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HEALING TRAUMA WITH MOVEMENT: A STUDY OF DANCE AS A CREATIVE THERAPY PRACTICE IN THE CARIBBEAN

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ABSTRACT

This research paper examines Dance Movement Therapy in the Caribbean and its effectiveness as a creative therapeutic practice for healing trauma. Dance Movement Therapy (DMT) is a psychotherapeutic practice that uses movement "to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" ("What is Dance/Movement Therapy"). More specifically, the aim of this study is to not only discuss the treatment modality of DMT, but also how it can be used to alleviate symptoms of sex-related trauma. In the Caribbean, and partly due to the COVID-19 pandemic, the cases of sexual assault are increasing at an alarming rate. I reviewed the impact of sexual trauma on the mental, emotional, physical, social, and spiritual well-being of an individual. The traditional and more common creative art therapy (CAT) approaches (music, visual arts, and more) exist in parallel to DMT as effective means of healing trauma. However, there has been a significant lack of attention, funding, and support for the success of DMT as a practice. This study focuses on four Caribbean Dance Movement therapists, to explore their specific journey in this field and to detail their approach in treating clients dealing with sexual assault. Furthermore, Caribbean folk dances are also presented as possible movement avenues to effectively work with victims to aid in healing their trauma as well. As a dancer, choreographer, sexual assault survivor, mother, and adult female living in Trinidad, this study is pertinent at this time to provide much needed healing to the Caribbean nations.

Literature was reviewed on the impact of sexual trauma on the mental, emotional, physical, social and spiritual well-being of an individual. Traditional and creative therapy approaches were also explored as effective means of healing trauma. However, the literature does not to investigate

personal experiences and processes, rather it discusses symptomatology and the treatment modality of Dance Movement Therapy and how it can be used to alleviate symptoms of sex-related trauma. Four Caribbean Dance Movement Therapists were interviewed exploring their specific journey in the practice and their individual approach in treating clients dealing with sexual assault. Lastly, two Caribbean-based dances are explored and presented as movement possibilities that can effectively work with victims in the Caribbean who are seeking healing from sexual trauma.

Keywords: sexual trauma, trauma, dance movement therapy, Caribbean, healing.

Introduction

Rationale

Trauma can happen to anyone and anywhere regardless of age, gender, race or religious beliefs. As psychologist Dr. Levine states, “trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering” This study looks at dance as an effective means of bringing healing to persons who have experienced trauma. Trauma refers to an individual’s physical experience and their response to that event (Barclay) in which dance can offer kinesthetic ways of healing that traditional talk therapies cannot address. Dance is also a powerful tool and a creative outlet of expression. As a dancer, choreographer, sexual assault survivor, mother and adult female living in the Trinidad and Tobago, I am particularly disheartened to hear on the news about the increasing number of sexual assault cases of children and adults. In the midst of a global pandemic, where millions of people are daily bombarded by the traumatic news of death and the increasingly devastating impacts of the spread of the Covid-19 virus, the Caribbean is faced with the additional burden of an unprecedented increase in sexual crimes. Therefore, I am focusing this study on sexual trauma and how the psychotherapeutic application of dance can have a positive impact on the lives of survivors. Dance Movement Therapy is a psychotherapeutic practice that can be employed through movement to help survivors heal. It can also give a voice to those who have been silenced. Dance, and more specifically, DMT are powerful tools in dealing with trauma as they are creative ways of expressing thoughts and emotions in a wide-range of verbal and non-verbal forms in comparison to other therapies that depend on one form of communication that might fail, be uncomfortable, or be limited in scope for individual expression.

The importance to sexual trauma is emphasized because the Caribbean has experienced a vast upsurge in sex-related crimes over the past decade. More recently as well, the Covid-19 pandemic also set off a spike of domestic violence during stay-at home restrictions. For instance, Jamaica experienced a 70% increase in child sexual abuse cases ("Child Sexual Abuse Cases"). In the first quarter of 2021, Grenada's Sex Crime Unit reported a 64.7% increase in victims of sex crime, all females, compared to that of 2020's reports (Straker). Barbados Commissioner of Police, Erwin Boyce expressed in the Barbados Today newspaper, his concern of the 66.67% increase between 2020 and 2021 in incidents of rape and other sex-related crimes in Barbados (Joseph). In Trinidad and Tobago, a United Nations based NGO, Spotlight Initiative, reported an increase of 140 per cent of cases of abuse involving women and girls in comparison to the previous year and that one in three women and girls have suffered not only abuse, but also 29 per cent of those have encountered both physical and sexual assault (Kernahan). The Office of the Prime Minister in looking into domestic violence alarmingly states, "Despite increased efforts of advocacy and service provision, Trinidad and Tobago continue to witness the most excessive use of violence against women" ("Domestic Violence"). Although there has been a vast increase in the number of instances of abuse, the concern for sexual trauma still is one of the most difficult and ignored topics plaguing Caribbean societies.

The effects of sexual trauma have long-lasting effects that are both visible and invisible on the victim. Dr. Levine stated "that although humans rarely die from trauma, if we do not resolve it, our lives can be severely diminished by its effects. Some people have even described this situation" as a "living death" (44). While the damage is clear and real for survivors being aware of their thoughts, emotions, bodily sensations and associated behaviours are integral to resolving trauma and healing from it. Another problem as well is there are several myths and misconceptions

about getting help or accessing therapy. Oftentimes people avoid seeking professional help and instead turn to family and friends or resort to self-help options. The myth that only crazy ("mad") people need a therapist will hopefully be debunked through this research allowing the many, if not all, seeking help to have access to non-traditional therapeutic practices to heal from sexual trauma. Certainly, this research has awakened the need for advocacy and support for victims and survivors of sex-related trauma as well as Caribbean DMTs and other CATs. These evidence-based practices can be the answer in helping both victims and survivor to cope with and heal from sexual trauma.

Parameters

Firstly, the study was initially limited to Trinidad and Tobago and the practice of DMT within this country. While researching, I observed that there are practicing DMT's within the larger Caribbean region and therefore I broadened the scope of the study. Secondly, all Caribbean islands have dealt with an increase of sex-related crimes and hence the selection of that type of trauma and the focus to female victims and survivors, who are often the prime targets of sexual offenses. Thirdly, the fields of DMT and CAT within Trinidad and Tobago is limited in scope, hence also branching out to other Caribbean islands and practitioners. Finally, there is almost no information on the impact of Caribbean folk dancing to the act of healing in writing and therefore other avenues to discuss this connection were pursued.

Methodology

The research approach combines empirical, qualitative, and exploratory modes of inquiry. The primary source of this study is the interviews conducted with DMT practitioners. The secondary sources assist with the empirical study into sexual trauma in the Caribbean nations. In

addition, there were numerous associations, scholars, psychologist, therapist, and more to allow context and expertise knowledge on the subject.

Thesis Statement

The purpose of this research is to investigate several key factors in healing trauma with a focus on DMT in the Caribbean. Firstly, the impact of sexual trauma on the psychological, physical, social and spiritual well-being of individuals living in the Caribbean is analyzed. Furthermore, therapeutic options that will foster healing are also identified. Secondly, dance is examined as a therapeutic activity as well as a modality in creative psychotherapy. Thirdly, Dance Movement Therapy is evaluated as an efficacious approach towards healing sex-related trauma within the Caribbean environment. Finally, Afro-Caribbean dances are examined and proposed as movement possibilities for creative therapy sessions, using dance elements and techniques unique to the Caribbean life.

