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RESEARCH ARTICLE

Dance/Movement Therapy Interventions to Cope with Covid-19: From Isolation towards a New Proactive Community

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ABSTRACT

Italian Covid-19 lockdowns forced specific categories of population to isolation for almost two years from March 2020 to May 2022, increasing stress conditions as a consequence. During the first total 2020 lockdown, I felt the responsibility to help my community as a dance movement therapist, by reducing the sense of disorientation and isolation. I decided to offer a pilot on-line program promoted by the local Centre for Social Care. The elderly living in the two public residential care homes of the area and some school classes were invited to participate. Our aim was to facilitate an integrated body/mind moving dimension through a creative process. The program responded to concrete needs such as feeling useful while disoriented by the loss of relationships, as well as establishing a sense of community and belonging through a common goal with new empowering practices, for example dancing on-line.

The success of the first pilot program encouraged the local Centre for Social Care System to sponsor a second program called *Map & Territory*. We aimed at understanding how valuable it was to consolidate the use of technology to provide care, not only in emergency cases, but also in primary care cases. The article describes how tele-interventions with dance/movement therapy have been offered to reduce traumatic damages and to promote empowering resilience amongst different generations from children to elders. Achieved goals show the importance of encouraging synergy between arts and medicine for the future management of sanitary crisis and daily health policies, considering health as a dynamic process improving the individual capacity to self-manage.

Introduction

Ordinary life got to a stop in Italy week after week beginning from February 27th 2020 till March 9th, when a general lockdown was declared due to the pandemic emergency. This sudden change in life was totally unexpected for people, thus it generated a state of chaos, disorientation and shock. It seemed as if we had experienced a world earthquake with no prior advice, while media were broadcasting confusing images and information. Contrasting data increased the sense of global trauma^{7,10,16,19} instead of softening the effects of frequently announced death tolls, military checkpoints and enforced measures restricting freedom of movement and social interaction.

People found themselves suddenly blocked at home with the necessity to create a new life style: everything had to be converted into virtual mode. However, some geographical areas in Italy, such as mountain regions, still lacked internet coverage, what led to some issues: people found themselves isolated and lonely with no means to communicate or relate with the outside world.

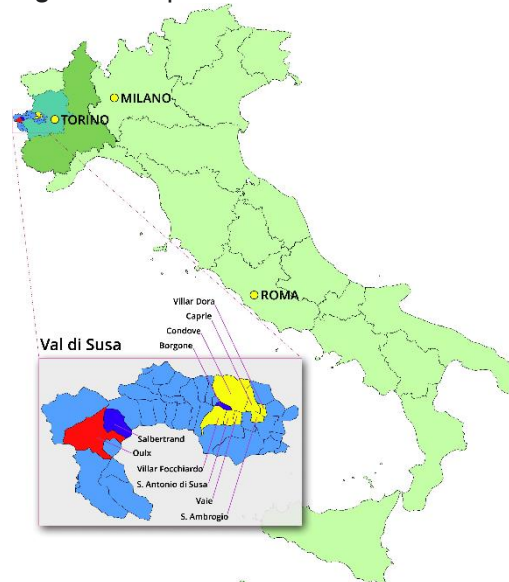
As for me personally, I was alone at home and spent the first two weeks reflecting on this unpredicted condition. I could neither practice my profession as a dance therapist nor support my clients. I got to a standstill situation where my state of mind was taking me back to the experience I had had as a dance therapist in the women prison section of Turin. A question came out: from the point of view of health, what was the connection between lockdown and a prison?

