

Lesley University

DigitalCommons@Lesley

---

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences  
(GSASS)

---

Spring 5-22-2021

## A Literature Review on Expressive Dance/Movement Therapy Supporting Mental Health and Menstruation

Chantal Nathalie Bañuelos-Atienza  
cbanuel2@lesley.edu

Follow this and additional works at: [https://digitalcommons.lesley.edu/expressive\\_theses](https://digitalcommons.lesley.edu/expressive_theses)



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Bañuelos-Atienza, Chantal Nathalie, "A Literature Review on Expressive Dance/Movement Therapy Supporting Mental Health and Menstruation" (2021). *Expressive Therapies Capstone Theses*. 454. [https://digitalcommons.lesley.edu/expressive\\_theses/454](https://digitalcommons.lesley.edu/expressive_theses/454)

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact [digitalcommons@lesley.edu](mailto:digitalcommons@lesley.edu), [cvrattos@lesley.edu](mailto:cvrattos@lesley.edu).

A Literature Review on Expressive Dance/Movement Therapy

Supporting Mental Health and Menstruation

Chantal Nathalie Bañuelos-Atienza

Lesley University

### Abstract

The aim of this thesis is to inform and showcase the importance of Expressive Dance/Movement Therapy Supporting Mental Health and Menstruation. Through the extensive search for data the writer found a gap in current treatment options that do not utilize the benefits of Expressive Dance/Movement Therapy and or Creative Arts as a treatment option for womxn suffering from Premenstrual Symptoms (PMS), Premenstrual Exacerbation (PME) and or Premenstrual Dysphoric Disorder (PMDD). By using case studies that support Expressive Dance/Movement Therapy as a theoretical framework to demonstrate the effects of mindfulness, emotional benefits of creative arts, and cultivating embodiment of sensual empowerment. The significance of this thesis is that it informs the historical context of the stigmatization of menstruation while addressing oppressive experiences that affect the mental welfare of menstruating womxn while giving a theoretical understanding of Expressive Dance/Movement Therapy has as a restorative treatment option.

*Keywords:* womxn, menstruation, premenstrual symptoms, premenstrual exacerbation, premenstrual dysphoric disorder, expressive dance/movement therapy, creative arts

## Introduction

The moon cycle lifespan is a rebirthing experience for womxn by releasing and letting go making space for internal renewal. However, some womxn may experience underlying issues of reproductive health concerns such as severe premenstrual symptoms, endometriosis, sexual transmitted disease, polycystic ovary syndrome, uterine fibroids, and/or gynecologic cancer. Experiencing these conditions hinders a unifying connection with the feminine body. The scholar of this capstone thesis values the importance of reproductive health, mental health, and Expressive/Creative Art Therapies. Therefore, she has researched, selected, and gathered data regarding menstrual distress specifically focusing on Premenstrual Syndrome, Premenstrual Exacerbation and Premenstrual Dysphoric Disorder influence on womxn's mental health. Womxn, Menstruation and Mental Health are a vital population to focus on to research the importance of reproductive mental health. The majority of literature focusing on menstruation and mental health tends to concentrate on classifying issues related to emotional deregulation, cognitive connection, and physical fluctuations rather than offering treatment options for the population that desperately needs to fill in gaps that could assist in improving a women's reproductive well-being.

It is believed that of the menstruating womxn population; between 3 and 9 percent suffer from Premenstrual Dysphoric Disorder which is a severe version of PMS that are at times debilitating. (Dell & Svec 2017). There are hormonal factors that contribute to heightening sensations causing a negative self-identity causing body shame, body image, body dissatisfaction, personal worth, emotional regulation, self-doubting, overcompensating and/or sensitivity to environment. Evidently, these wide-ranging factors impend on womxn's mental health wellness. Clinical observations have also noted women who have had experience with

premenstrual symptoms are more likely to also experience emotional issues related to postpartum and an increased difficulty in the transition to menopause. (Dell & Svec, 2017). This is why the aim of this thesis is to advocate for menstruation mental health with empowerment by using expressive/creative therapeutic techniques catered to the menstruating body to be able to begin the journey of cultivating compassion, self-care and body awareness during the moon cycle to decrease symptoms throughout a womxn's lifespan.

I will honor the current treatment options for premenstrual disorder, as well as, bridge the connection with the expressive/creative art therapies as a supportive method for mental health menstruation. Specifically Expressive Dance/Movement Therapy, as an effective treatment option for individuals struggling with physical, mental, emotional and social menstrual distress. While also acknowledging sexual, emotional, physical, and verbal trauma influences on enhances Premenstrual Syndrome, Premenstrual Exacerbation and Premenstrual Dysphoric Disorder symptoms. Ultimately, the research gathered to create this project will highlight the importance of womxn's reproductive mental health as a necessity in clinical practice as a restorative treatment option. This will include the intersecting of theory and research on the physical, emotional, behavioral, intellectual, and social impact of menstrual mental health.

As well, the benefits and or limitations of using Expressive Dance/Movement Therapy with the goal that individuals will develop functional coping skills to reclaim their relationship with their bodies that are impacted by trauma and or hormonal changes will be investigated and reported. The literature reviewed includes benefits of brief creative movement, art-interventions, and mindfulness-based cognitive therapy to improve PMS symptoms, anxiety, and depression in women. In addition, the project is expected to contribute to furthering the clinical skills of Expressive Dance/Movement Therapist aspiring to specialize in the wellness of womxn's

reproductive mental health. The author is also anticipating using the literature finding to apply towards creating a mental health and menstruation program for women who need support regarding their reproductive well-being.

### **Historical & Developmental Perspective of PMDD**

#### **Population Specifics**

For centuries, womxn have been actively advocating for their voice in civil rights, reproductive rights, and equal rights in societal environments that often strive to oppress their worth. As Clare Boothe Luce once expressed, “when a man can't explain a woman's actions, the first thing he thinks of is the condition of her uterus...if God had wanted us to think with our wombs, why did he give us a brain” (1991, pp. 164). Quite frankly, Clare Boothe Luce has a point: womxn are much more than just their wombs. Womxnist are much more than the emotionally unstable depiction of our existence which has been shown to be in society. A term dearly inspired by Alice Walker who is a novelist, short story writer, poet and social activist. Walker defines womxnist for feminist who are Black, Indigenous, and people of color (BIPOC). A womxnist is an empowering individual who leads by example taking ownership of their own life. A womxnist loves other womxn sexually and or non-sexually embracing the divine sensual divinity of our womxnhood. A womxn appreciates and welcomes the culture and its emotional flexibility of the feminine strength through tears and laughter. A womanist can love individual men sexually or non-sexually. A womxn values the wholesomeness of both sexes and everything in between as they commit and root for the love of love, music, dance, the moon, the spirit, nourishment, struggles, folk, and most importantly loving themselves (Womanist., n.d.).