Chapter 1

Chapter 1 unpacks the complex and difficult topic of trauma to understand how Dance Movement Therapy can be an affective mode to heal from it. The term trauma, and more specifically sexual trauma, are defined and discussed through a Caribbean perspective to understand the significant impact it has had on this society. Trauma affects all aspects of a person's life and most significant to this research, their body.

1.1. Defining Trauma and Sexual Trauma in the Caribbean

Trauma

In defining sexual trauma, one must explore the various aspects of trauma to gain a clearer understanding of the term. In the late 17th century, the word trauma described physical wounds or injury to living tissue. It later developed to explain the psychic or emotional wounding of an individual caused by an unpleasant experience and resulting in abnormal stress ("trauma (n.)"). The Merriam-Webster online dictionary describes trauma as "a disordered psychic or behavioural state resulting from severe mental or physical injury" ("Trauma") and the American Psychological Association defines trauma as an "emotional response to a terrible event like an accident, rape or natural disaster ("Trauma and Shock"). However, in a most recent update in The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), trauma is defined as actual or threatened death, serious injury, or sexual violence" (271). Additionally, there must be exposure to that trauma either via experiencing direct personal exposure, witnessing a traumatic event, or being confronted with

extreme exposure to aversive details of the traumatic event (Ibid.). The effect of a traumatic event or experience impacts the mind, body, and spirit in exponential ways. These definitions are helpful qualifiers in defining trauma, however, there are other events or experiences that are equally traumatizing that do not fall into the suggested criterions (Levine, Frederick pg. 24). Trauma is still a field of study that is ever-changing and growing with new knowledge and technology to fully understand its overall impact.

The Neurophysiology of Trauma

The scientific effects of trauma relate to both the nervous system and our emotions. The nervous system and emotions work together so memories remain when there are strong emotions attached to it. Fear is a powerful protective mechanism that helps humans to adapt and internalize a threat and how to respond to it. If emotions are very strong it overrides the nervous system causing life altering reactions or responses ("React"), The amygdala, a part of the limbic area (emotional brain) stores both positive and negative memories and warn us of impending danger, activating the body's stress response (Van de Kolk). It releases a cocktail of hormones into the body in moments of high stress that causes a chain reaction in the body that includes sweating, fast-beating heart, and trembling. Blood rushes to high priority organs such as the hand and feet in preparation to react to the treat, otherwise known as the "Fight-or-flight" mode (Ibid.). In the case of inescapable danger, the body releases analgesics, which forces the body to stop moving (temporary paralysis or fainting) with reduced cognitive activity, in the hope that the danger will either deescalate or pass. The freeze response occurs when the fight-or-flight response is unsuccessful at keeping the victim safe. (Katz pg.82) Trauma occurs when the body is stuck in flight or fight mode. The brain is in constant state of frantic arousal causing the survivor to remain in a highly alert, threatened, reactive state which eventually impacts behaviour. If the brain does

not reset, survivors can develop post-traumatic stress disorder (PTSD) (Van de Kolk). The bodily reaction to trauma is severely impacted by the fight-or-flight mode.

Sexual Trauma and its impact in the Caribbean

Sexual trauma is a direct result of any inappropriate sexually abusive act done against an individual. Sexual assaults are a violent, intentional act that can affect victims from an interpersonal level (child, partner, elder, acquaintance, stranger) or on a collective level (social, political, economic) regardless of age, sex, gender, or socioeconomic background (Miles 2020). Whether intercourse, oral sex, anal sex, fondling, forced viewing of sexual images, verbal threats of sexual acts, or any unwanted sexual contact, these acts have an extremely traumatic impact on the victim. Rape, sexual assault, incest, child molestation, sexual grooming and other similar forms of non-consensual acts of sex are considered criminal offenses, most of which are punishable by law. However, there are also non-contact sexual abuse ("Sex Assault") such as covert sexual abuse, sexual harassment, showing a child pornography, and indecent exposure which are just as traumatizing as the act itself. Even the people who have witnessed a loved one being sexually traumatized can present similar symptoms.

In the Caribbean, rape, indecent assault, and incest are three most common sexual offences reported to the authorities. Unfortunately, women and children are the main targets of these type of abuses. From the period of 2014-2018 around the Caribbean, statistics show that Trinidad and Tobago had the highest number of reported rapes and sexual assaults totalling 3235 in the period 2014 to 2018. Jamaica had the second highest of 2806. St. Lucia recorded 1291 and Grenada 1074 and the lowest was St. Kitts and Nevis at 195 (Table 2). This is also prior to the COVID-19 pandemic in which cases of sexual assault dramatically increased. Gender-based violence against

women is so prevalent in Caribbean societies, that journalist Corey Robinson reports in a recent article in *The Jamaican Gleaner* that “A staggering 249 girls have been impregnated from rapes, carnal abuse and other sex crimes between January 2020 and March 2021”. Caribbean countries were in the top ten list of recorded rapes in the world (“GBV in the Caribbean”). This is a staggering problem that still needs to be addressed.

In opposition to actual reported cases, there is still a significant number of sexual offences that never are revealed. A culture of silence can influence the victim’s willingness to disclose an assault due to, but not limited to, lack of confidence in the justice system, fear of perpetrator, shame, guilt, self-hatred, stigma, retaliation, confusion, denial or disbelief - be it family, friends or member of society. In an article in the Trinidad Express Newspaper on March 18th, 2020, Independent Senator Paul Richards referenced the 6047 reported rapes in Trinidad and Tobago between 2000 and 2019 of which 73 percent of victims were between the ages of seven-twenty-four (Hunte). Startled by the number, Senator Richards acknowledged that sexual offences are so under-reported that the actual figure may possibly be double, it not five or six times what has been officially reported. Additionally, there are also extremely low conviction rates of the perpetrators due to inadequacies in the justice system (Ibid.). This culture of silence still has not been fixed.

Sadly, sexual assault survivors live with the trauma, shame, pain, and suffering, with only a glimmer of hope that time will bring healing. "Victims are often too ashamed to come forward. Sexual assault is a very humiliating and dehumanizing act against someone. The person really feels invaded and defiled, and there is a lot of shame attached to that” (Forde). Therefore, many choose silence, feeling as though their lives have been destroyed and without recourse. Unfortunately, many sexual assault survivors generally become withdrawn from life, relationships, and even their own self because they do not seek, or have access, or even knowledge about receiving professional

help to face the physical, emotional and psychological impacts of the assault. Some survivors can possibly develop post-traumatic stress disorder (PTSD) which includes an increase in psychological and physical or medical symptoms associated with sexual trauma (Lewis and Llewellyn). This creates even further complications on the path to recovery.

