

Neke perspektive primjene tjelesno orijentiranih terapija i terapije pokretom i plesom u liječenju traume

/ Some Perspectives on the Use of Body-Oriented Psychotherapies and Dance/Movement Therapy in Trauma Treatment

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U današnje su vrijeme događaji i ponašanja koja se mogu doživjeti kao traumatična postali sve učestaliji. Zbog značajnih posljedica koje traumatska iskustva mogu izazvati, potrebno je uložiti posebne napore u prevenciju ili smanjenju simptoma povezanih s traumom. Takvi pristupi trebaju se usredotočiti na psihološki i fizički oporavak uključujući različite tehnike za uklanjanje stvarnih i simboličkih ozljeda zarobljenih u tijelu. Naime, tijekom traume tijelo je često žrtva, ali i nositelj bolnog iskustva. Zbog toga se ono kasnije može doživjeti kao podsjetnik na traumu, uzrok boli, ozljede, straha i bespomoćnosti. Stoga je logično da tijelo treba biti dio terapijskog procesa. Budući da se tjelesno orijentirane psihoterapije i terapija pokretom i plesom fokusiraju na tjelesne senzacije, svjesnost o tijelu i tjelesnu memoriju, ove vrste terapija mogu biti osobito korisne u liječenju traume. Brojne studije su potvrdile da ove vrste intervencija mogu imati različite pozitivne učinke na fiziološko i psihosocijalno funkcioniranje, posebno u smanjenju anksioznosti, straha, srama i uznemirujućih sjećanja, kao i u poticanju jedinstva duha i tijela, brige o sebi, emocionalnog izražavanja te osjećaja sigurnosti, slobode i nade. Potrebna su daljnja istraživanja usmjerena na razmatranje dobrobiti i prikladnih načina uključivanja tjelesnog iskustva tijekom terapijskog procesa. Na taj bi se način ostvarile pretpostavke prema kojima bi se tijelo, umjesto kao izvor i podsjetnik bolnog iskustva, moglo doživjeti kao izvor ozdravljenja u okviru holističkog pristupa u terapiji traume.

/ The events and behaviors that could be perceived as traumatic have nowadays become more and more frequent. Due to the significant consequences that traumatic experiences can cause, special efforts should be made to prevent or reduce the symptoms associated with trauma. Such approaches should focus on psychological and physical recovery, including various techniques to eliminate the real and symbolic injuries trapped in the body. Namely, in the course of trauma, the body is often the victim, but also the bearer of a painful experience. For this reason, it can later be perceived as a reminder of the trauma, the cause of pain, injury, fear and helplessness. It is, therefore, logical that the body should be part of the therapeutic process. Since body-oriented psychotherapies and dance/movement therapy focus on bodily sensations, body awareness and body memory, these types of therapies can be particularly helpful in the treatment of trauma. Numerous studies have confirmed that these types of interventions can have various positive effects on physiological and psychosocial functioning, particularly in reducing anxiety, fear, shame and disturbing memories, as well as in promoting mind-body unity, self-care, emotional expression and feelings of safety, freedom, and hope. Further research should be conducted to explore the benefits and appropriate ways of incorporating bodily experiences into the therapeutic process. In this way, assumptions that the body could be perceived as a source of healing, rather than a source and reminder of a painful experience, could be realized as part of a holistic approach in the treatment of trauma.