Yet the depiction of womxn has been misconstrued throughout history. It is critical to understand that inaccurate male centric health views and usage of language have hurt the symbiotic relationship of mental health and menstruation for womxn. According to Sally King's research regarding the myth of the irrational female and premenstrual syndrome, womxn's menstrual symptoms have been documented dating back to 1800 BCE in the Kahun Gynaecological Papyrus, also known as the oldest surviving medical texts. These findings contributed to the physical attributes of menstruation such as 'discharges', 'clenches', 'wrapping', and 'wandering of the womb' (Bobel, et al. (Eds.) 2020, pp. 288). Although, noted as far back as 1800 BCE these symptoms remain similar to the current womxn's experience during their menstrual cycle. For instance, womxn experience clenching tension with aching cramps in order for the uterus to shed the uterine lining which causes a discharge of blood and tissue from the vagina. For the purpose of menstrual hygiene, womxn would need to use a wrapping in order to absorb or collect their discharge or as a sanitary item. Womxn of the 21st century have a variety of options which include disposable/reusable pads, tampons, menstrual cup, leak free underwear, and free bleeding. What is questionable is what was truly meant by wandering of the womb?

Emerging philosophies in the sixteenth and seventeenth century regarding the reproductive well-being of womxn began to identify emotional symptoms. Interesting enough, Thomas Sydenham was an influence on redefining the term hysteria as a gynecological condition that affects womxn's nervous constitution and emotional instability (Bobel, et al. (Eds.), 2020). Unfortunately, these revelations contributed to the assumptions of womxn being intellectually, physically and spiritually second-class to men. These stigmatizing conceptions of woman began a problematic view catered to the politics of the female body in the eye of westernized society.

The stigmatizing language and objectification of womxn affects an embodied connection with self this eventually generating discomfort and confining agency that would lead womxn to self-neglect and or harm self (Bobel, et al. (Eds.),, 2020). These sensations are heightened during the menstruation cycle which ultimately affects the essence of a womxn's well-being. The reason why this is currently relevant is because it is classified in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) under a Major Depressive Disorder known as Premenstrual Dysphoric Disorder (PMDD). According to the Mental Health Organization (WHO), more than 264 million individuals' worldwide find themselves feeling depressed. Another key fact to note is that depression is most common amongst womxn compared to men.

It first emerged on the medical scene as Premenstrual Tension (PMT) focusing on the sex hormones but then was discontinued and repositioned as Premenstrual Syndrome (PMS) to include mood-based symptoms. Fun fact, prior to the development of PMDD it was known as Late Luteal Phase Dysphoric Disorder (LLPDD) in 1987 but has remained to be classified as PMDD since 1994 (Bobel, C., et al. (Eds.),, 2020). Another form to describe PMDD would be an amplified version of PMS overwhelming 3-8% of womxn impairing their ability to function emotionally, socially, and occupationally. Contributing factors can be due to hormonal deficiencies, lack of support, experience of traumatic and or stressful life events that contribute to PMDD (Azoulay, et al., 2020). The severities of the primary psychological and physical symptoms vary womxn to womxn. Yet they all experience perceptible emotional lability such as, anger, irritability, increased interpersonal conflict, depression, feeling hopelessness, and or anxiety. Along with, apathetic towards customary activities, concentration difficulties, insomnia, hypersomnia, and feeling overwhelmed with loss of control. Not to mention the physical components of tender breast, acne, constipation, bloating, fatigue and muscle pain (Hardy &



Hardie, 2017). During the late luteal and menstrual phase womxn relationship with their body and mental health begin to endure heightened sensitivity to the symptoms' ultimately causing Premenstrual Exacerbation (PME).

In fact, PME is extremely common amongst womxn especially those who have underlying disorders; generalized anxiety disorder and or seasonal affective disorder (Dell & Svec, 2017). Exacerbation is not an exaggeration! If PME can be detected early on it may decrease womxn's symptoms of experiencing impairment by reason of PMDD. Utilizing Expressive Dance/Movement Therapy or the Creative Arts womxn can develop and strengthen body awareness attuning them with their lifestyle may help implement a routine to decrease the intensity of the symptoms. Enhancing one's awareness can help womxn be affective in the work force to articulate needs and establish a safety net during menstruation. A qualitative study was methodized to gather data to explore the experience of a hardworking womxn who is diagnosed with PMDD. There intimate number of participants consisted of 15 women between the ages of 25-49. Only half of them were full-time employed, 33% were part-time half leaving 13% unable to work due to the severity of the symptoms (Hardy & Hardie, 2017). Perhaps introducing womxn to restorative treatments could make an impact on a womxn's career path allowing her to work. Imagine this, if a womxn is diagnosed with PMDD at 26 years of age, guess how many years a womxn encounters symptomatic days? PMDD expert Dr. Kimberly A Yonkers, took a look at the numbers from a diagnosed 26 year old added the length of symptomatic days which was 2,800 and divided it by the number of days in a year and concluded womxn will experience depression, stress, anxiety, low self-esteem, tension, irritability and dysfunction for 7.6 years of their life (Dell & Svec, 2017). The math alone is exacerbating!

### Menstruation in Theories

## Menstruation & Polyvagal Theory

Tracing back to the question asked at the beginning of this capstone thesis which was what was truly meant by wandering of the womb? Interesting enough during a 101-Trauma Informed Care (TIC) Seminar director and president of International Trauma Center Dr. Robert Macy presented the breakdown of the word polyvagal; poly meaning ‘many’ and vagal referring to the vagus nerve which ‘wanders’ throughout the body. Surprisingly, the connection with menstruation and polyvagal theory are similar in the retrospect of evolutionary, neuroscientific and psychological claims pertaining to the role of the vagus nerve in emotion regulation, social connection and fear response (Macy, 2021). In context of mental health and menstruation, the vagus nerve is connected to the internal organs of the body which includes the divine feminine system composed of ovaries, fallopian tubes, cervix, vagina and vulva. Incorporating the Polyvagal Theory is in alignment with Expressive Dance/Movement Therapy (D/MT) supporting mental health and menstruation in view of the fact that D/MT is a body based modality.