1.2. Psychological impacts of Trauma

> *"The effects of unresolved trauma can be devastating. It can affect our habits and outlook on life, leading to addictions and poor decision making. It can take a toll on our family life and interpersonal relationships. It can trigger real physical pain, symptoms, and disease. And it can lead to a range of self-destructive behaviours. But trauma doesn't have to be a life sentence." – Peter Levine (viii)*

As triune beings with a body, soul and spirit (Abrams-Sampson) it must be acknowledged that each aspect of the human physiology is affected by the changes that take place in another. Neuroscience allows us to explore the effects of trauma on the brain and its impact on behaviours. Even years after a traumatic event, survivors re-experience the terror, rage and helplessness over and over, making it difficult to articulate the way it feels. The conscious mind may have learned to ignore these messages or memories, but the subconscious mind (emotional brain) continues sending signals and the body expresses the effects as illness. Trauma occurs when the coping mechanisms present in an individual at the time of the event is not sufficient to help the individual process the emotions, sensations, and mental confusion they are experiencing (Barclay). Therefore, at the time of the traumatic event and even years later, there is significant affects to the body, soul, and spirit of the individual. This can also lead to more severe trauma including PTSD.

In terms of specific symptoms of PTSD, DSM-5 created criterions to assess children, adolescents, and adults suffering for more than one month. Survivors experience recurrent and intrusive memories and dreams, dissociative reactions, and intense distress from various internal or external triggers. Survivors may even feel detached from self (depersonalization), others and the reality (derealization). They may also become irritable, aggressive, hypervigilant and have problems falling asleep ("Post Traumatic Stress Disorder"). Bessel Van der Kolk calls these memories "pathogenic secrets" and "mental parasites" because it "seemed impossible to forget experiences that keep forcing themselves into consciousness, trapping them in an ever-renewing present" (Van der Kolk). Unfortunately, unmanaged symptoms can lead to avoidance practices such as drug addiction, self-injurious behaviour, eating disorders and suicidal behaviours (Van der Kolk). In several Caribbean societies, where medical care is free, treating these disorders and their associated symptoms can have considerable impact on government expenditure, medical utilization, employment, and mortality rates. It must be a priority to receive proper care.

1.3. The Impact of Trauma on the Body

Traumatized individuals have challenges verbalizing their emotions or feelings. "Traumatized persons are not so fortune to feel separated from their bodies" (Van der Kolk). Hand, leg and body fidgeting, facial distortion and rocking are subconscious body responses to held emotions, feelings and thoughts of the traumatic event. Trauma is a visceral experience connected to an individual's kinesthetic sense. Physical health complaints such as headaches, nausea, chronic pain, digestive issues, immune system disorders, sleep deprivation/disorder, irritability and challenges breathing brought on by anxiety attacks are often the result of elevated stress levels. A

chronic increase in blood pressure can lead to damaged blood vessels and the increased risk of heart disease and cardiac mortality. Hormones can also shock the cardiac cells and weaken them ("React"). There are also dangers in developing diabetes when blood sugar levels increase and consequently increase insulin production, which may lead to insulin resistance (Katz p84). The importance to address bodily consequences of trauma is hugely important and often overlooked.

1.4. Traditional trauma therapy

"Contrary to popular belief, trauma can be healed. Not only can it be healed but, in many cases, it can be healed without long hours of therapy, without painful reliving of memories, and without a continuing reliance on medication." Peter A. Levine (Levine, Frederick pg. 38-39)

To get a better picture of how trauma affects individuals in Trinidad and Tobago, a survey was conducted with people over the age of eighteen. There were 127 persons survived with 106 identifying as female and 21 identifying as males, who responded anonymously to eight questions. The purpose was to gain insight on their perspectives on trauma and therapy. Of the 126 persons who experienced some form of trauma in their lifetime, 75.4% never contacted or visited a qualified therapist or counsellor to help cope with symptoms. The reasons most chosen for not seeking professional help included: 1) Not necessary - can cope with it myself: 40.6% and 2) I do not know why: 32.6%. Other reasons included: prefer family/friend counselling: 16.8%, financial constraints: 15.8% and negative stigma – therapy is only for mentally unstable persons: 4.2%. In many Caribbean societies, discussing mental health and wellness is still a taboo topic (Abrams-Sampson) more so attending therapy sessions. Our resilience as a people have forced us to always be strong no matter how badly we are hurting. Toxic masculinity and toxic femininity also

contribute to the continuous aversion to getting “professional help”. Religion has also played a role in not seeking the help of a qualified therapist as many go to their religious leaders instead. As such many are not receiving professional help that could assist in recovery.

There are many steps in the path for recovery. First and foremost, healing trauma depends on being able to recognize symptoms which are often difficult to identify (Levine, Frederick 24). The first step is admittance of the overwhelming effects of sexual trauma on the mind, body and spirit. Dr. Oscar Ocho, a public health researcher as well as a senior lecturer and the director of The University of the West Indies School of Nursing, Trinidad and Tobago, stated in an interview that “acknowledging that I am hurting” is the first step towards healing. The second is trust because “it is the people who you trusted and looked up to that breached that trust which made it difficult to reach out or trust others. Issues of confidentiality arise in a culture where society is so interconnected”. He further admonished that it is necessary that victims learn how to “exhale, vomit, bury the hurt, and move on” (Ocho). His latter comment seems to, at the same time, both acknowledge the reactions from the body, but also neglect the long-lasting effects on the body.

There are many types of therapy to help people heal from trauma. The most common types are verbally-word based or depend on prescribed medications to assist with symptoms. For example, pharmacotherapy is the “treatment of disease and especially mental illness with drugs” (“Pharmacotherapy”) for the purpose on managing disruptive trauma reactions in the body. The Cognitive Behavioural Therapy (CBT) is one of the most popular forms as a type of talk therapy that aims to “flesh out one’s thought process, identify distorted beliefs and create healthier patterns” (“CBT”). There are many other types including Behaviour Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Psychodynamic Therapy, and more. For this research, the more somatic approaches, like DMT, are the most important in developing and healing both

mind, body, and spirit. The difference between traditional therapy and dance movement therapy is that the latter is mostly non-verbal compared to traditional therapy where the goal is talking or expressing oneself with words. There is an importance to connect the human body and mind together to aid in healing from sexual trauma that is further explored in this study.

Chapter 2

To highlight the need to address the body more succinctly in healing from sexual trauma, Chapter 2 unpacks the significance of dance and details the origins and techniques of Dance Movement Therapy. To accomplish this, I discuss the importance of dance in society as a healing art form. Additionally, I trace the evolution, techniques, and methods of Dance Movement Therapy. Finally, I highlight other types of creative arts therapy to contextualize the importance of individual expression to healing.

2.1. Dance as a Healing Art

Dance has been and still is a vital component of human history and existence. “In many primitive societies dance was as essential as eating or sleeping” (Levy 15). It retains great value and historical significance in many countries, cultures, religions, and peoples. Some of the earliest uses of dance were for rituals, ceremonies, celebrations, war, prayer, worship, thanksgiving, healing or exorcism, invocation, initiation, mime, and courtship (“Dance: Ritualistic”). It is useful because it facilitates non-verbal self-expression and can unify the body and the mind (Figley 191). Dance still is an integral part to all societies and their way of life.