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Traumatska iskustva uključuju stanja izazvana bolnim i zastrašujućim podražajima, praćena emocijama poput straha, uznemirenosti, panike, bespomoćnosti, srama i sl., te su obilježena naglim sužavanjem svijesti na sadašnji trenutak i tjelesnom ukočenošću. Mogu biti potaknuta različitim neželjenim, prijetećim i/ili opasnim podražajima i neizbježni su dio našeg postojanja, od prenatalnog razdoblja do trenutka umiranja. Štoviše, tijekom života doživljavamo različite traumatske događaje koji mogu dovesti do narušavanja psihofizičke homeostaze. Nažalost, danas je sve više događaja koji se mogu doživjeti kao traumatični, poput emocionalnog, fizičkog i/ili seksualnog zlostavljanja, zanemarivanja, loše obiteljske dinamike, mobinga, vršnjačkog nasilja, siromaštva, kroničnih bolesti, bolnih medicinskih tretmana, svjedočenja činovima nasilja, nesreća, prirodnih katastrofa, izbjeglištva, življenja u ratnim zonama, terorizma, gubitka voljene osobe (1,2). Prema Strategijskoj inicijativi za traumu i pravdu (SAMHSA's *Trauma and Justice Strategic Initiative*) trauma je rezultat jednog ili niza događaja koje osoba doživljava kao fizički i emocionalno štetne ili prijeteće, te zbog toga imaju trajan negativan utjecaj na funkcioniranje osobe kao i na njeno fizičko, socijalno, emocionalno ili mentalno blagostanje.

INTRODUCTION

Traumatic experiences include conditions induced by painful and frightening stimuli, accompanied by emotions such as fear, agitation, panic, helplessness, shame, etc., and characterized by a sudden narrowing of awareness to the present moment and physical rigidity. They can be triggered by various unwanted, threatening and/or dangerous stimuli, and are an unavoidable part of our existence that begins in the prenatal period and ends at the moment of dying. Moreover, we experience various traumatic events throughout our lives that can lead to a disruption of psychophysical homeostasis. Unfortunately, there is an increasing number of events these days that could be experienced as traumatic, such as emotional, physical, and/or sexual abuse, neglect, poor family dynamics, mobbing, bullying, poverty, chronic illnesses, painful medical treatments, witnessing acts of violence, accidents, natural disasters, refugee situations, living in war zones, terrorism, loss of loved ones, etc. (1, 2). According to SAMHSA's Trauma and Justice Strategic Initiative, trauma is the result of one or a series of events that an individual perceives as physically or emotionally harmful or threatening, and that have a lasting negative impact on their functioning and their physical, social, emotional or mental well-being (3).

Such circumstances can lead to post-traumatic stress disorder (PTSD), which is defined as a

Takve okolnosti mogu dovesti do posttraumatskog stresnog poremećaja (PTSP), koji se definiše kao kronični i onesposobljavajući poremećaj karakteriziran simptomima poput ponovnog proživljavanja negativnog iskustva, izbjegavanja, emocionalne otupljenosti ili preuzbuđenosti (4). Ovaj poremećaj može biti praćen suicidalnim mislima, neprilagođenim ponašanjem te komorbidnim psihijatrijskim poremećajima kao što su anksioznost, depresija, panika, opsesivno-kompulzivni poremećaj, ovisnost i sl. Ponekad je PTSP popraćen zdravstvenim problemima, kroničnom boli, problemima u međuljudskim odnosima, poremećajima spavanja ili hranjenja, te različitim psihosomatskim poremećajima (5). Iz tih razloga posebnu pažnju treba obratiti prevenciji i liječenju simptoma povezanih s traumom. Na primjer, Protokol za poboljšanje liječenja (*The Treatment Improvement Protocol*, TIP) je složeni model koji ima za cilj ublažiti rizike ili simptome uzrokovane traumatskim iskustvom (6). To je holistički model intervencije koji kombinira strategije informiranosti o traumi i specifične strategije usmjerene na traumu, a terapiju definira kao oblik izgradnje otpornosti, razvoja sigurnosti i stjecanja vještina suočavanja s posljedicama traume. Ovaj i drugi slični pristupi koji se usredotočuju na pojedince koji pate od traumatskih iskustava temelji se na ideji promicanja otpornosti kao sposobnosti osobe da se pozitivno prilagodi stresu ili neugodnim iskustvima (7). U tom smislu Kumarov CR8 model otpornosti (*Kumar's CR8 model of resilience*) opisuje osam strategija otpornosti: povezanost, radoznalost, komunikaciju, kontrolu, promjenu, prihvaćanje, jasnoću fokusa, povjerenje, povezanost i kreativnost (8). Razumijevanje i primjena ovih strategija treba biti uključena u različite terapijske pristupe i važna su tema za znanstveno istraživanje i praktičnu primjenu. Osim toga, sve se više istraživanja usredotočuju na razumijevanje interakcije između traumatskih događaja i njihovih posljedica. Razmatrani su različiti aspekti, poput psihofizičkih reakcija na traumu,