As stated previously, PME, PMS, PMDD affects womxn’s emotional regulation, social connections and autonomic nervous system which may hinder fear responses. According to the article, *Autonomic Balance Changes during the Human Menstrual Cycle*, the menstrual cycle is the most extensively studied physiological rhythms of a species (Wineman, 1971). Rightfully so the hormonal shifts that affect womxn is extensive in the operating of natural rhythmic releasing that affects the body’s sympathetic and parasympathetic system. These rhythmic changes affect the body functionality especially in the life span of the womxn. Prior to the start of menstruation it is noted that premenstrual symptoms begin to exude sympathetic-like changes; muscle rigidity, hypertension, and agitation heightening the natural hormonal shifts (Wineman, 1971). Once the brain releases the hormone gonadotropin-releasing hormone (GnRH) from the hypothalamus

hormone travels through the body and flows its way to the pituitary gland that then activates the release of follicle-stimulating hormone (FSH). The activation of hormones leads into a menstruating woman to begin to endure parasympathetic-like symptoms causing the body to self-preserve. Unfortunately, if a menstruating woman has encountered trauma their body's stress hormone system has difficulty re-shifting to a neutralized state of calm and composed presence.

As this magical hormone travels through the bloodstream to fulfill the responsibility of stimulating the growth and maturation of eggs that are located in a sack called follicles located in the ovaries. The arrival of FSH in the ovaries begins to increase estrogen levels causing tissue to thicken within the uterus. As the estrogen levels continue to rise in the bloodstream it signals the pituitary gland to effectuate a secretion decrease of FSH and exude luteinizing hormone (LH) which ignites the mature egg to be released from the follicle this is known as ovulation (Dell & Svec, 2017). At this point the woman's body is transitioning from the follicular phase which is day 1 to day 14 of the cycle into the early luteal phase that occurs day 15 to day 21. Within this stage of the menstrual process women who experience intense PMS and who are diagnosed with PMDD begin to enter the stage of intense symptoms due to low levels of estrogen.

In the early luteal phase, estrogen and progesterone are intensively secreting throughout the bloodstream continuing to thicken the uterine lining. The escalation of hormones perpetuates until the pituitary gland senses the increase in which then the gland stops the production of FSH and LH. This means that the mature egg was not fertilized during ovulation causing the levels of estrogen and progesterone to decrease. This shift is known as the late luteal phase taking place day 22 to day 28 (Dell & Svec, 2017). During these phase it is estimated 20-40% of women experience PMS; somatic, emotional and physical symptoms that can be unproblematic and or

debilitating for womxn affecting social and economic performance (Hardy & Hardie, 2017). The uterus is no longer receiving hormonal estrogen and progesterone nurturance therefore, the uterine lining begins to separate and menstruation blood proceeds to flow out of the vagina. The levels of estrogen and progesterone remain significantly low until the hypothalamus detects the reduced quantity signaling the production of GnRH and the menstrual process repeats (Dell & Svec, 2017).

The fluctuating hormonal changes affect about 70–80% of womxn who endure menstrual cycle symptoms during menses up until menopause which the average womxn encounters at 52 years old (Currie, 2013). It is a significant amount of individuals who are affected by the symptoms for an extensive portion of the female life span. In an intimate case study that gathered data regarding autonomic variables that affect the menstrual phases concluded high estrogen levels are influenced by a decreased level of sympathetic nervous system (Wineman, 1971). Ultimately, the connection of the vagus nerve and production of estrogen truly affects the balance of the menstruating womxn well-being. The significance of these information gears into the topic of menstruation and how psychological trauma may impact the autonomic system of a menstruating womxn.

### **Menstruation & Psychological Trauma**

#### **Menstruation & Trauma**

If an individual is exposed to trauma whether it is physical maltreatment, verbal, sexual, emotional the autonomic nervous system has been impeded upon activating a fight, flight, freeze and or fawn response. If this specifically occurs in childhood the traumatic events may have over aroused and or disorganized the development of having wholesome attunement in the

body affecting inhibitory and excitatory brain systems (Van Der Kolk, 2014). In the article, *Childhood Trauma and Premenstrual Symptoms: The Role of Emotion Regulation*, qualitative data was gathered to determine if childhood trauma is linked with premenstrual symptoms and how emotional dysregulation intervenes.

To answer the research question they conducted a study with 112 women who were undergrad students at the Hebrew University of Jerusalem. The individuals completed the following assignments: Premenstrual Symptoms Screening Tool (PSST), the Childhood Trauma Questionnaire (CTQ) and the Difficulties in Emotion Regulation Scale (DERS). The purpose to utilize these instruments was to test if there was an association between childhood trauma, emotional regulation difficulties and PMS. The method concluded that womxn with a history of childhood physical, sexual, and emotional abuse is the catalyst of impairing emotional regulation and interferes with the ability to process effectively. As well as, disrupting a womxn's ability to recognize, regulate and adapt to the physical and emotional changes of premenstrual symptoms heightening distress and dysfunction. Eventually these stressful circumstances overwhelm the body's functionality leaving womxn vulnerable and susceptible to mental health crisis (Azoulay, et al., 2020). What is also important to consider is how these emotional dysregulations due to abuse infer with productivity with academics, peer relationships, and self objectification.

Frank Putnam and colleague Penelope Trickett dedicated valuable time and research regarding the impact of child sexual abuse towards females. In the book, *The Body Keeps the Score*, Van Der Kolk acknowledges gathered research Putnam and Trickett collected in an administered longitudinal study which validates how trauma affects developmental pathways. For this data researchers were able to engage with eighty-four girls who were sexually abused by a family member. This longitudinal study lasted for 22 years and 96% of the original

participants remained committed to research which offered the following results. When childhood abuse occurs this overpoweringly negatively effects cognitive deficits, sexual development, high rates of obesity are noted, self-mutilation occurs, dissociative symptoms arise and depression causing impairment in daily life. Moreover, there was a higher high school dropout rate which contributing factors such as health-care utilization and additional illnesses. To sum up the finding correlating back to the Polyvagal Theory there was abnormalities in their stress hormone responses obstructing personal, physical, mental, emotional and social level engagements (Van Der Kolk, 2014).