Dance stimulates all the senses either in complementary or opposite ways. For example, dance can be loud and tranquil, iridescent, and dull, fiery and watery, explosive or subtle. Dance is healing as it helps to unearth, feel, and understand emotions (Ashby). Dance connects you to the Divine fostering spiritual connection between dancer and her/his maker. It is a prayer that allows the dancer to release negative emotions and pour out the “heart and soul” to God in exchange for

healing and peace. Dance makes you aware of your body, so you learn how to consciously feel and know the body, from the placement of the bones to how the muscles work as well as tell you what is wrong ("Anna Halprin Dance to Heal"). Dance can be pleasurable to the individual and can have physical and social benefits in its capacity to release hormones (dopamine, oxytocin, serotonin, and endorphins) which are good for the brain, the mood and the body. "Dance is transformative as it can lower anxiety and improve physical and emotional health" (Meszaros). Due to all the positive benefits of dance, this activity as a psychotherapeutic modality can be used to heal survivors of sex-related trauma.

2.2 Dance as a Creative Therapy Practice

Movement is a universal means of learning and communicating. Human life begins and ends with movement. Humans explore and interact with self, the world and others using movement. Breathing, blinking, walking or even sleeping are movements the human body makes to keep us connected to life. We also use movement to interact with others (handshake, nod, hug) and therefore increases our ability to create and manifest important relationships. Our mental and emotional states manifest as movement (slouched shoulders, clenched fists) and our bodies reacting to external or internal stimuli also manifests as movement (shivering, limping). Therefore, movement can be a tool used to reveal the psychological and physical state of a person. Dance Movement Therapy uses the body, movement, and dance to affect change in the mind, emotions, behaviour and physical functioning. As dance therapist Mary Whitehouse eloquently states,

> *"Two things about physical movement are striking. One is that movement is non-verbal and yet it communicates, that is, says something. Our impressions of people*

are gathered fully as much from physical attributes and gestures as from words and clothes…Which brings me to the second thing. The body does not, I would almost say, cannot, lie…. The physical condition is in some way also the psychological one. We do not know in what way the psyche is the body and the body is the psyche, but we do know that one does not exist without the other" (242).

The importance to kinaesthetic awareness is crucial in the act of therapy to heal.

2.2.1 Evolution of Dance/Movement Therapy

Dance Therapy uses "movement as a psychotherapeutic or healing tool" based on the concept that the "body and mind are inseparable. Its basic premise is that body movement reflects the inner emotional" state. Healing can take place when "changes in movement behaviour" leads "to changes in the psyche". Wholeness is gained when the body, mind and spirit are untied (Levy 15). According to the American Dance Therapy Association (ADTA), Dance Movement Therapy (DMT) is described as "the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" ("Defining Dance/Movement Therapy"). DMT is focused on bringing healing to the whole person, body, mind and spirit.

Many of the major pioneers of DMT were accomplished modern dancers. As performers and teachers, they saw the potential benefits of using dance and movement as a form of psychotherapy. Their experiences with dance produced a non-judgmental attitude towards individual movement preferences, development on one's own style and personal expression through improvisation. DMT pioneers built their practice on this foundation, further guided by the

integration of psychology and psychotherapeutics with developing modern dance practices (Levy 20). The theory and practice of dance therapy was established by six major American pioneers whose distinct form of treatment is recognized by their geographical location: East Coast - Marian Chace, Blanche Evan, Liljian Espenak and West Coast Mary Whitehouse, Trudi Schoop and Alma Hawkins (Levy 31). From their training in modern dance, each geographical location created unique methods and techniques within the development of DMT.

2.2.2 DMT Assessment methods and Approaches and Techniques

"The body speaks clearly to those who know how to listen. Nonverbal expressions visibly reveal what words cannot describe…" (Ogden, Fisher)

Assessment Methods

DMTs must observe or assess, not just singular bodily movements but, patterns of movement or a motif that is regularly seen as the client moves. These patterns of movement are often indicative of what is happening cognitively and emotionally (Barclay). In order to assess patterns of movement, two methods are used that include Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP). LMA is a language that describes how something is moving. It recognizes and organizes observations looking for patterns of movement qualities and providing opportunities for expansion. The Kestenberg Movement Profile describes, assesses, and interprets non-verbal behaviour. It names what is seen and not seen in the client, while leading in a progression of possibilities for expansion. They also assess the progression of movement development and movement possibilities based in internal and external stimuli. The DMT will

gain a greater understanding of the client making kinaesthetic empathy possible (Coburn 11,14). Both methods are guides for movement understanding and methods of observation.

Approaches and Techniques

There are several approaches and techniques DMTs can use in their practice, for example, the Chase's approach, Integrative Dance/movement Therapy, Authentic Movement, Psychodynamic Oriented DT (Bruninger 446) . For this study, only two approaches and techniques will be explained.

The Chace Approach

The *Chace* approach is organized into four major classifications that promote expression and communication: 1) Body Action – using dance action to recognize "body parts, breathing patterns or tension levels" that "block emotional expression" ; 2) Symbolism - the process of using "imagery, fantasy, recollection and enactment" through a combination of "visualization, verbalization and dance action"; 3) Kinaesthetic empathy/Therapeutic Movement Relationship – this involves connecting with the client at their emotional level and "mirroring" the client's nonverbal and symbolic communication and helping to broaden, expand and clarify them and 4) Group Rhythmic Movement Relationship/Activity concepts – a structure using simple rhythmic sequence and action to support self-expression (thoughts and feelings) in an organized and controlled manner (Levy 37-38). Each phase of the Chase technique has its own style of intervention and purpose.

The Whitehouse Approach

Whitehouse's concept of dance therapy was influenced by her work with German expressionist Mary Wigman's dance-movement improvisation and her exposure to the Jungian psychoanalytic theory. She developed a unique theoretical and practical approach to DMT based on five main points: 1) Kinaesthetic Awareness - an internal sense of one's physical self that is built, developed, and strengthened through movement; 2) Polarity - a state of one to exert pressure on the desired way while disguising the painful experiences into the subconscious world as defends mechanism; 3) Active Imagination - the release of conscious and unconscious material through a process of relaxation in spontaneous self-expression; 4) Authentic movement - allows one to move their body and express their true feelings or thoughts and 5) Therapeutic Relationship/Intuition - the therapist's ability to strengthen the client to dance/move according to their judgment and intuition. The therapist directs the client without giving any instructions that could weight the client (Levy 72- 78).

2.2.3. Benefits of DMT

Therapists work with all age groups, races, religions and cultural backgrounds as well as provide a safe environment for individual, couple, family and groups therapy sessions. A DMT's client list includes individuals with developmental, medical, social, physical and psychological impairments. Clinicians also practice in a variety of settings including mental health institutions, psychiatric and rehabilitation centres, medical hospitals, schools, nursing homes, day care centres, counselling and crisis centres, health promotion and disease prevention programs private.

Therapists are also versed in various dance styles, elements of choreography, performance and teaching and have an extensive range of dance/movement techniques that can be employed in DMT sessions ("Frequently Asked Questions") They are able to provide clients with new ways of moving with the body and through life's difficult situations (Coburn 5). Therapists can also choose from a variety of assessment methods to achieve the therapeutic goals.

DMT can be utilized as a primary or auxiliary form of treatment. Sessions help improve self-esteem and develop communication. DMT will also help balance the biochemistry of the brain, stimulate the endocrine system to create rest, recovery and relaxation and balance the nervous system. Clients learn to develop and trust their ability to present empathetically and respond authentically and truthfully. DMT uses a client-centred approach, and the focus is helping clients express repressed emotions in order to gain healing.