chronic and debilitating disorder characterized by symptoms such as re-experiencing, avoidance, emotional blunting or hyperarousal (4). This disorder can be accompanied by suicidal thoughts, maladaptive behavior and comorbid psychiatric disorders such as anxiety, depression, panic, obsessive-compulsive disorder, addiction, etc. PTSD is sometimes accompanied by medical conditions, chronic pain, problems in interpersonal relationships, sleep or eating disorders, or various psychosomatic disorders (5). For these reasons, special attention should be paid to the prevention and treatment of trauma-related symptoms. The Treatment Improvement Protocol (TIP), for example, is a complex model that aims at alleviating the risks or symptoms caused by a traumatic experience (6). It is a holistic intervention model that combines trauma-informed and trauma-specific strategies, and defines treatment as a form of building resilience, developing safety and acquiring coping skills to deal with the consequences of trauma. This and other similar approaches that focus on individuals suffering from traumatic experiences are based on the idea of promoting resilience as an individual's ability to positively adapt to stress or adversity (7). In this sense, Kumar's CR8 model of resilience describes eight resilience strategies: connectedness, curiosity, communication, control, change, acceptance, clarity of focus, trust, connectedness and creativity (8). The understanding and application of these strategies should be incorporated into various therapeutic approaches, and they represent an important topic for both scientific research and practical application. In addition, an increasing amount of studies is focusing on understanding the interaction between traumatic events and their consequences. Various aspects have been considered, such as the psychophysical reactions to trauma, the mechanism of anchoring trauma in the body, as well as the process of activation, remembering and processing of the traumatic experience (9, 10). It can be concluded from study results and statements of traumatized persons that the body, as the most prominent indirect victim, should be the central link in trauma treat-

mehanizam „učahurenja“ traume u tijelu te proces aktivacije, prisjećanja i obrade traumatskog iskustva (9,10). Iz rezultata istraživanja i izjava traumatiziranih osoba može se zaključiti da tijelo, kao najistaknutija neizravna žrtva, treba biti središnja karika u liječenju traume. Ne samo u smislu da se tijelo zaliječi, već i da reapsorbira bolne ureze koji su ukorijenjeni u tjelesnom sjećanju. Tijelo proces samoizlječenja ponekad provodi nesvjesno, kao što je pokazalo istraživanje Galit, Dita i Rachel (11), koji su, proučavajući tjelesne pokrete osoba tijekom prepričavanja traumatskih sjećanja, identificirali tri glavne kategorije pokreta koji prate verbalizaciju traumatskog događaja: ilustrativni, regulirajući i utješni pokreti. Druga istraživanja potvrđuju da pozitivne promjene u interoceptivnim i proprioceptivnim senzacijama povezanim s traumatskim iskustvom mogu zadovoljavajuće utjecati na trajanje i kvalitetu osjećaja povezanih s traumom (12). Ovo „progovaranje“ tijela iznimno je važno jer, kako primjećuje Etherington (10), trauma stvara kaos, a kaos može uzrokovati gubitak govora, nijemost i tišinu. Ali tada tijelo pronalazi drugi način da govori za nas, i nakon toga naš duh preživljava i nadilazi naše fizičko tijelo. Zbog toga je rad s tjelesnim iskustvom postao ključan u holističkom konceptu terapije traume, što je posebno prepoznato u području tjelesno orijentiranih psihoterapija i terapije pokretom i plesom. Njihov je cilj, osim uvođenja tijela kao značajnog medija u terapijski proces, i poticanje sudjelovanja traumatiziranih osoba u ugodnim, utješnim i smirujućim aktivnostima koje mogu omogućiti da se um odmakne od neželjenih misli, osjećaja i impulsa.