The avoidance response ignites a negative attitude towards menstruation activating self-objectification, negative evaluation, and sexual agency causing a womxn to act in accordance with objectified view of self. This leads to a disassociation with an embodied connection causing body shame which exposes womxn in engaging in risky behavior that may affect sexual well-being (Schooler, et al., 2005). Indication of disassociation may be due to the body's rewiring of adapting to trauma because sexual abuse accelerates the biological clock of young females causing early menses as early as a year and a half prior to non-abused girls. Not to mention, these changes cause hormonal shifts to take place and abused female's levels of testosterone and androstenedione are three to five times higher than non-abused females therefore, motivating sexual desires risking reproductive health (Van Der Kolk, 2014). These traumatic experiences may be mirrored and embodied from multi-generational female to female through mother-daughter relationship and or guardian impact on menstruation education. As previously stated, menstruation and mental health in society at times is very stigmatizing and leaves an individual vulnerable. The objectification in society also has a role in the mental wellness of womxn.

### **Oppressive Objectification**

The Objectification Theory is a vital component when merging the linkage with womxn's mental health and how it blends into reproductive well-being. In the context of societal constructs the womxn's body is viewed as an objectified object. This is easily seen in marketing, advertising and social media. Hence, the reason several womxn develop an unhealthy self-consciousness towards themselves developing a state of body surveillance. Self-objectification alters womxn's behavior creating a negative attitude towards menstruation generating body shame, decreasing an internal state of the body, stimulating conformity towards cultural beauty standards obstructing appearance, and negatively impacting psychological and sexual well-being (Bobel, et al. (Eds.), 2020). There are layers to how oppressive objectification impacts each womxn. Every womxn's experience may be different from others stories but what is a commonality is the way it impacts reproductive mental health. Specifically, focusing on menstruation knowing how the traumatic events alter hormonal balance heightening a womxn's emotional, physical, and mental sensitivity to PMS, PME, and PMDD symptoms.

As one can imagine all these components of the divine reproductive system inflict somatic symptoms affecting mental health. This is why for centuries there have been medical advances to alleviate and understand the menstruating womxn's experience. It is also important to acknowledge that some of the reproductive procedures were unethical and disrespectful of womxn's bodies which in turn causes multi-generational trauma with reproductive health. For instance, author Annabel Sowemimo, wrote an article for helloclue titled, *The racist and unethical origins of modern gynecology*, Sowemimi gave an overview of the unethical origins of procedures dating back to slavery in the 19<sup>th</sup> century in America using enslaved Black/African womxn. Sowemimi address marginalized womxn being the subjects of unethical experiments

because they were considered to be undesirable people implementing eugenics policies and forced sterilization.

As womxn we are connected with the womb of our ancestors and the oppression that may have been carried throughout generations affecting the opportunity to openly express sensuality and or feel comfortable in spaces that provide reproductive health. Aviva Bannerman (2017) states how oppression can impact the body categorized in three components: (1) embodied memory (2) somatic vigilance (3) somatic withdrawal and or alienation. In addition to these perceptions, if a female is exposed to childhood trauma whether it is sexual, physical, verbal, or emotional it is noted to increase menstrual distress impeding womxn's wherewithal to attune with their bodies, develop mind-body awareness, and redirect emotional changes (Azoulay, et al., 2020). In fact, womxn who are most vulnerable to oppressive sexual objectification are BIPOC and of lower socio-economical status. For instance, a research study was conducted gathering 228 womxn; 133 Black/African and 95 white. The ultimate goal of the study was to highlight the differences in sexual objectification experiences, psychological distress, and physical safety anxiety. The data concluded that there was a significant difference of sexual terrorism exposure towards Black/African womxn than a white womxn due to racialized sexual stereotypes (Watson, et al., 2015). It is important to highlight this gathered data to uplift the community of womxn whose mental health is affected by these social systems. Especially in the realm of the healthcare system where there is a lack of accessibility for communities who are at a disadvantage. These racial disparities still weigh heavily on womxn causing healthcare system mistrust and heightening an insecure embodiment that may be passed on through mirroring these bodily sensations inter-generationally.



This relays back to Aviva Bannerman's three categorization of how oppression impacts the body via embodied memory, somatic vigilance, and somatic withdrawal/alienation thereupon leads into the Objectification Theory. Although, menstrual stigmatizations and objectification are lingering in current society womxn are reclaiming the feminine role in society and making change. Understanding the affects of the stigmatization of menstruation and the objectification of womxn can support the restorative treatment journey for the individual to understand the deeper complexity of the issues that are engrained in societal views. This understanding can empower the woman to reclaim her relationship by changing her narrative with her body, mind, and spirit with attuned self-care, comfort and passion.

### **Methods Used to Treat Menstrual Health**

Authors of the book, *The PMDD Phenomenon: Breakthrough Treatments for Premenstrual Dysphoric Disorder (PMDD) and Extreme Premenstrual Syndrome (PMS)*, Dr. Diana Dell who is specialized in treating PMDD and PMS, together with, Carol Svec a dedicated writer for health and wellness with a physiological psychology lens launched a valuable resource encapsulating the ins and outs of treating premenstrual disorders. Mentioned treatment options for premenstrual disorder include serotonin reuptake inhibitors, medications, nutrition, exercise, holistic approach, and cognitive behavior therapy, light and sleep therapy (Dell & Svec, 2017). Some options are better than no options and as one can see there are a plethora of insightful choices to restore the body and decrease premenstrual symptoms. It is a matter of having resources and access to receiving help.

Advances are constantly shifting in the medical field and prescribing medications seems to be common. Medical treatment that specifically has shown positive influences on PMDD

conditions is serotonin reuptake inhibitors (SSRIs). This is extremely groundbreaking for the restorative healing process for the menstruating individual suffering from severe depression in need of a boost in serotonin. Currently these are the pharmaceutical options for SSRIs; Fluoxetine, Sertraline, Paroxetine, Citalopram, and Fluvoxamine. Overlooking the SSRIs symptom benefits include minimizing emotional outburst, food cravings, physical pain, and mood symptom, as well as, increasing social functioning and psychosocial functioning. Despite the fact that, these medication options significantly help it is also important to state they cause unwanted side effects. These side effects range from fatigue, diarrhea, insomnia, and flu like symptoms. One takes a medication to aid a condition and it may reduce the symptoms but in some circumstances it brings forth new stressors due to side effects (Dell, & Svec, 2017). Not to mention, the medication does not alleviate all symptoms each one varies on what symptoms they enhance or reduce. When being mindful of treatments it is vital for individuals to be aware of their body and the way it engages with medications especially if there are underlying health conditions.

