.

47) Weltman M. Movement therapy with children

who have been sexually abused. *Am J Dance Ther* 1986;9:47-66.

48) Goodill SW. Dance/movement therapy with abused children. *Art Psychother* 1987;14:59-68.

49) Englund H. Death, trauma and ritual: Mozambican refugees in Malawi. *Soc Sci Med* 1998;46:1176.

gin through even occasional forays into traditional dancing and drumming thus opened the possibility for the liminal experience that is at the core of healing and regeneration – for individuals and community alike engaged in a daunting post-war acculturative process.

When addressing participants, the author thus referred to himself not as a “dance/movement therapist,” but as a “dancer and student counselor.” This name choice helped avert linking DIER with the shame that the community associated with Western mental health interventions. Assuming the title of “therapist” might have risked invoking a stigma that would undermine participation in an activity otherwise far from stigmatized. Rather than avoiding participation, the vast majority of young Sudanese embraced the opportunity, and came together to engage in a revitalizing activity that helped them transcend in the oneness of their bodies, minds, and spirits the vast geographic and cultural expanse between Philadelphia and the Dinka homelands of Southern Sudan.

DMT groups in Sierra Leone’s Kailahun District

In recent decades the world has seen a virtual rewriting of the codes of international and civil warfare, such that noncombatant populations have experienced unprecedented devastation. This development, combined with that of the simultaneous, widespread proliferation of automatic weapons light enough for a pre-adolescent child to operate handily, has made the phenomenon of child

soldiering commonplace around the globe. Since the late 1990s, international NGOs involved in children’s rights advocacy have estimated that worldwide nearly 300,000 children, persons under age 18, are involved in military or paramilitary operations at any given time.⁵¹ Indeed, according to the Child Soldiers Research Project (CSRP), the period since World War II may accurately be termed, “the era of the child soldier.”⁵²

The CSRP collected data from 24 countries around the globe where children in the mid-1990s, or just prior, were actively involved in conflict. Subsequent analysis contributed significantly to the 1996 United Nations Machel Study, which in turn focused global attention on the struggle in post-conflict societies to reintegrate demobilized child soldiers into functioning communities. The report generally supported the notion that interventions to address the psychological and emotional sequelae of such traumatic experiences as those endured by children with past involvement in armed groups ought to be integrated into broader efforts to rebuild communities, and to attend to the systemic problems confronting children.

Among the many protracted conflicts that have plagued sub-Saharan Africa in recent decades, few have exacted a more terrible price on children than the 11-years’ war that erupted in Sierra Leone in March 1991. Launching attacks initially in the outlying Kailahun District, the Revolutionary United Front (RUF) targeted undefended communities from the start. Systematic deprivation,

50) Eisenbruch M. From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. *Soc Sci Med* 1991;33:673-80.

51) Coalition to stop the use of child soldiers.

London: Coalition to Stop the Use of Child Soldiers, 2006. www.child-soldiers.org [cited 2006 June 15].

52) Brett R, McCallin M. *Children: the invisible soldiers*. Stockholm: Rädde Barnen, 1996.

rape, slaughter, amputation, and the burning of entire villages were common tactics in the rebels' broader strategy of spreading terror as a way of silencing opposition and securing territory. In the process, the RUF recruited – often forcibly – thousands of people, male and female, into its guerilla army. Moreover, as estimated near the midpoint of the prolonged war, perhaps half of the roughly 50,000 irregular combatants, mostly with the RUF, were thought to be between eight and fourteen years of age.⁵³ Sierra Leone government forces, following the rebels' lead, also conscripted large numbers of minors. As a result, children were directly engaged in fighting on behalf of all the various armed factions throughout a decade-long war marked by unthinkable atrocities.