Life in prison may be affected by several diseases. The most impactful are the Post Incarceration Syndrome (PICS), the Post Traumatic Stress Disorder (PTSD) and the Social-Sensory Deprivation Syndrome. These syndromes all have common symptoms due to two main changes in everyday life: space and time. Prisoners lie down or sit in a confined space for an unlimited period of time. The suspension of usual space-time coordinates affects the whole body causing several changes. Firstly, eyesight gets shortened and flat due to limited horizon; in other words, a reduction and restriction of the perspective affect the ability to perceive distances and the clarity of vision. Secondly, the body starts adapting to a lack of movement getting into a state of hypokinesia. Thirdly, psychophysical disorders arise compromising all senses and general body conditions. Furthermore, it is possible to diagnose damages to cardiovascular and pulmonary systems generating symptoms such as diabetes, obesity, vertigo and a general memory impairment, attention disorders and executive functions. These

changes are a breeding ground for symptoms like anxiety, depression, loneliness, hyper-excitation vs. absolute passivity, panic attacks, avoiding socialization. The whole process can be observed as an endlessly regenerating daily “pain chain”^{6,8,14,15}. That was exactly what we were experiencing throughout the lockdown routine.

I shared this information with a friend, Monica Lingua working at Consorzio Intercomunale Socio-Assistenziale - Con.I.S.A. “Valle di Susa” in Piemonte where we both live (these public organizations in Italy are part of the Social Care System, which deliver and organize integrated services supplied by city councils and/or territorial departments).

Figure 1. Map of the area



We decided jointly to offer a virtual pilot program consisting of a Dance/Movement Therapy (DMT) intervention to mitigate the lockdown risks for the elderly in care homes, who were totally deprived of all human interactions¹⁵. These elders were living the paradox of being unhealthy prisoners in order to have their health preserved. The program was held from May to June 2020 and named The Carnival of Animals from the suite *Le Carnaval des Animaux* by Camille Saint-Saens in 1886. These elders and children from two pre-school courses and a primary school class program were invited to participate. The program focused on facilitating an integrated body/mind moving dimension¹⁶, sharing emotions and promoting a creative network of relationship to contrast isolation and reduce distances^{11,12,18}. The response amongst them and their care-givers was positive, what prompted Con.I.S.A “Valle di Susa” to sponsor a

second program Map & Territory from October 2020 to September 2021. It was meant to involve the residents of the two first care houses to consolidate the DMT practice and to extend the creative network to a group of unaccompanied immigrant minors and a group of minors with fragile families. Our goal was to understand the benefits of the intervention, not only in emergency cases but also in primary care cases^{1,4}. The program was actually developed from September 2020 to June 2021 during the second and the third lockdown, and it was almost totally virtual. At that point, it became important to consolidate the online dimension, reflecting on the limits of working without any physical contact on a long-term process.

Methodology

The Carnival of Animals' DMT pilot intervention¹³.

Participants: The Carnival of Animals was conceived for the guests of two public care homes of the valley. People were free to sign up for the activity and the program finally got a total of 18 onboard: 14 women and 4 men, aged from 58 to 85. The remaining participants were children from two pre-school courses and a primary school class from Cento Passi Public School in Sant'Antonino di Susa. Our activity registered 58 male and female children, aged from 3 to 10. The school's management decided to enrol their pre-school classes in the program as children did not have any scheduled plans to socialize on-line. The primary

class had been asked to share an art project on animals as this topic crossed other subjects, too.

Together with care givers, also teachers and some children's relatives (siblings, parents or grand-parents) took part to some sessions. At the final virtual performance there were 105 people connected to the same virtual room.

The program

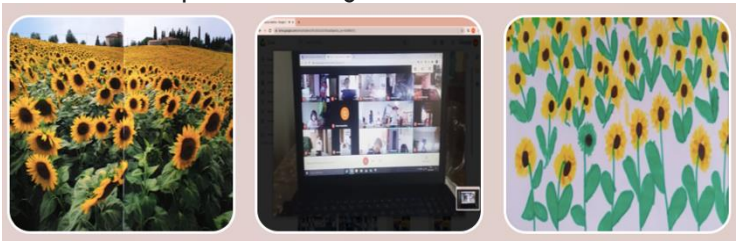
The program aimed at breaking the "pain chain" proliferating within lockdown daily routines, empowering body/mind moving dimension, mitigating distances and promoting a creative network to share emotions.

The 6 weeks program consisted of ten 50-minute-long sessions for a total amount of 28 online events. The workout was divided into three phases to respond to some focus of the DMT intervention's process^{11,12,18}.