SSRIs ignite a spark of energy and motivation in the individual but what truly needs to be implemented and addressed is a supportive framework of developing body-awareness, self-attunement, and coping skills within the treatment method to relieve all experienced symptoms simultaneously. Under these circumstances, it is extremely beneficial to incorporate Expressive Dance/Movement Therapy (D/MT) in premenstrual therapeutic treatment. The reason being the foundation of growth and healing is within the body. Having an inside and out connection with the body will radiate attunement to one's unique wellness regiment. D/MT methodology prioritizes the welfare of the body which is the human being's main vessel and the container of space that holds our life experiences. As Dr. Robert Macy, a trained theatre artist, Taoist Martial

Artist, D/MT, traumatologist and neuroscience researcher says, “issues in the tissue”. Over time the body functionality is deeply affected by environmental, social, and economical factors.

In the case of incorporating Cognitive Behavioral Therapy (CBT) it is useful for someone who is suffering from PMDD to provide them with an insight-oriented psychotherapy approach. What that means is talking about it and giving space for the individual to reflect on their behavior and cognitive thought process that affects their actions. The structure of CBT allows individuals to reflect and develop new thought patterns to replace behavior that is affecting the functionality of a person’s well-being. The subject focus of CBT with PMDD offers womxn coping techniques and strategies such as, stress reduction, relaxation, and assertiveness. Although, CBT is extremely beneficial and well known as a treatment option it would also be beneficial to incorporate an expressive release to enhance the ‘talk therapy’ experience. This is in regards to acknowledging different verbalization styles of individuals some may be efficient at non-verbal communication and others verbally. Hence, the importance of using movement experience in a therapeutic setting. Womxn with PMS, PME, PMDD can benefit from verbalization techniques allowing an increase in kinesthetic connection with self.

Thereby, therapeutic movement allows individuals to reveal verbal and/or non-verbal communication of feelings, thoughts, ideas and emotions via process-driven approach.

Expressive D/MT also revenues the body’s motion to the next level and allows the mover to recognize trauma and use action-oriented psychotherapy to restore well-being with body-brain connections. The D/MT therapeutic sessions can be catered to the needs of an individual, dyad, triad, and/or group and can be used either alone or in juxtaposition with other treatments.

Expressive D/MT eloquently merges with Creative Art Therapies; art, drama, poetry, and music as alternative treatments along with the holistic approaches, nutrition and exercise remedies. The

Expressive/Creative Art Therapies are on an evolutionary rise to be acknowledged in the field of psychotherapy. This thesis is being written in hopes to spread the value of Expressive D/MT with the PMS, PME, PMDD population through a theoretical lens. Together with a broad range of collected research such as quantitative and qualitative studies, art-based research, and evidenced based practices to support the credibility of this project.

## **Efficacy of Expressive Dance/Movement Therapy**

### **Development and Historical Context**

Dance began to evolve into a new form of expressional movement known as Modern Dance. Modern Dance was an extremely special era within the realm of movement allowing many choreographers to explore new ranges of movement stepping away from Classical Ballet. This evolution of dance began to take a new shape of liberating expression of oneself through movement. Modern Dance pioneers such as Ruth St. Denis and Ted Shawn who founded the Denishawn School taught Delsarte Principles primarily incorporating expressive movement. Marian Chace known as the “Grande Dame” of dance therapy studied under this school and was exposed to many modern dance choreographers including Mariah Graham (Chace & Sandel, 1993). Chace’s exposure to the infinite possibilities of movement opened her horizon to adapt dance as a therapeutic tool for individuals. As Chace gracefully aged her expertise in dance therapy developed a theoretical framework.

Chace’s methodology began to formulate when she was volunteering at St. Elizabeth’s Hospital in the Dance for Communication Program. Chace engaged with individuals who had severe mental illnesses with empathy, structure, movement and music. Chace classified her work into four categories; (1) Body Action (2) Symbolism (3) Therapeutic Movement Relationship

and (4) Rhythmic Activity (Levy, 2005, p. 21). Chace adapted these techniques with observation and attunement to the needs of the psychotic individuals. In the book, *Foundations of Dance/Movement Therapy: The Life and Work of Marian Chace*, the theoretical model is accentuated and emphasis the importance of the therapeutic benefits of D/MT. For instance, the purpose of body action is to prepare the individual to be attuned with their bodies to prepare for the session. Opening the healing space with body action allows the individual and therapist to be aware of their body, breathing patterns and or tension levels that could affect their therapeutic presence and responses.

Subsequently, the ability to be able to express thoughts, feelings, and emotions vary person to person. This is why Chace formed symbolism into the framework through her work with individual's who were nonverbal, manic, psychotically depressed, and schizophrenic. Chace witnessed the value in making sure everyone no matter the mental health circumstance was able to express their thoughts, emotions, and feelings. Symbolic movement is a form of language that allows the mover to share with the therapist complex feelings that cannot be easily conveyed into words but is accessible through dance/movement (Chace & Sandel, 1993). The therapist also has accessibility to use this symbolism into action-oriented movement to apply expression that may bring forth memories through direct motion. This phase in therapeutic movement is powerful within the client-therapist relationship because the client is being witnessed and heard through their body and movement language of expression. Chace would essential mirror the individual's gestures and movement to recreate the patient's experience in her own body strengthening therapeutic trust on understanding their story. When applying rhythmic activity in a group session a therapist must attune to each individual acknowledge that they are seen and valued in the space. This transcends into knowing and reading the energy, strengths, and safety of the

group dynamic to then merge forward through movement as a collective (Chace & Sandel, 1993). Marian Chace impact in the field of D/MT has been impeccable!

Chae inspired many to follow in her path while also developing new frameworks to further advance the well-being of different populations. The integration of Creative Art Therapies (drama, art, music, and expressive dance/movement) will support the womxnhood flow by focusing on interventions that allow the individuals to reveal verbal and or non-verbal communication of feelings, thoughts, ideas and emotions. Incorporating Expressive Dance/Movement Therapy (D/MT) methodologies as a therapeutic tool for menstrual mental health will reconnect womxn with their bodies evolving the connection of body awareness during PMS, PME, and PMDD. Also, acknowledging survivors of trauma; sexual, physical, verbal and or emotional, expressive dance/movement therapy allows touch to be a critical intervention in a therapeutic space. Incorporating coping skills using touch offers survivors a safe, compassionate and inspire a restorative way to heal while also integrating a grounding sense of self internally affecting external behaviors (Cristobal, 2018). Additionally, movement allows the mover to recognize trauma and use action-oriented psychotherapy to restore well-being with body-brain connections. Expressive Dance/Movement Therapy methodologies will support the autonomic state by boosting emotional regulation, expanding social flexibility, and build up resilience by being attune with levels of tolerance (Macy, 2021). The benefits of weaving these theories with D/MT will provide a deeper dive into the logic of the consumption of shame, guilt, and loss of sense of self due to oppressive objectification affecting mind, body, and spirit.