TJELESNO ORIJENTIRANE PSIHOTERAPIJE

Budući da je trauma pohranjena na somatskoj i senzomotornoj razini, verbalno-kognitivni i narativni pristupi ponekad mogu biti nedovoljni za obradu traumatskog iskustva. Uključiva-

ment. This is not only in the sense to heal the body, but also to reabsorb the painful incisions that are anchored in the body's memory. The body sometimes carries out the self-healing process unconsciously, as shown in the study conducted by Galit, Dita and Rachel (11) who, in studying body movements of individuals while they were recounting traumatic memories, identified three main categories of body movements that accompany the verbal recounting of a traumatic event: illustrative, regulating and consoling movements. Other studies confirmed that positive changes in interoceptive and proprioceptive sensations related to a traumatic experience can have a positive impact on the duration and quality of feelings associated with the trauma (12). This "speaking" of the body is extremely important because, as Etherington (10) notes, trauma creates chaos, and chaos can cause speechlessness, muteness and silence. The body, however, then finds another way to speak for us, and after that our spirit survives and transcends our physical body. For this reason, working with bodily experience has become essential in the holistic concept of trauma treatment, which is especially recognized in the field of body-oriented psychotherapies and dance/movement therapy. Their aim is not only to introduce the body as an important medium in the therapeutic process, but also to encourage the participation of traumatized individuals in pleasurable, comforting and calming activities that can allow the mind to move away from unwanted thoughts, feelings and impulses.

BODY-ORIENTED PSYCHOTHERAPIES

Since trauma is stored at the somatic and sensorimotor levels, verbal-cognitive and narrative approaches can sometimes be insufficient to process a traumatic experience. By involving the body in the therapy, we facilitate the processing of locked body memory, the restoration of vitality and the recovery of the nervous system that has been dysregulated by trauma. In these cases, verbalization

njem tijela u terapiju olakšavamo procesuiranje zaključane tjelesne memorije, vraćanje vitalnosti i oporavak živčanog sustava koji je disgregiran traumom. U tim slučajevima verbalizacija nije isključena već upravo može potaknuti i/ili moderirati terapijski proces i komunikaciju između klijenta i terapeuta. Osim toga potiče klijenta da, kada je spreman, pronađe riječi za opisivanje svojih iskustava. Kao dio dinamičkog neverbalnog i verbalnog dijaloga između terapeuta i klijenta, stvara se prijelaz iz bolnog i neugodnog prema onom ugodnom i boljem. Na fizičkoj razini to se može manifestirati kao prijelaz iz napetosti, ukočenosti i krutosti u fluidnost, lakoću i opuštenost (13). Davanje pažnje tjelesnim senzacijama i osjećajima povezanima s traumatskim iskustvom je iscjeljujući te vodi prema promjeni i novoj perspektivi. U suvremenim psihoterapijskim pristupima tijelo je mnogo više od „spremnika“ za potisnute osjećaje. Tijelo je nositelj sjećanja, znanja i „unutarnje mudrosti“ što može služiti kao vodič za terapijske ciljeve. U takvoj terapijskoj međuigri fizička i kinestetička empatija je ključna, posebno s klijentima koji su imali negativna i bolna iskustva s drugim ljudima. Naime, osjećaj povjerenja u druge ljude treba ponovno izgraditi, a terapeut predstavlja osobu s kojom klijent uči stvarati odnos povjerenja i harmonije (14).