Phase 1: Developing body/mind self-awareness

- from week 1 to 3: each group was working on its own. After concentrating on breath rhythm, movement was stimulated through images with different shapes and colours (e.g., flowers, shells). Participants were asked to move following those shapes in polarity (big/small – vertical/horizontal – slow/quick). They were then asked to create a dance of their personal flower or shell and finally to make a drawing.

Figure 2. From shapes to drawings



Phase 2: Processing emotions

- from week 4 to 5: groups joined to work together according to their age. Movement was stimulated by the pieces of *Le Carnaval des Animaux* by Camille Saint-Saens. The fourteen movements of the suite represent different animals: the lion, the

elephant, the swan, fossils, fishes and birds. The Royal March introduces each of them to join the final choral dance. Participants were asked to represent each animal by dancing and to choose as a group what gesture was the most representative for each animal.

Figure 3. Creating the choreography

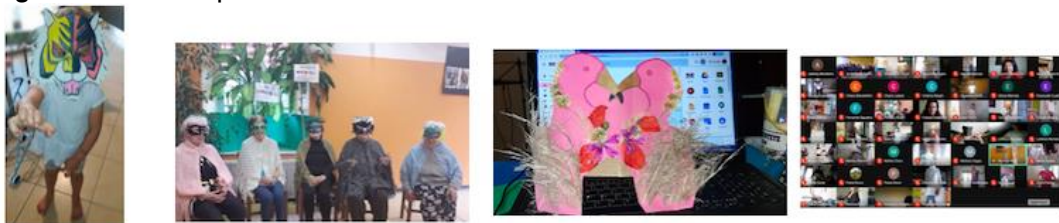


Phase 3: building connections

- week 6: all groups working together went live for the final performance. The dance therapist put together all gestures chosen by groups and created a choreography. Participants were asked to learn

and perform it in a final and virtual choral performance, where teachers, supervisors, relatives and friends were the audience. Performers had to wear a mask of their preferred animal, which had been created at home on week 4.

Figure 4. The final performance



The choice to anchor the program to the suite *The Carnival of Animals* was fundamental to develop different functions. Firstly, it was necessary to facilitate the movement. The images of animals encouraged to explore body-effort-shape-space according to the Laban Movement principles¹¹. Playing as animals helped to overcome the distance between participants and the therapist. Secondly, the program had a social/educational function: gently introducing the use of masks and preparing participants to their future “masked” life out of their homes.

Map & Territory DMT intervention

Participants: Map & Territory program was created to lead legacy and support to care homes’ guests by extending its audience to other fragile communities suffering from the persistent lockdown. In September 2020 children were finally allowed back to school to socialize and meet physically again. Con.I.S.A. “Valle di Susa” decided to offer the DMT activity to the two previous care homes and to other senior citizens living alone, jointly with two other types of population: a group of 10 underage male immigrants without family, aged from 16 to 18, and a group of 7 children whose families were considered at risk (4 males and 3 females aged from 12 to 16). Both groups were supported on a

regular basis by local social services from two different villages.

Additionally, two first year courses from the local sport high school *Des Ambrois* in Oulx were invited to participate (50 students – 32 males and 18 females – aged from 15 to 16).

The program

Map & Territory was chosen as title for the project from the quote “The map is not the territory”, by philosopher and engineer Alfred Korzybski. Why this suggestion? A map is a symbolic representation, and a territory is a physical patch of land. Is it possible to compare a person’s name to a map and a person’s body to the territory? If so, how far does the body represent mental maps? What moves the body? How does a person migrate from childhood to senility? Is it possible to reflect on the real needs of each person by moving away from their mere body, to develop a new concept of public social and health care?

Our first aim with the senior audience was to reinforce the structure of the first program, focusing on a wider exploration of non-verbal communication and empowering their skills to exchange sensations and emotions. Our second aim was to connect the different groups by facilitating their getting together and creating a joint performance. A deadline was set for Spring 2021,

when all the groups should meet face-to-face in a real open space with a real audience. Unfortunately, it never happened. Lockdown restrictions continued until July 2021 except short periods of loosened, though constantly changing, rules. The dance therapist had the chance occasionally to hold a few sessions in presence with some groups. The intervention was submitted to a continuous adjustment of timetables, settings and participants.