### **Expressive Dance/Movement Therapy Supporting Menstruation Mental Health**

## Mindfulness

Awareness is essential in the therapeutic space. One of the many D/MT practical foundations includes body awareness to support internal and outer connection to create a reflective state to convey awareness and attunement within the body to find grounding in expressing oneself. Not only that, but it allows for an individual to connect with intuitional self-concepts that may be hindering mental health wellness. According to clinicians Faeze Panahi and Mahbobeh Faramarzi, Mindfulness-Based Cognitive Therapy can reduce the premenstrual symptoms. It is noted that MBCT allows womxn who are suffering from depression and anxiety to use the intervention to begin to notice thought process and gain awareness of feelings.

Panahi and Faramarzi designed a randomized controlled study with 60 students from Mazandaran University who reported experiencing depression and mild to moderate PMS symptoms. The author believes this research needs to be acknowledged because they are the first to conduct a study that applies Mindfulness-Based Cognitive Therapy with women who are suffering from PMS. As previously shared there is a wide range of wonderful information on what PMS, PME, and PMDD consist of but not enough on restorative treatment options. The goal of the randomized study was to observe the effects of Mindfulness-Based Cognitive Therapy (MBCT) to aid PMS symptoms, anxiety and depression. Key components of these finding concluded that MBCT exposes the individual to attune and truly listen from within to self-reflect and observe thought processes that effect emotions and behaviors. The application of MBCT helps menstruating individuals recognize despondent and anxious thoughts that exacerbate PMS symptoms. In the reflective state, it allows the experiences of the thought and feeling to be redirected to create a balanced relationship with self (Panahi & Faramarzi, 2016). Aligning MBCT framework with the foundations of Expressive D/MT will help support

womxn's underlying factors of generalized anxiety disorder, seasonal affective disorder and or trauma that enhance the sensitivity of menstruation symptoms.

D/MT techniques unifies with MBCT goals utilizing mindfulness as a tool to elevate a womxn's interoceptive awareness because it activates relaxation and breathing methods. Breath is the gateway to understanding the inner rhythmic gateway of the autonomic nervous system. The ability to provide a D/MT lens brings forth the access to using a body analysis to observe the natural rhythm to increase self-awareness. Expressive D/MT pioneer Alma Hawkins implemented MBCT techniques into her modality of movement expertise. Hawkins purpose in her work was to infuse both mind and body as one with a focus on the creating a secure sense of self within the body to then interact with the world at large. Hawkins methodology was inspired by Edmund Jacobson, Robert Ornstein and Eugene Gendlin which in turn developed the flow of her sessions. In which she began with guided meditation to bring an individual into a relaxed state of mind that would allow for focus of attention, reduce tension, and allow for authentic movement to be explored. Hawkins priority on relaxation through mindfulness techniques allows for an individual to begin inner sensing as well as building a connection with breath (Levy, 2005). Breath is a foundational component to establish coping skills to alleviate anxiety, regulate emotional, and reduce PMS symptoms.

The beauty in the mindfulness technique it that it is working with the organic sensations of what arises in the body in the present moment and time. Working with the thoughts, feelings, and emotions is the mind, body, and spirit of the human essence that is engaging simultaneously in turn allowing for an individual to be aware of self as a greater entity (Mize & Iantaffi, 2013). Enhancing self-awareness through mindfulness movement gives womxn the opportunity to create a catered restorative plan to alleviate symptoms based on their current phase of



menstruation. When a woman is able to track menstrual phases and the impact on the body it enhances their self-awareness, body-awareness and concept of self. For instance, in the menstrual phase energy level is extremely low and the mind is introspective. When entering the follicular phase the body gains energy and open-mindedness towards creativity. When a woman is in the ovulatory phase physical energy is at its peak allowing for a connective mindset. As luteal is making its way to the horizon the energy begins to decrease and mental inwardness begins. Acknowledging these phases are beneficial for the therapeutic work especially introducing the Expressive/Creative Art Therapies to further deepen the experience.

### **Creative Movement and Art Interventions**

D/MT Pioneers Blanche Evan and Norma Canner contribution to the field focused on unique, creative and playful techniques to explore expressive improvisational dance to support physiological and psychological wellness. Brief creative movement and art interventions have shown significant boost in mood and decrease in stress. Researcher's Nicole Zimmermann and Heather Harden Mangelsdorf gave an overview of art therapy and the dance therapy benefits in their research to support their case study. The purpose of their research was to investigate how creative movement and art affect stress and or mood of college students (Zimmermann & Mangelsdorf, 2020). Although, the focused population of the case study was towards college students it is still important to gauge how creative movement and art influence mental health. The symptoms of stress, anxiety, and mood are all relatable to menstrual symptoms. D/MT cultivates an environment that holds space of containment to emotionally express PMS, PME, and PMDD symptoms and underlying issues affecting mental health. If movement is overbearing artwork can be implemented in the session to better support the individuals expressive needs. Through the increase in positive affect and decrease in negative affect Zimmerman and

Mangelsdorf interventions showed an improvement on participant's mood. There was also no significant difference between creative movement and art results highlighting that they were both beneficial for individual's well-being (Zimmermann & Mangelsdorf, 2020).

In a D/MT setting these findings can be functional towards individual goals. For instance, using Evan's developed framework of creative movement may and or can support womxn with PMS, PME, and PMS symptoms with her Instrument of Dance techniques which includes: (1) rehabilitation of the body (2) allow and give the individual permission to take up space in a variety of ways that he or she would not feel free to try alone (3) give the body strength and range of motion that it will need for emotional expression, to provide the physical base upon which one can build one's own unique expressive movement vocabulary; (4) to help the individual feel more secure about physical self-expression through the development of physical control; (5) to bring the individual into contact with parts of the body that were previously out of his or her conscious awareness and lastly (6) to integrate functional contraction with functional release for the purpose of achieving more efficient and meaningful movement expression (Levy, 2005, p. 34). The advantage of creative expressive improvisational movement is that it allows for all formats of movement to be explored.