The North American Drama Therapy Association describes Drama Therapy (DT) is "an active, experiential approach to facilitating change. Through storytelling, projective play, purposeful improvisation, and performance, participants are invited to rehearse desired behaviours, practice being in relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world" ("What is Drama Therapy?"). In Drama Therapy, trauma survivors can work safely through revenge fantasies supported by reflection and self-regulation. (Dieterich-Hartwell). DT like DMT is an embodied practice that uses the tools of voice and body to express the emotions.

CHAPTER 3 – THE INTERVIEWS

Interviews were conducted to accumulate experiential data from four (4) Caribbean Dance Movement Therapists to understand their background and experience working with movement and trauma. The practitioners Nicollette Williams (Barbados), Kezia Barclay (Trinidad), Nikola Abrams-Sampson (Trinidad), and Stefanie Belnavis (Jamaica) are all licensed Dance Movement Therapists (DMT) with a passion for dance and the belief that movement can heal trauma. This chapter covers areas such as their dance background, experiences in training, interventions for healing sexual trauma, and incorporating their unique Caribbean culture into their practice.

They are all licensed DMTs, but also work in multiple professions. Williams is a Creative Arts Therapist, specializing in Dance Movement Therapy, Mental Health, and Addiction Behaviour. In addition to her work in therapy, she also takes the roles of choreographer, creative director, motivational speaker, and business owner (Williams). Similarly, Belnavis also wears several hats, but is well noted for her accomplishments as a recent Board-certified Dance Movement Therapist (BC-DMT) and consultant, adjunct professor, liaison, early childhood mental health clinician, disabilities advocate as well as dancer, choreographer, photographer, beauty pageant winner, and business owner (Belnavis). Barclay is a registered Dance Movement Therapist (R-DMT), mental health social worker, workshop facilitator, and business owner (Barclay). Finally, Abrams-Sampson is a registered Dance Movement Therapist (R-DMT), business owner and dance teacher (Abrams-Sampson). Despite their various roles and functions, DMT plays an important role in their day-to-day interactions as does dance as a profession.

All practitioners have a background in dance and dance education, but their pathways were different to becoming DMTs. For example, Belnavis was introduced to dance therapy just before

leaving high school. She began studies at The University of the West Indies in Jamaica but was soon after accepted to do an undergraduate degree in contemporary modern dance at Manchester Metropolitan University in the United Kingdom. Belnavis eventually migrated to the United States to pursue her studies in DMT, but unfortunately developed a severe retinal detachment in both eyes which delayed her studies. She was eventually able to pursue a masters in DMT and Mental Health Counselling at Lesley University. Recently she opened her private practice "A Bucket for the Well" with a focus on the kinaesthetic, the creative, and the perinatal (Belnavis). In comparison, Williams graduated in 2011 with a bachelor's degree in Fine Arts (dance, film, and theatre) from The University of the West Indies in Barbados. She then went on to do a minor in psychology after which she moved to Brooklyn for three years to complete her master's in creative arts therapy, specializing in DMT at Pratt University. Williams also has a private practice or as she calls it her "side hustle" called "Creative Therapeutic Healing Services" that uses all creative arts modalities in working with specific populations (Williams). Hailing from Barbados, Barclay's journey began by studying Social Work at the University of the West Indies. She continued her studies at Drexel University in Philadelphia for two years where she completed her dual Master of Arts Degree in Dance Movement Therapy and Counselling Psychology (Barclay). From Trinidad and Tobago, Abrams-Sampson pursued her bachelor's degree in performing arts at The University of Trinidad and Tobago, majoring in dance. She continued her studies at Sarah Lawrence College in New York and returned after graduation back to Trinidad and Tobago in 2020. She opened her private practice in the midst of the Covid pandemic having the support and guidance of Ms. Barclay (Abrams-Sampson). Though, Belnavis, Williams and Barclay were the first certified DMT in their respective countries, they are all pioneers who bring their unique experience to the practice

of DMT. The goal of becoming a DMT was the catalyst needed to merge their passion for dance and for healing others.

Additionally, all the DMTs received similar training on techniques and approaches that can be used to heal trauma, and more specifically sexual trauma, however, their individual perspectives and approaches make their practices unique. For Williams, she describes trauma as being "locked within the body…located in certain areas of the body". As she develops the therapeutic relationship with clients, she uses "mirroring" to identify the areas of trauma and then help the client "break it apart bit by bit, body part by body part" (Williams). In dealing with children and sexual trauma, she explains that "the trauma is exposed in present experiences," so their responses to flashbacks can be seen immediately (Ibid.). However, adult sexual trauma is suppressed in the body and mind for longer periods of time. They will often deflect from the topic, become resistant or rigid toward activities and have low self-esteem, which makes the journey to healing a longer process. So, for Williams an intervention session is best done on individual basis when treating adults. Her sessions begin with meditation using guided imagery and then a fluid stretch to help release tension in the muscles. Then, through a process called associative memory (used for trauma therapy) clients choose which of the "when", "where", "who" and "how" questions about the traumatic event they would like to answer using movement and verbal communication. The session then ends with meditation to restore tranquillity and focus (Williams). The techniques of meditation, movement, and imagery all allow trauma to slowly crawl out of the body.

In other approaches to DMT, Belnavis incorporates music and journaling (bibliotherapy) into the therapeutic process. She encourages clients to begin "dumping your thoughts on paper… just free your mind a little bit of your thoughts… put it on paper, or a wall" (Belnavis). Clients are often very guarded and avoid talking about any aspect of their traumatic experience. So, in working

with clients, it is important for her they are comfortable in the space and with developing a therapeutic relationship. Warmups, grounding technique, deep breathing, and mindfulness techniques often help with anxiety and if she observes bipolar widening and narrowing, movements are given to adjust the shape of the body or may mirror the client (Belnavis). Regardless of the technique or approach used by the DMT, healing is the goal.

Trauma lives in the body and since DMT is an embodied practice, emotions can also be transferred to the therapist. They all must be particularly aware of their own kinaesthetic sense and emotional well-being. Barclay explains, that before any technique or approach is considered the therapist "must first heal from their trauma before attempting to help others." If the therapist is dealing with unresolved trauma, it is possible for clients to experience that trauma, which creates an unsafe situation. This she terms "counter transference". Williams expressed the same sentiments in saying "you can't heal someone if you've not even taped into yourself." Barclay also reiterated that only a trained, licensed DMT should offer therapy and not untrained individuals as they may not handle the client and the session well, causing the client to become re-traumatized by the experience. Abrams-Sampson counts it "unfortunate" that she has had to work with many individuals with sexual trauma. She further explained that "it is very difficult for them to be in the body because the thing that was done, was done to the body… so it has been a battle… working with sexual trauma has been the most difficult." Because of the vulnerability associated with working with bodies on a personal level, it is imperative all therapists understand their practice with vigilance.