In the end, the program consisted of sixty-five 50-minute-long sessions over eight months, with even a two-month break in-between, as care homes or public services ceased their activities temporarily due to C-19 cases.

The program had then to be held virtually with a new obstacle: interruptions depended on single groups' health conditions and on consequent potential ban of their activities. This led to decide either to support each group separately or to interrupt the whole program. Con.I.S.A. "Valle di Susa" management together with the dance therapist decided to keep focusing on supporting the community¹⁰.

This meant a different perspective and a different movement approach for the dance therapist. As long as participants were not together, virtually or in presence, it would have not been possible to develop empathy and synergy¹⁶, to open a non-verbal dialogue and to reach a deep perspective on their real needs. On the other hand, some kind of crisis intervention still seemed to be necessary. Never-ending unfamiliar daily conditions were still asking for solid proactive attitudes towards changes^{7,10}. At that point, the program followed the pattern of the pilot program: suggestion of images to stimulate the movement, exploration of flow/space/effort according to the Laban Movement principles, creation of the final dance and verbal discussion. Images came from daily life: weather, fruits of the season, holidays, horoscope. The choice aimed at making the program much more concrete and realistic, a key aspect to work with the new groups of adolescents and immigrants.

A paramount aspect of the activities was to get all the participants engaged with real goals that could be transformed into dancing at a later stage. Therefore, people were asked to reach a common goal: to create an "in the absence" dialogue with the elderly who were still (or again) living with no contact. Although adolescents and immigrants agreed, it took some time to move smoothly from real planning to dance: it was sometimes football playing, other times accepting the dare of the day (e. g. silence, refusal,

overexcitement, sadness, love). As a matter of fact, the new groups needed to know the dance therapist and find a common playground with her, in order to get self-confident in movements and to be free to express their contrasting feelings. They also had to cope with the pandemic daily routine, and be helpful and proactive with others in their local communities¹⁰. Some sessions were dedicated to explore these conditions and to be prepared for the planned meeting in presence – before it was cancelled.

In the meantime, the senior groups were experiencing an increased body/mind awareness thanks to the first program. At the end of each session, a closing dance was created before starting a short verbal reflection on feelings and memories arisen during the work-out. The opportunity to reflect on the dancing experience and having time to talk, laugh and write stories together offered a follow-up to the first program: thanks to a verbal synthesis, bonds were created among different groups, even though they were not meeting. Virtual common sessions were more and more rare, so it became clear finally that it would not be possible to gather all the groups in presence.

The dance therapist became a sort of wayfarer from group to group witnessing the persistent adjusting movements of the participants towards the lockdown routine. Sessions evolved into a new dimension: stories were travelling from group to group, being told or read by the dance therapist. Narrations written to close a session with the adolescents had been used to start a new one with the elders, which would then end theirs with a new story, a new image. A circular movement came to life across the groups, across the valley to witness humanity's needs. Stories were often citing personal memories arisen from movements, from the body memory. Narrations were about food, love, family, animals, playing, funny memories of bad happenings. The persistent main need was to be together in a connected group able to cope with the current crisis. The dance therapist was the connector, the bonding link amongst the different groups. The program was maintaining the same pattern of the pilot program: enhancing self-awareness and reinforcing self-esteem, processing emotions and supporting integration, building connections and developing interpersonal and intra-personal skills¹². Each session started by reading the story born in the previous session with another group, then the group started moving creating body connections with the narration; at the end a new story was generated, from memories awakened by movements.

Dancing the storytelling was an answer to the initial aims of the Map and Territory: firstly, to

activate and use a silent empathetic support; secondly, to observe how human beings migrate from childhood to senility preserving each instant of their life in their body memory. The program was offering the opportunity to reconnect gently with the past for the elderly, to talk about it with the youngest in the present, to open an intergenerational perspective and exchange of ideas. In other words: food for thoughts on how to leave traces from the past in the present for future pathways.