Na temelju razumijevanja važnosti tijela i jedinstva duha i tijela, tjelesno orijentirane psihoterapije definirane su kao zajednički pojam za sve psihoterapije koje eksplicitno koriste tjelesne tehnike za poticanje dijaloga između klijenata i psihoterapeuta o onome što se doživljava i percipira. U različitim pravcima, u okviru tjelesno orijentiranih psihoterapija, tijelo se smatra sredstvom komunikacije i istraživanja (15). Prema Geuteru (16) njihovi pristupi obuhvaćaju psihološke i somatske procese u terapiji uključivanjem različitih tehnika povezanih s tijelom i dimenzijama tjelesnog iskustva kao što su poticanje svjesnosti o tijelu, regulacija disanja, uzemljenje, eksperimentiranje s posturom tijela i mišićnom napetosti, proučava-

is not excluded, but can stimulate and/or moderate the therapeutic process and communication between the client and the therapist. It also encourages the client to find the words to describe their experiences when they are ready. As part of the dynamic non-verbal and verbal dialogue between the therapist and the client, a transition is created from a painful and uncomfortable state towards a pleasant and better one. On a physical level, this can be manifested as a transition from tension, stiffness and rigidity to fluency, lightness, and relaxation (13). Paying attention to the bodily sensations and feelings associated with the traumatic experience provides healing, and leads to change and a new perspective. In contemporary psychotherapy approaches, the body is much more than just a “repository” for repressed feelings. The body is a carrier of memories, knowledge and “inner wisdom”, which can serve as a guide for therapeutic goals. In such a therapeutic interplay, physical and kinesthetic empathy is crucial, especially with clients who have had negative and painful experiences with other people. Indeed, a sense of trust in others needs to be rebuilt, and the therapist then represents a person with whom the client learns to create a relationship of trust and harmony (14).

Based on understanding the importance of the body and the body-mind unity, body-oriented psychotherapies have been conceptualized as a common term for all psychotherapies that explicitly use body techniques to encourage dialogue between clients and psychotherapists about what is experienced and perceived. In different courses, within body-oriented psychotherapies, the body is seen as a means of communication and exploration (15). According to Geuter (16), their approaches encompass both psychological and somatic processes in therapy by incorporating various body-related techniques and bodily experience dimensions, such as encouraging body awareness, breath regulation, grounding, experimenting with the body posture and muscle tension, studying different ways of bodily communication, etc. Movement and motion can also be useful because, as emphasized in dance/

nje različitih načina tjelesne komunikacije i dr. Pokret i kretanje također mogu biti korisni jer, kako se naglašava u terapiji pokretom i plesom, fizički pokreti odražavaju emocionalno stanje ali isto tako promjene u obrascima kretanja dovedu do promjena u psihosocijalnom iskustvu (17). Tijekom terapijskog procesa mogu biti promatrane i korištene i neke druge dimenzije tjelesnog iskustva kao što su: geste, držanje tijela, izrazi lica, fizičke (neurovegetativne) senzacije, mišićni tonus, kontakt očima, odnos s članovima grupe, korištenje prostora, osobni profil kretanja. Učinkovitost korištenja tjelesno orijentiranih psihoterapija leži u pokušaju da se promiče samoregulacija na način koji pomaže klijentima da ostvare bolji kontakt sa samim sobom kako bi bolje upravljali svojim životima i odnosima s drugim ljudima. Polazna točka za to je dodir s tjelesnim iskustvima, i kao takav pristup je posebno prikladan za osobe s traumatskim iskustvima (16).

Različita istraživanja pokazala su da osobe s PTSP-om često imaju temeljnu disregulaciju u modulaciji uzbuđenja, što može biti povezano s problemima u razini svjesnosti o tijelu, samosvijesti i regulaciji afekta (18,19). Studije u području neurobiologije ukazuju da evolucijski stariji dio CNS-a, koji ima važnu ulogu u obradi prekomjernog stresa nije učinkovito dosegnut kognitivnim i verbalnim intervencijama, jer one uglavnom podražavaju prefrontalni korteks. Stoga bi pristup *bottom-up*, koji se usredotočuje na tijelo i tjelesne senzacije, mogao biti prikladniji za regulaciju uzbuđenja i afekta kod PTSP-a (18,20). U tom kontekstu mogu biti korisne tjelesno-orijentirane psihoterapije, jer se temelje na tjelesnoj aktivnosti, tjelesnosti i tjelesnom iskustvu kao središnjim temama i glavnom fokusu intervencije (4,16).