Moreover, they all view incorporating their Caribbean culture into their DMT training as an essential aspect of their practice. Abrams-Sampson believes that "Caribbean movement, those strong dances are perfect" for working with sexual trauma survivors. She uses verbal cues with

movement to encourage her clients to regain their strength and confidence. She believes that the use of strong, grounded dances seen in Afro-Caribbean dance will have a greater impact on clients dealing with trauma that balletic, light movements. Belnavis expressed that she sees the need to decolonize the spaces she is in by bringing her, "Caribbean identity and immigrant experience into [her] work." So, in building therapeutic relationships with her clients, she considers how their culture, race, sexual orientation, religious background, family structure affects their lives and how these attributes contribute to movement patterns seen in her clients. "In dance therapy, we take you as you are, there's no right or wrong" (Williams). The body is what is used to manoeuvre through the world and an individual's gestures, posture, facial expression, and body responses can reveal their psychological states. Two observed physical responses seen in sexually traumatized individuals are complete withdrawal and overly sexualized behaviours. Children tend to overtly display inappropriate adult behaviours, attitudes and actions (pseudo-maturity) witnessed as they play or interact with others. Both children and adults can also become very sensitive to touch, guarding their bodies and personal space. Contrastingly, some adult survivors are promiscuous and display a form of confidence (pseudo-confidence) in their mannerisms, dress, attitudes and behaviours (Barclay). The incorporation of Caribbean dance and of decolonialized spaces in DMT opens the practice to a whole world of possibilities.

Lastly, they are all in agreement that DMT has a place to thrive here in the Caribbean. "The Caribbean can be a healing place" Willaims expressed, if DMT and the other creative art therapeutic practices are added to the growing culture of the Caribbean. Belnavis shares that she has already begun work in bringing DMT, and more so CAT, to the Caribbean starting with establishing Jamaica's first recreational and rehabilitation therapy canter. Abrams-Sampson believes that the Caribbean is "the right place for movement therapy because we live in our bodies

so much… we are so expressive" with our bodies. Also, they all agreed that there is a need for a Caribbean Dance Therapy Association to advocate for DMTs, to bring social awareness, and to provide information to those desiring to pursue studies in the field. Williams expressed "just on a whole, CAT in the Caribbean is hard to advocate because the Caribbean world does not want to break barriers for this form of healing. Because we are so much about ourselves and what people think of us, compared to international standards." However, they believe DMT will continue to thrive, and I am living proof of this fact.

CHAPTER FOUR

4.1. Integrating Caribbean dances in DMT

A DMT's dance experience, cultural background, beliefs, training and location all contribute to the distinctive way each session is done. DMT is an evolving practice that is as wide as the subject of dance itself. Though therapists may share similar techniques and approaches, how they approach their practice is as unique as they are. Unfortunately, there is a "lack of cultural diversity in the field of dance/movement therapy. An unconscious blind spot of bias exists as it relates to cultural rhythmic patterns, movement styles, and music choices in therapeutic practice" (Nichols 3). This reality has inspired DMT's such as Nancy Herard-Marshall (Haitian/American), Maria Rivera (Puerto Rican-born, residing in the US) and Allison Johnson (Jamaican-born residing in the US) to begin exploring, incorporating, and standardizing Caribbean dances as an accepted style of movement in the DMT repertoire.

Firstly, in a collaborative effort to discuss how Afro-Caribbean dance can aid in the healing of trauma in DMT, Herard and Rivera identify "four existing levels of empowerment from the movement vernacular" which includes dances, music, and songs of African slaves (Herard-Marshall and Rivera 2019). The first level is entitled "*Self-Body Power*" which activates healing energy, intuition, and internal sources through intentional dancing. Within this level, "the body can occupy, defend and liberate itself from repressive ideologies physically, emotionally, and cognitively" (1). Some examples within this section of movement qualities are power postures, resistance, and liberation gestures, and fall and recovery patterns from Ibo and Gwoka dances. All these gestures relate to natural elements including imitating the power of the wind, the flow of the

ocean, and the beauty of rivers with the arms and torso, circular hip movements celebrating creation, fertility, and life, and undulating movements of the spine as prayer and supplication (Ibid.). The second level is entitled "*Collective Power*" which encourages social connection and interaction within circle formations, call and response activities, and Afro-Caribbean polyrhythmic structures that require co-operation and community inside communal dance environments. The third level speaks to "*Spiritual Power*" which accesses spirituality, energy, and blessings to cope with pain and life challenges and to connect with self. Lastly, the fourth level of "*Socio-Political Power*" uses stories of oppression and social and political systems to influence a clients' will to fight for their freedom and reclaim their power (Ibid.). All four of these levels contribute to new innovative ways to imagine movement practices within a DMT session.

Secondly, Johnson's research on Dancehall points toward another Caribbean dance style that can be an effectively used in DMT to heal trauma. "Dancehall is a space, culture, and lifestyle that celebrates the individual within the community" (CITATION). The role of the "selector" in dancehall and the DMT client? Therapist? is connected as they both have power/control over the music with their movements. Both interact with others (crowd/client) verbally and non-verbally through movement and they both "are known to feel the vibe, or energy, of the crowd and react accordingly" (Ibid.). The Jamaican "Genna Bounce" from Dancehall uses elements of group rhythmic movement and identify formation like the Chace technique. It is also a communal dance that creates a sense of belonging, community, and togetherness. This has great potential in terms of the connection between music and movement to form identity of self and in relation to others.

Lastly, I would like to recommend Bongo from Trinidad and Tobago as a Caribbean dance that can be effectively used in DMT to heal trauma. The Bongo is a part of Trinidad and Tobago's wake complex. It is both a funerary ritual done at night and a socially competitive dance. The

Bongo was at the home of the deceased and members of the community would play music and games, sing songs, and dance to help relatives cope with the traumatic event of death of their loved ones. The Bongo, and another dance called Limbo, were meant to assist the soul of the deceased on their journey from this world to the hereafter (Giles). Like the Chace's group rhythmic movement relationship, Bongo and Limbo supported the free expression of thoughts and feelings within a controlled space. The rhythmic songs and movement are a communal effort, The Bongo ritual gave family and friends the opportunity to connect with the grieving family on an emotional level. Kinaesthetic empathy involves connecting with clients and their emotional level. Both the bongo and the limbo change the level of the physical body from low to high. This can be used to empower clients to also keep moving upwards. Finally, adult games were fun and exciting encouraging participants to freely express thought, release tense emotions, engage in physical movement, work with others, express creativity, and connect spiritually. This is a new avenue highly underexplored that would greatly benefit the practice of DMT in healing trauma.

DMT is an evolving psychotherapeutic practice with therapists and clients from various cultures. Caribbean dances can supply movement vocabulary that will support the healing process with actions that express power, liberation and community. Integrating these dances will bring greater awareness of self, identity and appreciation for both the DMT and their client.

Conclusion

Dance Movement Therapy is the therapeutic use of movement. Dance is a mode of expression and therefore a tool used in DMT to help and guide the client to express emotions and experience healing through movement. Trauma and memories of trauma are stored in the body and a DMT creates a safe environment for the release of the trapped memories to achieve healing. Emotional and mental health issues are seen on a bodily level and a DMT is trained at recognizing their client's physical responses or movement patterns to triggering situations. In particular to sexual trauma, this can cause depression, so, changes in sleeping and eating patterns and loss of interest in activities normally enjoyed, affects the body. To conclude, I believe DMT can help individuals heal from sexual trauma by helping them develop new coping strategies as well as confront issues using DMT techniques. The Caribbean will then truly become a place of healing for many.

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Appendix A

Interview Questions for DMTs Nicollette Williams and Kezia Barclay.