There was another critical aspect though: how to finalize the program considering that the final live performance in presence was not possible. It was decided to create a final video event. Although there was a lot of material collected from the sessions of each group, the dance therapist did not want to make a synthesis on her own: movements should arise from the groups themselves. She decided to use a myth to recall all dancing sequences created together. Citing off a myth means explaining facts in a narrative form, enhancing the imaginative power and crystallizing facts into a memorable form. The Rainbow Snake's myth from Aboriginal Australian cultures was selected^{5, 9, 12}.

The myth is about the rainbow which became a snake to come down to the Earth. The snake was welcomed into a village. They all danced

and sang together, but a day the snake ate two boys. People of the village cut its back to free the boys. They were transformed into birds and flew away. The snake got crazy and let a storm break out. Crawling away the snake created hills, rivers and lakes. Finally, calm arose and the snake went back to the sky. The rainbow appeared again.

The myth was very evocative for the program. The creation of mountains was directly connected to the territory. The rainbow was in shape of an arch like the valley of Susa (see Figure 1). The rainbow had become an icon for hope towards the future since the very first beginning of the first lockdown. However, the most evocative element was the perspective, the circular shape of life moving and changing.

Each group was asked to dance The Rainbow Snake's myth. All dances were video-recorded. The final 8-minute-long video was the synthesis of dances, stories, pictures from all the sessions. The video began with the new story of the Rainbow Snake written and read by an 85-years-old woman, in which the "crazy" snake had transformed into a poor suffering creature, angry for having lost a short piece of its tail. The woman showed the snake where the piece was, then invited it to find peace again and dance, sing and celebrate all together in calm and happiness.

Figure 5. Creating connections from myth to new stories



The program developed into a creative process where groups had the opportunity to measure and evaluate their sensations, feelings and emotions on a common map. The map remained the same, but wayfarers perceived visible changes in the territory of the resilient dancing body of the community.

Stories and short statements of participants are good sources for evidence of a self-discovery process focusing on:

- well-being and body awareness: "I moved arms and legs: I was a spider, tired, but happy" and "I felt good and protagonist of myself and my body... Nice!" even if "at the beginning I was

underestimating the sessions, then I realized it had been useful to open myself without feeling ashamed and to vent my rage". "The program showed us it is important to chill out and take our minds off things".

- virtual session: "I was surprised to see a little woman talking to me from the TV screen", but "It is ok watching each other on TV, tablets or mobile phones, but it will be nicer to meet in person"

- Community: "The program was a glimmer of light" and "The new experience raised awareness on relationships by encouraging to focus on others' emotions and feelings (empathy)".

- intergenerational aspects: "The smile of an old person is a treasure among the most precious. Elders

and children can simply play and laugh together” ...” meeting together was an opportunity to discover something about different generations: to know about life before we were born. That’s why I think the project was much more about integration than merely dancing: an exchange of feelings and stories” ... “The dance therapist explained to us how she worked on-line to help guests in care homes: they have not met people from outside for one year. Taking part to the sessions let us feel how important supporting people is and it let them feel better by simply dancing” ... “How are you? I am happy to see you and I understand very well how difficult this moment is. For C-19 reasons I have not been allowed to meet my grand-mothers for a long time. But now I can do it again and I am happy to hug them again! I hope all this will finish soon and we’ll be free again.”

The video finishes with a wish. “I am L., an 84-years-old woman. I want to thank you all for your messages to me and to the other guests. I wish you all a peaceful life full of joy and health. Please study and act properly towards the others, especially the elderly. A big kiss and all the best to all of you!”.

Limitations of the intervention: the pilot program “The Carnival of Animals” had been conceived during a unique critical period for the whole Valley of Susa and humanity in general. No measurements or specific observations on motoric patterns on site were possible, due to government restrictions and safety rules. *Map & Territory* had been conceived initially to be run in presence, but it got totally modified over the months. Furthermore, the dance therapist had contacts with the BIP research team at the University of Torino to begin a research on the effect of beauty on brain plasticity and behavioural changes. Unfortunately, due to persisting lockdowns, it was not possible to develop that research.