Meta-analiza provedena s ciljem evaluacije koristi intervencija usmjerenih na tijelo i pokret kod odraslih osoba s PTSP-om pokazala je da one ublažavaju simptome PTSP-a s umjerenim do velikim učinkom. Na temelju dobivenih re-

movement therapy, physical movements reflect the emotional state, however changes in movement patterns lead to changes in the psychosocial experience as well (17). Several other dimensions of the bodily experience can also be observed and utilized during the therapeutic process, such as gestures, body posture, facial expressions, physical (neurovegetative) sensations, muscle tone, eye contact, relationship with group members, use of space, personal movement profile. The effectiveness of using body-oriented psychotherapies lies in the effort to promote self-regulation in such manner that helps clients get more in touch with themselves in order to better manage their lives and their relationships with others. The starting point for this is contact with bodily experiences, and as such, the approach is especially suitable for individuals with traumatic experiences (16).

Various study findings have shown that individuals with PTSD often suffer from a fundamental dysregulation of arousal modulation, which can be associated with problems in body awareness, self-awareness and affect regulation levels (18, 19). Studies in the field of neurobiology suggest that the evolutionarily older part of the central nervous system, which plays an important role in processing excessive stress, is not effectively reached by cognitive and verbal interventions, because these mainly stimulate the prefrontal cortex. Therefore, a bottom-up approach that focuses on the body and bodily sensations might be more suitable for the regulation of arousal and affect in PTSD (18, 20). In this context, body-oriented psychotherapies may be beneficial because they are also based on physical activity, corporeality and bodily experience as the central topics and core focus of the intervention (4, 16).

A meta-analysis conducted with the aim of evaluating the benefits of body- and movement-oriented interventions (BMOIs) in adults with PTSD found that they alleviate PTSD symptoms with a moderate to large effect. Based on the obtained results, the authors concluded that the inclusion of BMOIs in established treatments could improve the overall treatment outcomes and prevent premature therapy dropouts. According to the

zultata autori su zaključili da njihovo uključivanje u uobičajene tretmane može poboljšati ukupnu uspješnost tretmana i spriječiti prerano odustajanje od terapije. Prema autorima provedenog istraživanja mehanizmi djelovanja koji doprinose njihovoj učinkovitosti odnose se na privikavanje na tjelesne senzacije potkrijepljeno iskustvom usmjeravanja pažnje na tijelo uz osjećaj pripadnosti i prihvaćanja vlastitog tijela. Njihove prednosti također se mogu objasniti činjenicom da nemaju neželjene nuspojave, a mogu dodatno poboljšati fizičko zdravlje i ublažiti simptome poput boli i umora (4).

Tjelesno orijentirane psihoterapije obuhvaćaju širok raspon pristupa i tehnika. Neke od njih se temelje na *mindfulness* pristupu u okviru kojih se potiče doživljavanje tijela sa stavom prihvaćanja i neosuđivanja. To se postiže preusmjeravanjem fokusa s neugodnih misli i sjećanja prema trenutnim tjelesnim senzacijama korištenjem tehnika kao što su skeniranja tijela ili vježbe disanja (21). Na taj se način, osim regulacije autonomnog živčanog sustava, potiče opuštanje te smanjuju stres, ruminaciju i uznemirenost (22). Nadalje, Classen i sur. (23) su naveli da je senzomotorna psihoterapija provedena u grupi sudionika s kroničnom anksioznošću zbog složene traume utjecala na značajno poboljšanje tjelesne svjesnosti i sposobnost samosmirivanja, te na smanjenje simptoma anksioznosti. Jedna od tjelesno orijentiranih psihoterapija koja se koristi kod traumatiziranih osoba je *Somatic Experiencing*[®] (SE) usmjerena na obnavljanje funkcionalnosti dinamičkog sustava koji se sastoji od supkortikalnog, autonomnog, limbičkog, motoričkog sustava i pobudenosti, a koji može biti značajno disreguliran u uvjetima traume i kroničnog stresa (24). Ovaj pristup ima za cilj upućivanje pažnje klijenta na interoceptivne, propioceptivne i kinestetičke osjete, kao i na instinktivne, tjelesno zaštitne odgovore povezane s akutnim reakcijama na stres u formi borbe, bijega i zamrzavanja. Rezultati kliničke primjene SE pokazuju da ova terapija može biti nadopuna kognitivnim ili ne-