The war was declared officially over in January 2002, yet children's enforced participation in the fighting seems not to have afforded them a proportionate share in the benefits of peace. In the waning months of conflict, the United Nations helped establish a Disarmament, Demobilisation, and Reintegration Programme (DDR) in collaboration with international humanitarian aid and development groups. The DDR demobilized 6,845 child combatants,⁵⁴ and its related initiatives offered services to thousands of former combatants of all ages, who turned over their weapons in exchange. Unfortunately, anecdotal evidence from Kailahun – the last district in which demobilization took effect⁵⁵ yet probably the biggest in terms of the vast need for child soldiers' care – suggests that most such programmes

largely ignored the emotional and psychological needs of participants, and also failed to ensure educational opportunity for many demobilized children.

In 2006, programmes designed to address the non-material needs of children affected by the war were few, even in those parts of the country where the war left its deepest wounds. In this context, the Minneapolis-based Center for Victims of Torture (CVT) – operating in devastated regions of Sierra Leone, where apparently a large percentage of present day adolescents were recruited as children into service with rebel groups – has provided psychosocial support to child and adult survivors of war trauma and torture since 2003, and trained Sierra Leoneans to serve their communities as paraprofessional trauma counselors. Among other initiatives, in 2005 CVT began to sponsor therapeutic activities specifically targeting former child combatants in Koindu, one of the Kailahun District towns worst scarred by the war's violence. Earlier that same year, also in Koindu, CVT had sponsored its initial DMT group in Sierra Leone – apparently the first DMT intervention anywhere in West Africa – for eleven adolescent males.

In March 2006, the CVT Kailahun District programme (which terminated in September 2006 for lack of funding) opened three more time-limited DMT groups, one each in the towns of Kailahun, Buedu, and Koindu. The group in Kailahun town was comprised of six female clients, aged 16 and 17. A second, in Buedu, involved eight

53) Peters K, Richards P. Fighting with open eyes: youth combatants talking about war in Sierra Leone. In: Bracken PJ, Perry C, eds. Rethinking the trauma of war. New York: Free Association Books, 1998:76-111.

54) Landry G. Child soldiers and disarmament, demobilisation, rehabilitation and reintegration in West Africa. Dakar, Senegal: Coalition to Stop the Use of Child Soldiers. www.child-soldiers.org.

55) Ibid.

young Muslim male torture survivors, all aged 23 or 24. Functioning within their community as late adolescents, and not yet considered fully adults even by themselves, the young men in the latter group were all in the midst of completing their final year of primary school, given that their educational careers had been truncated by the violence and lingering threat in their border town. These two therapy groups, facilitated by the author in tandem with teams of local CVT trauma counselors, met for nine sessions each on a weekly basis. Both interventions emphasized the rebuilding of safety and trust, and the empowerment of clients to cope with ongoing problems as well as past traumatic histories. Both in turn yielded strong results in terms of symptom amelioration, as well as in participants' self-reported improvements in functionality and overall outlook.

Comparison of programme evaluation data from intake and three-month assessments among the female DMT clients, for example, reveals a marked decline between the average level of both elevated arousal and avoidance symptoms, as well as those of anxiety, and depression, as indicated by such client self-reports. The average level of symptoms for intrusive recollection, however, increased from the intake assessment to that at the one-month point, as would be expected given clients' entry into a process of re-examining traumatic losses. By the three-month point, which for most clients loosely coincided with the termination of the DMT group, the trend had reversed itself, such that reported levels of nightmares, flashbacks, or other intrusive memories had diminished below the threshold established at intake.

Likewise, in March 2006 CVT-Koindu inaugurated what appears to have been the world's first DMT group specifically

for former child soldiers. Originally also planned for nine sessions, this counseling intervention was ultimately extended to include a total of 16, in order to better address client needs. Twelve male teenagers, eight of them aged 18, and the rest somewhat younger, joined three psychosocial counselors (or PSCs: Training Supervisor Omega A. Kormoh, Site Administrator Laurence H. James, and Mustapha Abdulai) and the author for the intervention, which honored such fundamental standards of psychotherapy as a commitment to avoiding physical confrontation in the group, and the maintenance of client confidentiality. The group's dozen members all had been orphaned during the war, and all had a history of active involvement in warfare by the age of 13. Their recruitment as clients and subsequent psychological assessment took place in the couple of months preceding the start date for the initial phase of the intervention. Prior to joining the group, each of the participants had thus engaged with a paraprofessional counselor in a number of individual debriefing sessions in his own language.