The only empirical evidence for both programs was the constant number of attendants: only about 5% dropped out from The Carnival of Animals, approx. 10% from *Map & Territory*. Last but not least, the final video may not be published for privacy reasons and remains available as research material for internal institutional use only.

Discussion

November 2019 WHO published the “Health Evidence Network Synthesis Report 67, What is the evidence on the role of the arts in improving health and well-being?”.

The report⁴ described over 3000 studies on the role of arts in promoting well-being, prevention

and/or illness management. The studies report the positive impact of dancing and dance movement therapy in the management of different diseases, to improve body awareness by preserving strength, flexibility and coordination daily.

More specifically, dance movement therapy^{1,2,4,11} is one of the expressive therapies¹². It uses movement to focus on body awareness and body/mind connection. On the basis of “embodiment”, it relates motor patterns to their emotional content in order to explore new coping strategies by means of movement. Verbal expression or drawing are used to increase self-awareness and promote insights.

The two DMT programs have clearly shown this process, witnessing a development from the first to the second intervention for the senior groups: from creating an alliance to cope with the first crisis to consolidating the workout and the reflection, so as to respond to the persistent need for self-resilience. Both programs were connected with visual arts, music and writing through dancing. All forms of art were applied to enhance the transformation and self-development of each participant. Arts are strictly related to beauty³. Albeit it is a personal dimension, we collectively perceive nature and products of art as beautiful. We can perceive beauty thanks to an aesthetic power moving our sensitivity and our sense of appreciation for what is considered lovely and transcendent. There might be a reflection of intrinsic values about reality and humanity, as the Rainbow’s Snake myth showed. Beauty stimulates a healthier state of being. According to the Collins English Dictionary definition of beauty as “a combination of all the qualities of a person or thing that delight the senses and please the mind”, the holistic perspective of The Carnival of Animals and *Map and Territory* programs is evident.

Conclusion

WHO defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity⁴. Health is a dynamic process that, at its core, is about having the capacity to self-managing ourselves. Self-management means a strengthened capacity to self-reflect, to relieve stress, negative attitude and somatic responses. It leads to a personal approach in facing unhealthy states of life by improving personal responsibility and proactive strategies. This requires to improve inner life skills such as connecting with intuition^{12,18}, as well as to encourage emotional and physical integration, self-esteem, empathy, mutual affirmation and capacity of risk-taking^{12,19}.

To this regard, art therapies are a solid support. They empower connection between body and mind focusing on experience. The expression of emotions and states of being is possible without focusing on language. The inexpressible becomes expressible through a movement, a drawing or a sound. The creative process leads to forgotten or new resources, it stimulates new associations and releases energy to make a choice and take actions. It offers tools to get and to maintain intra-personal, interpersonal and transpersonal health promoting skills. The personal capacity to deal with emotions and body awareness (intra-personal) opens up to what happens between “me” and the others (interpersonal), offering the opportunity to support the others with empathy and to share metaphysical concepts (transpersonal). This dynamic encourages actions towards well-being to preserve from disease with awareness. An increased capacity to recognize states of emotional distress and body tensions may help to self-regulate and face diseases. From the larger perspective of nationwide services, this approach may promote basic changes leading towards a more holistic bottom-up vision of primary care health services.

A different perspective may definitely be useful even to reduce the overstretched conditions of primary care health services, by reducing

primary care needs in favour of more responsible self-engagement and of a proactive attitude to support individual and social cohesion and well-being. This may bring to a relevant reduction of costs, as this kind of intervention would potentially reach a wider audience contemporarily and would create virtuous practices in the community. As a result, health conditions would be preserved and primary care health services would find some relief after a long-term congestion, which has had severe burn-out impacts on workers^{1,4}.

Conflicts of interest statement

The author has no conflicts of interest to declare.

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