authors of the conducted study, the mechanisms of action that contribute to the effectiveness of using BMOIs include habituation to bodily sensations complemented by the experience of peaceful embodiment, with a sense of belonging and improved body acceptance. Their benefits can also be explained by the fact that they have no undesirable side effects, and can also improve physical health and alleviate symptoms such as pain and fatigue (4).

Body-oriented psychotherapies encompass a wide range of approaches and techniques. Some of them are based on the mindfulness approach, which encourages perceiving the body with an accepting and non-judgmental attitude. This can be achieved by shifting the focus of attention from unpleasant thoughts and memories to actual bodily sensations, by using techniques such as the body scan or breathwork (21). In this way, in addition to regulating the autonomic nervous system, relaxation is promoted and stress, rumination and agitation are reduced (22). Furthermore, Classen et al. (23) found that sensorimotor psychotherapy conducted in a group of participants with chronic anxiety due to complex trauma significantly improved their level of body awareness, the ability to self-soothe, and reduced their anxiety symptoms. One of the body-oriented psychotherapies used with traumatized individuals is Somatic Experiencing[®] (SE) aimed at restoring the functionality of the core response network (CRN), complex dynamic system consisting of the subcortical, autonomic, limbic, motor and arousal systems, which may be severely dysregulated in conditions of traumatic experiences and chronic stress (24). The aim of this approach is to focus the clients' attention to the interoceptive, proprioceptive and kinesthetic senses, as well as instinctive, bodily protective responses connected with acute reactions to stress such as, fight, flight and freeze. The results of the clinical application of SE show that this therapy can serve as a supplement to cognitive or some other somatic approaches (25). Furthermore, approaches may be mentioned that include touch-based interventions aimed at

kim drugim somatskim pristupima (25). Nadalje, mogu se spomenuti pristupi koji uključuju intervencije temeljene na dodiru s ciljem oslobađanja fizičke napetosti i emocionalnog stresa pohranjenog u tijelu (21). Neke su studije pokazale da terapijski dodir može biti dobro sredstvo za iscjeljivanje traume, ali pod uvjetom da se s posebnom pažnjom poštuju etička pitanja, tjelesne granice i pristanak klijenta (26). Ponekad se samo-dodir može uvesti kao gesta prihvatanja i zaštite vlastitog tijela i kao siguran prijelaz u procesu oslobađanja od straha od dodira druge osobe. Primjer terapije koja kombinira dodir i verbalnu ekspresiju je *Mindful Body Awareness* (MBA). S ciljem procjene procesa na kojima se temelji MBA, Price i suradnici (27) su koristili upitnik *The Helpfulness Aspects of Therapy* i rezultati su analizirani fenomenološki, metodom intervjua. Na temelju ove analize pojavile su se četiri teme povezane s ukupnom dobrobiti: a) interoceptivna svjesnost, b) osjećaj osobnog djelovanja, c) odnos s terapeutom koji je omogućio povjerenje i kreiranje terapijskog procesa, i d) transformativno iskustvo. Autori su također zaključili da je korištenje dodira u razvoju interoceptivne osobito značajno i da je MBA učinkovit pristup u razvoju interoceptivne i „uzemljenosti“ u vlastitom tijelu.