1. What is your occupation?
2. What is your education?
3. How do you define dance movement therapy?
4. What encouraged you to pursue this type of therapeutic practice? What were your steps in achieving this career?
5. Compared to other type of creative therapies, what are some of the unique benefits dance movement therapy can offer?
6. How would you compare either the training between dance movement therapy and dance education/studio practice? Where do you see similarities/differences between them? What type of training would you suggest pursuing dance movement therapy versus more standardized dance education?
7. Similar to the ADTA, is there an association like this in the Caribbean?
8. How do you define trauma?
9. Do you work with trauma patients?
10. How do you define sexual trauma? Do you see a difference of adults experiencing such trauma versus children?
11. How does dance movement therapy aid in helping patients dealing with trauma?

12. What are some of the strategies used in dance movement therapy and how effective is it?

13. How would you compare talk therapy and dance movement therapy?

13. Would you like to add any other information about this practice? Could you suggest any further readings?

14. Do you see dance movement therapy thriving in the Caribbean?

Interview Questions for DMTs Nikola Abrams-Sampson and Stefanie Barclay

1. What is your name and how long have you been a Dance Movement Therapist?

2. In your own words, can you define Dance Movement Therapy?

3. Why did you decide to pursue DMT and what was that journey like for you?

4. What is your preferred population and why?

5. Have you worked with trauma victims and how effective is DMT in dealing with sexual trauma?

6. What are some distinct movement patterns observed in persons dealing with trauma?

7. Can you describe or outline a DMT session with a sexually assaulted victim/group?

8. How have you incorporated your unique Caribbean experience into your practice?

9. What has been some common responses regarding your profession/practice?

10. Caribbean people are becoming more and more aware of alternative forms of psychotherapy, specifically Creative Arts Therapy. If you were to compare traditional therapy practices with DMT, what are some of the advantages or benefits of using DMT in the Caribbean versus traditional therapeutic practices?

Appendix B

Survey

1. Have you ever experienced or witnessed any kind of traumatic event in your life? (e.g., accident, death, murder, sexual assault, abuse, flood, etc)

□ Yes

□ No

2. Are you…?

□ Male

□ Female

3. At what stage of your life did the experience/s occur?

□ Childhood (under 12 years old)

□ Teenager (13 – 19 years old)

□ Young Adult (20 – 35 years old)

□ Mature Adult (36 – 60 years old)

□ Elderly (over 61 years old)

4. Did you contact/visit a qualified therapist/counsellor to help you cope with the symptoms and heal from the trauma?

□ Yes

□ No (Go to question 5b)

5a. If yes, what was the outcome of your visit?

- A healing and helpful encounter
- Neutral – no impact
- Regretted the experience

5b. If no, what was the reason for not seeking professional help?

- Financial constraints
- Negative Stigma (Therapy is only for mentally disturbed persons)
- Prefer family/friend counselling
- Not necessary – can cope with it myself
- I don't know why

6. Have you ever heard of Creative/Expressive Arts Therapy?

Creative Arts Therapy is an umbrella term for healthcare professionals that use the expressive and creative processes of the arts to improve/enhance the psychological, physical, spiritual and social well-being of individuals, regardless of age or diagnosis. Therapists must be qualified and licensed to practice this form of psychotherapy.

- Yes
- No

7. If you were presented with statistical evidence on the positive and beneficial effects of Creative Arts Therapy, would you consider going to/recommending it?

- Yes
- No
- Maybe

8. Which of the following Creative Arts Therapies would you consider in helping to heal from trauma?

- Dance/Movement Therapy
- Music Therapy
- Art Therapy
- Drama Therapy
- All of the above

Thank you for participating in this survey. To find out more about Caribbean based creative arts therapists visit *Creative Arts Therapy Week 2021* on Facebook.

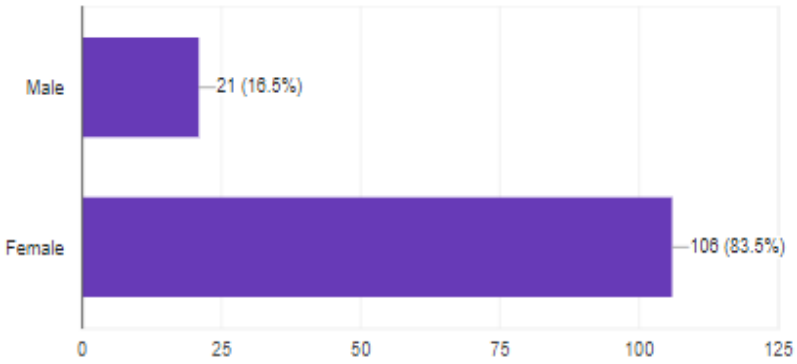
Survey Results

1. Have you ever experienced or witnessed any kind of traumatic event in your life? (e.g. accident, death, murder, sexual assault, abuse, flood, etc)

127 responses

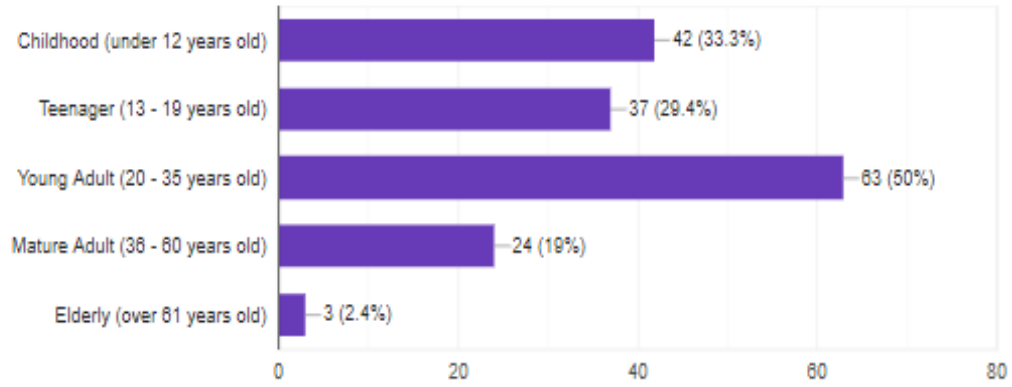
2. Are you...?

127 responses



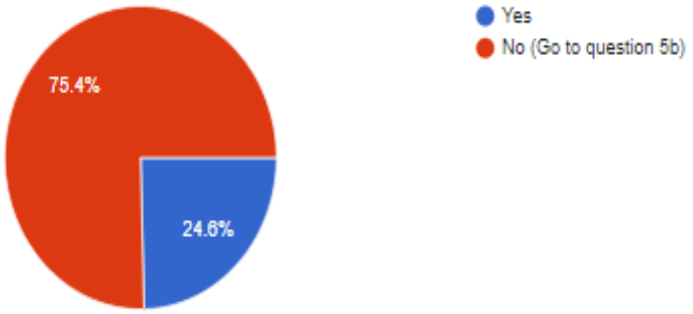
3. At what stage of your life did the experience/s occur?