A semi-structured interview had yielded, in addition, quantification of a range of symptoms of anxiety, aggressive behaviors, depression, posttraumatic stress, and other behavioral indicators of functional capacity – all on a Likert-type scale. As with all CVT clients, follow-up reassessments, surveying the same symptoms, were slated for one, three, six, and twelve months after intake, with the aim of monitoring therapeutic progress. After completing client identification and symptom assessment, the three counselors whom the author had trained in DMT fundamentals, joined him in developing a highly detailed group treatment schedule. This plan included methods for addressing 17 specific clinical objectives associated with helping reduce the former

child combatants' posttraumatic symptom expression, while also encouraging the clients to regain a sense of personal and collective wholeness.

Adapting the framework developed for the 2005 DMT group in Koindu with adolescent males (which had included a few former boy soldiers), the facilitators introduced in the sessions a series of decidedly structured exercises and deliberately improvisatory movement experiences – the latter based on the model that DMT pioneer Marian Chace had developed with “shell-shocked” American veterans fifty years before.⁵⁶ Some activities provided a container for the physical discharge of aggression as a way of reducing anxiety, while others promoted relaxation or offered skills for overcoming sleep disturbances or minimizing the impact of flashbacks. Participants devoted many hours over the course of several sessions to a number of creative exercises, some involving verbalization as well as physical expression through gesture and action and all designed to elicit symbolization as a vehicle for the clients to integrate their trauma. Overall, the facilitators aimed to foster a safe environment for rebuilding dignity and trust, and thereby empowering the former child combatants to address two simultaneous, paradoxical needs for acceptance and accountability.

From the outset, members demonstrated willingness to engage with facilitators and one another in vibrant movement, usually performed to recordings of the latest Sierra Leonean popular music. A long history of surviving through taking unusual risks perhaps reinforced this communal capacity for creativity. The openness demonstrated in movement exploration, however, rarely

extended to overt emotional expression. Although direct in their glorification of certain war-related actions – most notably rape – members displayed little affect when describing even the most horrific of acts, regardless of whether they were targets or perpetrators of the atrocities in question.

Early in the process Training Supervisor Kormoh, in a debriefing with his colleagues, framed this blunting of affect as a likely consequence of participants' violent histories. Throughout the 11-year conflict, it had been common for rebels to force their conscripts to laugh – and indeed, to dance and sing – after committing such acts as killing, raping, or mutilating civilians. Certainly, years of celebrating involvement in such war crimes would have contributed to severe desensitization among perpetrators, especially pre-teen soldiers, just as it has among other survivors driven to numbness through relentless exposure to senseless violence. Thus, from the beginning of the intervention the group's members exhibited great difficulty even recognizing their own feelings about their experiences, and seemed distinctly unable to express empathy for one another.

With the blunting of affect a group norm, a pivotal struggle played out between suppressing feelings associated with traumatic experiences and revealing them – often embodied in the group in a symbolic and quintessentially adolescent contest between mockery and sincerity. By the end of the second session, facilitators thus identified the need to revise treatment plans in order to address members' detachment from emotion and their broader sense of fundamental dehumanization. Moreover, recognizing participants' difficulty reconnecting to their place within the community and the human family more generally, the facilitators added a new treatment objective and began creating movement activities for achieving it:

⁵⁶) See note 12.

To stimulate reflection on personal involvement in the events of armed conflict in a way that promotes clients' awareness of themselves as part of humanity.