The movement that seems to be helpful in boosting womxn self-esteem is through an erotic lens of empowering sensual movement that allows a womxn to fully express wholeness. In the article, *Embodying the erotic: cultivating sensory awareness through dance/movement therapy*, author Mira Persephone Cantrick brought forth The Moving Cycle allowing space to create a body story. The Moving Cycle was created by Christine Caldwell who emphasized this framework with D/MT in mind in order to transition and dance/move through the cycle. The cycle begins with awareness → owning → appreciation → action. Caldwell's intentions for The

Moving Cycle is for the clinician to guide the client through this erotic somatically geared continuum to generate emotional regulation while transforming oppression instilling resilience to give confidence in the healing process (Cantrick, 2019). Part of the erotic phase as power can also be through expressive D/MT and the beauty of exploring this is the plethora of frequencies that one can use the body to navigate this new found empowering awareness.

Contributing research voices documenting the therapeutic effects of enhancing self-expression, wholeness, and sense of ease through sensual movement was emphasized in an eight-week pilot research study. Authors Lisa Fasullo, John Lurquin, and Gerard Bodeker collectively wrote, *Reconnecting to the feminine: Transformative effects of Sensual Movement and Dance*, however Lisa Fasullo was the one who created the pilot programme and developed the methodology known as Primal Elegance – Sensuality in Motion. The core of the methodology focuses on the environment to allow womxn to dance and move with liberty and experience different sides of themselves with range and expansion. The ability to move more freely allows for re-discovering and re-experiencing self within the sensual body. The objective of these methods is to empower the mental wellness of womxn by uplifting mood, energizing, and building confidence on and off the dance studio floor to thrive in all aspects of their life (Fasullo, Lurquin, & Bodeker, 2016). The dance elements utilized to explore sensual movement as empowering in this study were a plethora of dance styles; jazz, ballet, modern dance, and hip hop to engage with different frequencies.

As a developing Expressive D/MT I am establishing my own unique therapeutic voice and identity within the field. As a dancer myself I have a wide range of experience with dance styles however, hip hop is specifically meaningful for me. The dance element of Hip Hop movement is a gateway towards deep self-exploration allowing thrusting, shaking, isolation,

facial gestures, pounding, and or level changes. I connect deeply with sensual movement as a style to re-align, understand, and love the body we live in. This is possible by creating intimate relationship level with ourselves. Affirming this notion is the qualitative data gathered from Fasullo pilot study from her Primal Elegance – Sensuality in Motion intervention which found a significant increase in the psychological and emotional wellness of the participants. When it came to the anecdotal data an example of the impact sensual movement had was shared through a reflective self-reported observation. Participants noticed an uplifting transformation with their own sense of sensuality which increased their confidence decreasing self-consciousness ultimately, supporting a healthful well-being (Fasullo, Lurquin, & Bodeker, 2016). The D/MT therapeutic process is thoughtfully structured to support the individual’s strengths. Which leads me into having a trauma informed care lens when creating a restorative space for menstrual mental health.

**Trauma Informed Care**

Laura Pierce (2014) compiled an excellent article capitalizing on childhood abuse and how to use Expressive D/MT as a theoretical framework as an integrative foundation at each stage of treatment. Below is a chart (Figure 1) of Pierce’s imperative theoretical framework in which she has organized in 3 phases with how to be trauma-informed with dissociation with a D/MT approach.

**Fig. 1** Laura Pierce ‘Theoretical Framework’ (Pierce, 2014)

<i>Phase-Oriented Treatment</i>	<i>Integrative functions of DMT</i>	<i>D/MT Toolbox</i>
Phase 1: Safety and stability	<ul style="list-style-type: none"> <li>• Supports a felt sense of safety through interactive regulation occurring through</li> </ul>	<ul style="list-style-type: none"> <li>• Body-to-body relating through attunement and mirroring</li> <li>• Interactive regulation</li> </ul>

	relationship	uses grounding exercises, orienting to the present moment, 5-sense perceptions, use of sensory props, and breathing techniques
Phase 2: Integration of traumatic memories	<ul style="list-style-type: none"> <li>• Cultivates an internalized sense of safety within the self</li> <li>• Increases tolerance for internal experience</li> </ul>	<ul style="list-style-type: none"> <li>• Attention to interoception and self-awareness links implicit body sensations with emotion and cognition</li> <li>• Symbolism, metaphor, creative expression, and artistic distance</li> </ul>
Phase 3: Development of the relational self and rehabilitation	<ul style="list-style-type: none"> <li>• Encourages relational skills and expands movement repertoire</li> </ul>	<ul style="list-style-type: none"> <li>• Group movement settings emphasize relational exchange, merging and differentiation, and interactional movement</li> </ul>

Pierce’s framework truly encapsulates the importance of structuring a D/MT treatment plan with trauma-informed care perspective. I consider this outline to be extraordinary useful when thinking about creating a program to educate the youth on menstruation mental health. It is always vital as a clinician to create a safe space for a patient. It may not be known if a participant has encountered trauma but it would be beneficial to construct a program with trauma-informed care in mind. Since it is known that womxn who have experienced childhood trauma are susceptible to being diagnosed with PMDD and or hormonal shifts triggering the inability to control emotional regulation. Integrating Pierce’s theoretical framework can help support the restorative treatment process for womxn who are experiencing severe PMS, PME, and PMDD symptoms due to childhood trauma.

Pierce's framework is also an excellent base level of intervention before incorporating movement that could potentially be harmful for the healing process of the individual. This thought leads me to explain once again the importance of making sure the patient/individual is grounded in the principles of mindfulness. This applies to the clinician as it is vital to be considerate of all circumstances when working with a client. Since menstruation involves the reproductive system which is a sexual organ, therefore, sexuality and therapy must be taken very seriously due to many factors that could affect the process. The process to reclaiming the empowerment of womxn's sexuality must be executed with extreme gentleness and emphasize that the process of healing is layered which requires a slow process of skill building.

### **Future Endeavors**

This thesis journey has inspired a passion within me to cater a portion of my Expressive D/MT professional career towards reproductive mental health. I hope to inspire the youth as a supportive figure to prioritize their mental health during menstruation. I envision utilizing the expressive arts therapies to host group interventions and or individual sessions for young ladies who do not have a support system to educate them on the complexity of the reproductive system and how it can impact their mental health. In hopes that introducing these concepts and providing a space that will allow for creative expression while reducing mental health distress in menstruating womxn. On that note, I leave you with my artistic reflection of my own journey of applying the self-care tools to decrease menstruation symptoms while also being empowered to advocate for mental health awareness.