126 responses



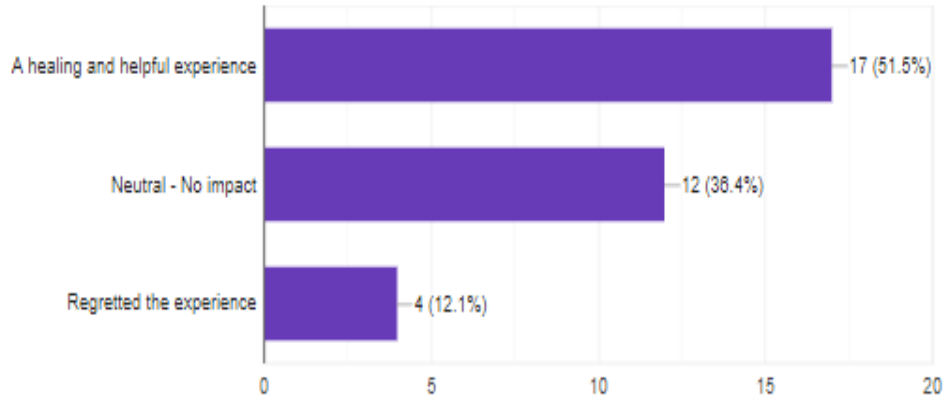
4. Did you contact/visit a qualified therapist/counselor to help you cope with the symptoms and heal from the trauma?

126 responses



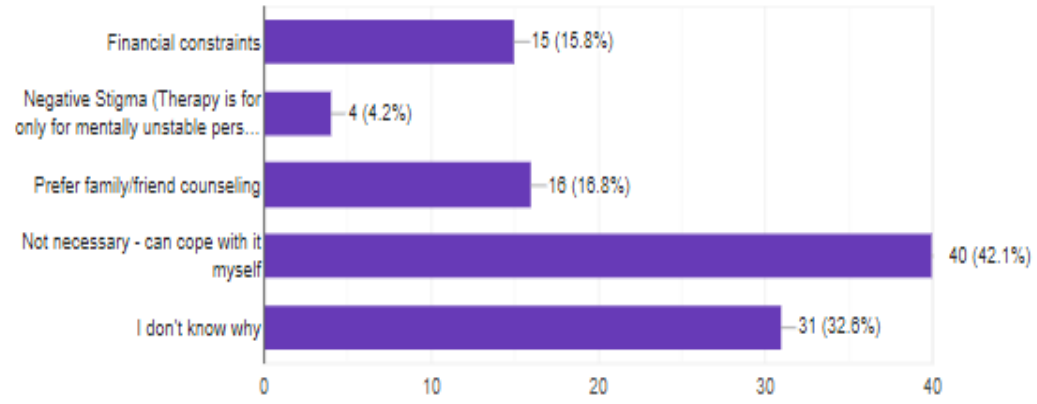
5a. If yes, what was the outcome of your visit?

33 responses



5b. If no, what is your reason for not seeking professional help?

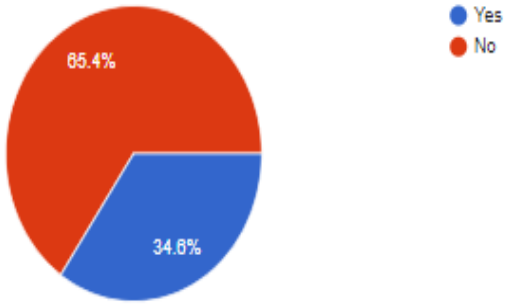
95 responses



h

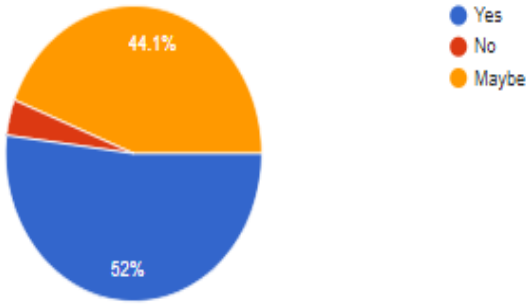
6. Have you ever heard of Creative Arts Therapy?

127 responses



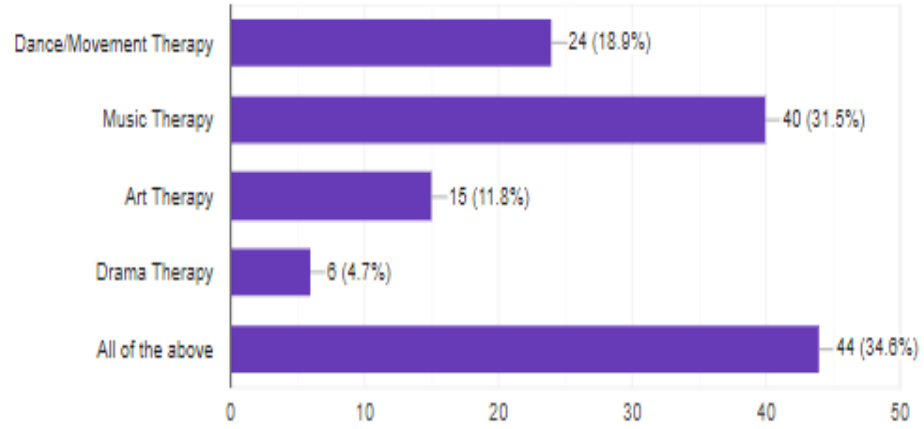
7. If you were presented with evidence and/or data on the effectiveness of Creative Arts Therapy in dealing with trauma, would you consider accessing it?

127 responses



8. Which of the following Creative Art Therapies would you consider, in helping to heal from trauma?

127 responses



THANK YOU FOR PARTICIPATING IN THIS SURVEY. To find out more about a Creative Arts Therapist near you, visit the Creative Arts Therapy Week Facebook page.

Appendix C – Tables

Table 1: Provisional Mid-Year Estimates of Population by Age Group and Sex, 2018

Provisional Mid-Year Estimates of Population by Age Group and Sex, 2018

Age Group	2018		
	Male	Female	Both Sexes
0-4	48970	47360	96330
5-9	47468	46007	93475
10-14	46008	44020	90028
15-19	50876	49812	100,688
20-24	58755	58167	116,922
25-29	63730	62688	126,417
30-34	55162	52896	108,058
35-39	47962	46749	94,711
40-44	44512	43674	88,186
45-49	49828	48542	98,370
50-54	45013	44217	89,231
55-59	37581	37353	74,934
60-64	30341	29683	60,024
65-69	22090	23596	45686
70-74	14543	16456	30999
75-79	9504	11732	21236
80+	9604	14294	23898
Total	**681946**	**677247**	**1359193**

Source: Provisional Mid-Year Estimates of Population by Age Group and Sex, 2005-2020.

https://cso.gov.tt/cso_statistics/mid-year-population-estimate-by-age-2005-2020/

Table 2: Crime and Safety Report on Rape and Sexual assault over a five-year period: 2014 – 2018 for nine (9) Caribbean countries.

Country	**Year**	**2014**	**2015**	**2016**	**2017**	**2018**	**Total**
Antigua and Barbuda		55	54	58	28	39	**234**
Barbados		167	194	182	172	163	**878**
Dominica		110	96	83	97	61	**447**
Grenada		112	212	273	193	284	**1074**
Jamaica		795	588	499	492	432	**2806**
St. Kitts and Nevis		33	33	43	55	31	**195**
St. Lucia		274	250	252	296	234	**1291**
St. Vincent and the Grenadines		228	196	236	262	219	**1201**
Trinidad and Tobago		825	625	491	537	757	**3235**

Source: Overseas Security Advisory Council, Bureau of Diplomatic Security. US.