Notwithstanding such efforts, the avoidance of emotional vulnerability persisted through several of the weekly sessions. Facilitators understood that for members of the group – many of them living on the street in an impoverished community without access to any viable means of social support – the conditions of peacetime had produced little improvement in meeting life's necessities. It would be awfully difficult to let themselves be vulnerable to feelings and open to expressing them when struggling day by day simply to stay alive. Nonetheless, encouraged by some specifically designed expressive movement activities – and perhaps by the facilitators' offer to reconvene the group for five additional sessions following a dozen-week hiatus – even the more emotionally defended members would ultimately begin speaking about their own need for connection with one another, including through dance. As the sessions proceeded participants began interacting more in their movement together, speaking more confidently to one another, sharing both leadership and empathy with peers, and verbalizing an appreciation of the therapeutic process as important to their lives. With the establishment of a sense of safety afforded by a ritualized familiarity came increasing emotional openness. Members chose for themselves a group name, *Poimboi Vëeyah Koindu*, meaning Orphan Boys of Koindu in Kissi, their mother tongue, and invested more and more in sharing a group identity. In time, even sadness and the desire for forgiveness emerged as themes to be shared aloud. Indeed, by the ninth session, all of the dozen participants had expressed feelings of remorse in both action and word.

Ultimately participants demonstrated enhanced self-awareness, including through willingness to examine and symbolize through gesture their involvement in the suffering of others. Authentic feelings of sorrow, along with worry, arose in connection with such acknowledgements, and members linked these concerns verbally and nonverbally to certain religious and spiritual beliefs. By the “closing” session in May – that is, the one before the 12-week break – a high level of trust and dynamic interaction in the group had thus freed expression and enabled these “victim-perpetrators” to identify their ambivalence and confusion over the dynamics of power and powerlessness in their lives. While the central question of reintegration into their communities remained major unfinished business, in gearing toward this preliminary termination there was significant evidence of members' readiness to experience feeling grounded and connected to the present, to gain strength through expression of authentic emotion, and to continue investment in a collective process of recovery.

Before reconvening it had remained uncertain how well *Poimboi Vëeyah Koindu* (more often by this time called “PVK” by its participants) might function following its three-month break. To the surprise of the local facilitators who were stunned to find adolescent clients walking long distances in order to attend sessions after the long hiatus, particularly at the height of the rainy season in August, attendance proved quite consistent, precisely 90.0 percent in the course of the entire two-phase therapy cycle. During the tenth session in mid-May, the last of the initial phase, each of the former combatants had taken an opportunity to position himself in front of his peers and review aloud his personal progress, along with that of the group as a whole. Beyond speaking of the pleasure they had enjoyed together, several

members openly expressed satisfaction in the management of their own angry outbursts and appreciation for the encouragement and support that they had shared with one another and secured for themselves. Most identified new-found capacities for coping with their horrific memories and handling their accumulated losses: Gaining “a cool heart” was a common refrain. Some participants named as well behaviors that they had come to view as important to avoid in future: stealing, selfishness, withdrawal from friends, killing.

In reconvening 12 weeks later participants were encouraged to assume ever greater authority for the structure of session agendas and for ensuring their capacity for meeting self-defined aims for behavioural change. Collectively, they voiced a desire to continue in the direction established in the group’s first phase, and proposed repeating all of the activities enjoyed then. When questioned if there was something that PVK as a whole might need to achieve before its termination the following month, members initially were uncharacteristically still. A client who at the outset had seemed the one among them most often enraged, especially because of the ongoing stigma he had claimed to face as a former fighter, then spoke up. This young man, alluding to the group’s shared experience in symbolizing members’ traumatic pasts through the enactment of sociodramas that illustrated each client director’s own worst moments, urged his peers to perform a role-play before the broader community, depicting “what we did in the war.” After discussing together the advantages and disadvantages of revealing to the people of Koindu histories that had until that moment been guarded as secrets, confidences only to be shared in the context of the PVK sessions, the members unanimously agreed to stage such a dramatization. They

chose to devote an hour of each remaining session – and, later, an added four-hour rehearsal – to devising a script and practicing its performance. Following extensive deliberations they endorsed the suggestion of a second member who proposed including in the role-play scenes that would illustrate three experiences shared by all in the group: (1) The slaughter of group members’ families, and their own forced recruitment, (2) Their subsequent direct involvement in killing and other abuses, and (3) Their desire to be reintegrated back into the community. Other participants articulated this hope for reconciliation in terms reflective of a nascent awareness of the need for healthy attachment: “We want the community to accept us as their children, and we will accept them as our mothers and fathers.”