**Fig. 2** Chantal Nathalie Bañuelos-Atienza 'Womxnhood Flow' (2020)





## References

- Azoulay, M., Reuveni, I., Dan, R., Goelman, G., Segman, R., Kalla, C., Bonne, O., & Canetti, L. (2020). Childhood Trauma and Premenstrual Symptoms: The Role of Emotion Regulation. *Child Abuse & Neglect*, 108. <https://doi-org.ezproxyles.flo.org/10.1016/j.chiabu.2020.104637>
- Bannerman, A. (2017). Resisting oppression: body psychotherapy techniques to empower women. *Body, Movement & Dance in Psychotherapy*, 12(3), 185–194.
- Bobel, C., Winkler, I. T., Fahs, B., Hasson, K. A., Kissling, E. A., & Roberts, T.-A. (Eds.). (2020). *The Palgrave Handbook of Critical Menstruation Studies*. Springer Singapore.
- Cantrick, M. P. (2019). Embodying the erotic: cultivating sensory awareness through dance/movement therapy. *Body, Movement & Dance in Psychotherapy*, 14(1), 3–13.
- Chace, M., & Sandel, S. L. (1993). *Foundations of dance/movement therapy: the life and work of Marian Chace*. Marian Chace Memorial Fund of the American Dance Therapy Association.
- Cristobal, K. A. (2018). Power of Touch: Working with Survivors of Sexual Abuse Within Dance/Movement Therapy. *American Journal of Dance Therapy: Publication of the American Dance Therapy Association*, 40(1), 68. <https://doi.org/10.1007/s10465-018-9275-7>
- Currie, H. (2013). *Menopause: Answers at your Fingertips*. Retrieved from <http://ebookcentral.proquest.com> Created from Lesley on 2020-04-20 11:49:02.



Deborah Schooler, L. Monique Ward, Ann Merriwether, & Allison S. Caruthers. (2005). Cycles of Shame: Menstrual Shame, Body Shame, and Sexual Decision-Making. *The Journal of Sex Research*, 42(4), 324–334.

Dell, D. L., & Svec, C. (2017). *The Pmdd phenomenon: breakthrough treatments for premenstrual dysphoric disorder (Pmdd) and extreme premenstrual syndrome (Pms)*. Echo Point Books & Media.

(dMh), D. for M. H. (2021, January 29). Therapeutic Movement Relationship as a Key Psychotherapeutic Element of Dance/Movement Therapy. Medium.  
[https://medium.com/@dmh\\_68898/therapeutic-movement-relationship-as-a-key-psychotherapeutic-tool-of-dance-movement-therapy-f1b85f637aaa](https://medium.com/@dmh_68898/therapeutic-movement-relationship-as-a-key-psychotherapeutic-tool-of-dance-movement-therapy-f1b85f637aaa).

Fasullo, L., Lurquin, J., & Bodeker, G. (2016). Reconnecting to the feminine: Transformative effects of Sensual Movement and Dance. *Dance, Movement & Spiritualities*, 3(1–2), 69.  
[https://doi.org/10.1386/dmas.3.1-2.69\\_1](https://doi.org/10.1386/dmas.3.1-2.69_1)

Gravelle, K. (2017). *The period book: A girl's guide to growing up*. New York: Bloomsbury.

Hardy, C., & Hardie, J. (2017). Exploring premenstrual dysphoric disorder (PMDD) in the work context: a qualitative study. *Journal of Psychosomatic Obstetrics & Gynecology*, 38(4), 292–300. <https://doi.org/10.1080/0167482X.2017.1286473>

*In Stitches: A Patchwork of Feminist Humor and Satire*. (1991). United States: Indiana University Press.

- Levy, F. J. (2005). Dance movement therapy: a healing art. National Dance Association and Association of the American Alliance for Health, Physical Education, Recreation, and Dance.
- Macy, R.D. (2021). *Neurobiological Domains of Resiliency* [PowerPoint Slides]. International Trauma Center, Macy & Partners.
- Mize, S. S., & Iantaffi, A. (2013). The place of mindfulness in a sensorimotor psychotherapy intervention to improve women's sexual health. *Sexual & Relationship Therapy*, 28(1/2), 63–76. <https://doi.org/10.1080/14681994.2013.770144>
- Panahi, F., & Faramarzi, M. (2016). The effects of mindfulness-based cognitive therapy on depression and anxiety in women with premenstrual syndrome. *Depression Research and Treatment*. <https://doi-org.ezproxyles.flo.org/10.1155/2016/9816481>
- Pierce, L. (2014). The integrative power of dance/movement therapy: Implications for the treatment of dissociation and developmental trauma. *The Arts in Psychotherapy*, 41(1), 7–15. <https://doi.org/10.1016/j.aip.2013.10.002>
- Piran, N. (2017). Journeys of embodiment at the intersection of body and culture : The developmental theory of embodiment. ProQuest Ebook Central <a onclick=window.open('http://ebookcentral.proquest.com','\_blank') href='http://ebookcentral.proquest.com' target='\_blank' style='cursor:pointer;'>http://ebookcentral.proquest.com</a> Created from lesley on 2021-01-26 07:54:58.

- Thích-Nhật-Hạnh. (2013). *The miracle of mindfulness: an introduction to the practice of meditation*. Beacon Press.
- Uskul, A. K. (2004). Women's menarche stories from a multicultural sample. *Social Science & Medicine*, 59(4), 667–679. <https://doi.org/10.1016/j.socscimed.2003.11.031>
- Van Der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Watson, L., Marszalek, J., Dispenza, F., & Davids, C. (2015). Understanding the Relationships Among White and African American Women's Sexual Objectification Experiences, Physical Safety Anxiety, and Psychological Distress. *Sex Roles*, 72(3–4), 91–104. <https://doi.org/10.1007/s11199-014-0444-y>
- Wineman, E. W. (1971). Autonomic Balance Changes during the Human Menstrual Cycle. *Psychophysiology*, 8(1), 1–6. <https://doi.org/10.1111/j.1469-8986.1971.tb00431.x>
- Womanist. (n.d.). Retrieved February 22, 2021, from <https://www.womanistworkingcollective.org/womanist>
- Zimmermann, N., & Mangelsdorf, H. H. (2020). Emotional benefits of brief creative movement and art interventions. *The Arts in Psychotherapy*, 70. <https://doi.org/10.1016/j.aip.2020.101686>

**THESIS APPROVAL FORM**

Lesley University  
Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

Student's Name: Chantal Nathalie Barrios - Atienza

Type of Project: Thesis

Title: A literature review on Expressive Dance/movement therapy  
supporting mental health and mindfulness

Date of Graduation: May 22, 2021

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

Thesis Advisor: Raguel Aguilera 