On the September evening prior to the final PVK session, CVT sponsored what local staff publicized as a Community Cultural Healing Event. This included choral singing and a young women’s traditional dance troupe, as well as the PVK youths’ 25-minute dramatization of their wartime experiences. With hundreds of people of all ages filling the local hall to capacity, the youngest among them seated just before the stage area, it was evident throughout that this special gathering might potentially both represent and animate Koindu’s renewal and revitalization. Indeed, there was an undeniable sense of the depth of the event’s meaning to participants and audience members alike. Tears were seen in the eyes of one woman, for example, while watching the early scenes of the dramatization. The former combatants here portrayed the agony of one boy’s coerced recruitment when driven to fire bullets into the corpses of his own father and sister, killed by the very rebel fighters who had forcibly inducted him into their ranks. After this painful scene, another

depicted further violence committed by the boy against his will upon recruitment into the rebel army. Finally, in a post-war scene, the child returned to his village, and on his knees asked forgiveness of the local chief and others.

As challenging as the story may have been to perform and to view, watching it prepared many in the audience for a genuine change of heart. Several local authorities – the Section Chief, Youth Chairlady and Chairman, the Officer-in-Charge of the local Sierra Leone Police, and a female board member of a local community-based organization – all spoke immediately after presentation of the role-play. Each addressed the young men, welcoming them back into the community. One leader asked PVK's members to renounce violence in the future, which they willingly did on the spot. Another speaker, pointing to Koindu's future, emphasized the role the youths might play in local development. For their part, the war orphans themselves had deliberately included in their script a collective wish to be accepted again as "your children," and these words reverberated in the hall, echoed back by the newly welcoming adults.

In debriefing the event at the final group session the next day, the member who had first proposed the scene representing members' welcome by village elders stated that in preparing the role-play he had had "no idea how sweet" the evening would come to be for them. The teens all concurred that the event had truly become a watershed moment in opening a brighter future for them as members of the Koindu community. Moreover, in the days following the performance, a number of community members reported appreciation for coming to understand better what these child soldiers themselves had endured. Perhaps representing the feelings of many, one townswoman told facilitators

that witnessing such former combatants renouncing their violent past had helped her feel safer. It became clear to CVT staff that PVK members' public admission of participation in human rights crimes, an acknowledgement that arose directly from the will of the youths themselves, ultimately had profound consequences. Not only those seeking mercy, but the community as a whole had been helped meaningfully. Healing was a collective choice they had made together for reintegration.

Clearly DMT group participants prospered from their active engagement with one another and their community. Benefiting measurably from the course of their intervention, these youths experienced an appreciable drop in symptom expression, as quantified through CVT's systematic application of a follow-up assessment tool for programme evaluation. Average levels of the symptoms of anxiety, depression, intrusive recollection, elevated arousal, and aggression – which CVT surveyed through client self-reports at intake, 1-month, 3-month, 6-month, and 12-month intervals – all underwent continual reduction. Having begun what they termed a therapeutic "journey" from a baseline of extreme traumatization and incongruent affect, the PVK membership had undergone a sequence of incremental changes – experienced in stages, as anticipated in all effective psychotherapy interventions. The opportunity to release aggressive drives through vigorous improvisatory dancing and more contained exercises had led in time to disinhibition and the expression of otherwise suppressed rage. Along with a growing sense of safety and trust, encouraged within the container of the group process, and furthered especially by the kinesthetic empathy established in movement activities had emerged greater ownership and interaction, and in turn,

authentic expression of a broadening range of emotions and cognitions. Regaining a capacity to feel kinship with one another had afforded a familial atmosphere to the PVK group, and expressing concern for peers led clients to similar expressions for their victims, and for themselves. Members came in time to voice the word *forgiveness* – and through it, their collective desire to make amends, and to accept the gift and responsibility of being forgiven by the community. Indeed, through the role-play about their war experiences that they elected to perform before the people of Koindu, they created a culturally relevant vehicle for ritualizing both the truth of their experience and their need for community reintegration. Appropriately, they *embodied* their own journey through creative movement performed as communal rite. Ultimately it may be inferred from this emergent therapeutic process that, by fostering conditions for a much needed synthesis of acceptance and accountability, the mindfulness and symbolic capacities inherent in DMT created a pathway for a unique passage toward recovery and reconciliation in the aftermath of torture and war.

Conclusion

Dance/movement therapy interventions designed to foster resilience or recovery among African adolescent survivors of torture and like wartime exposures may maximize the healing capacity of widely available cultural resources. Drawing on dance's rich potential for heightening communal solidarity, along with the sense of wholeness and well-being animated through purposeful engagement in bodily expression, DMT is flexible enough to be adapted for application in various contexts. The DIER programme in the Philadelphia area used dance to reinforce traditional coping mechanisms among a particularly resilient population

of recently resettled Dinka refugee minors. The programme's reconstitution of a ceremonial Sudanese dancing circle afforded its participants an opportunity to revisit their culture of origin and deliberately hold onto its ancestral strengths while adapting to new challenges in a very foreign host culture. Similarly the CVT-Sierra Leone DMT programme in the war-ravaged Kailahun District enabled its clients – notably a group known as PVK comprised of former child combatants – to master skills for reducing hyperarousal and managing difficult emotions indivisible from their background as “victim perpetrators.” Opportunities in PVK for creative expression through dance and non-dance movement facilitated clients' integration of extreme traumatic histories. The embodiment of personal experiences and attitudes through active participation in contained thematic exercises helped these teenage ex-fighters come to terms with the past in a way that enhanced longer term prospects for survival, and provided a model for reconciling to a community still torn apart by years of brutal war.

Both of these quite dissimilar groups ultimately found ways through DMT to overcome the serious ruptures associated with their trauma. Eventually DIER's participants openly voiced the need to embrace the traditional strengths of their culture as a means to thrive during exile. PVK's members, not physically segregated from their home culture yet suffering nonetheless a stigma that excluded them from its heart, developed an innovative way to reconcile themselves with the community to which they had returned after years of violence. Having found in dancing a culturally acceptable release of long held muscular and psychic tensions, the former soldiers reclaimed a capacity, recovered as well by the resettled Dinka, for mindfulness, connecting to the

reality of the present moment. By then representing war experiences through a communal rite that PVK members themselves devised to be performed in the presence of the community and its elders, the group found a formal way to symbolize at once traumatic powerlessness and power, the losses of their past and their hopes for the future. Indeed, symbolization through bodily performance created a container for wartime terrors, members' own and those of their audience, and literally set the stage for reconciliation, opening a new pathway for the youths to assume meaningful roles in their impoverished community's renewal.

Whether introduced in a post-conflict situation in the global South, or in one of refuge in the North, the DMT modality, embodying an integrated, holistic approach to psychosocial support and transformation in the aftermath of horrific violence, effectively mobilizes the empowering and restorative functions of dance, with collective revitalization a foreseeable result.

Dance/movement therapy (DMT) interventions, if designed to promote cultural relevance and community ownership, may enhance healing among African adolescent survivors of war and organised violence. The author posits a theoretical rationale for body movement-based approaches to psychosocial rehabilitation, and offers DMT's holism as evidence of transcultural applicability. Two distinct DMT initiatives with this population are discussed in terms of theoretical assumptions, implementation, and outcomes. Both efforts afforded creative means for discharging aggression and restoring interpersonal Dance movement therapy (DMT) is used with people from a range of cultural and intellectual backgrounds, but effectiveness remains unclear. Objectives To examine the effects of DMT for depression with or without standard care, compared to no treatment or standard care alone, psychological therapies, drug treatment, or other physical interventions. Also, to compare the effectiveness of different DMT approaches. Search methods The Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR-Studies and CCDANCTRReferences) and CINAHL were searched (to 2 Oct 2014) together