Prethodna istraživanja i nalazi kliničke prakse pokazuju da tjelesno orijentirane terapije mogu biti učinkoviti alati za rješavanje traumatskih iskustava. Temelje se na ideji da tijelo može imati važnu ulogu u oblikovanju naših života i da poštivanje jedinstva tijela i uma može stvoriti uvjete da se od bolnih sjećanja odmaknemo prema novim iskustvima.

TERAPIJA POKRETOM I PLESOM

Terapija pokretom i plesom (TPP) područje je ekspresivnih art-terapija koje se temelje na istraživanju tjelesnih senzacija, svjesnosti tijela i psihosocijalnih odgovora korištenjem različitih kvaliteta pokreta, oblika tijela, posture,

releasing physical tension and emotional stress stored in the body (21). Some studies indicated that therapeutic touch can be a good therapeutic tool to heal trauma, but under the condition that special attention is paid to respecting the ethical issues, physical boundaries and the client's consent (26). Self-touch may sometimes be introduced as a gesture of acceptance and protection of one's own body, and as a safe transition in the process of getting rid of the fear of being touched by another person. An example of a therapy that combines manual (touch-based) and verbal expression is Mindful Body Awareness (MBA) therapy. With the aim of evaluating the processes underlying MBA, Price et al. (27) used the Helpfulness Aspects of Therapy questionnaire and the results were analyzed phenomenologically, using the interview method. Based on this analysis, four topics related to the overall well-being emerged: a) interoceptive awareness, b) sense of personal agency, c) relationship with the therapist that facilitated trust and conceptual framing of the therapeutic process, and d) transformative experience. The authors also concluded that the use of touch in the development of interoception is of particular importance, and that MBA is an effective approach in the development of interoception and “grounding” in one's own body.

Previous studies and clinical practice findings suggest that body-oriented psychotherapies can be effective tools for addressing traumatic experiences. They are based on the idea that the body can play an important role in shaping our lives and that respecting the body-mind unity can create the conditions for us to move away from painful memories towards new experiences.

DANCE/MOVEMENT THERAPY

Dance/movement therapy (DMT) is part of expressive art-therapies based on the exploration of bodily sensations, body awareness and psychosocial responses through the use of different movement qualities, body shapes, posture, space and

prostora i kreativnosti (17). Može se spomenuti nekoliko teorijskih polazišta koje podržavaju korištenje TPP u terapiji traume. Jedan od njih je koncept somatologije koji pretpostavlja da prva razina ljudskog postojanja ima uporište na tjelesnom i senzomotornom planu (28). Korištenje TPP-a kod osoba s traumatičnim iskustvima također je podržano teorijom privrženosti, budući da trauma može dovesti do problema u osjećaju privrženosti, ne samo prema drugim ljudima već i prema sebi. Tako različite tehnike u ovom pristupu, poput zrcaljenja, refleksije, uzemljenja, usklađivanja s vlastitim tijelom, simbolizacija tijelom i dr., pomažu klijentima da otkriju svoje tijelo kao izvor zadovoljstva, da prihvate svoje tijelo i da ga povežu s drugim ljudima (29). U tom kontekstu Dieterich-Hartwell (30) predlaže tri koraka intervencije u svom TPP modelu oporavka: sigurnost, regulacija preuzbuđenosti i pozornost na interocepciju. Posljednji korak je posebno važan jer su nedostatak interocepcije i fizička nepovezanost često prisutni kod osoba koje su preživjele traumu. Prema nekim autorima to može dovesti do nedostatka cjelovitog tjelesnog doživljaja, te posljedično do raznih mentalnih poremećaja (31).

Značajna vrijednost TPP-a je u tome što prihvaća kreativnost i maštu, dopuštajući odmicanje od stvarnosti i proigravanje s novim perspektivama. To je također fleksibilan, permisivan i neinvazivan pristup usmjeren na osobu, koji se može koristiti s različitim vrstama trauma i u različitim terapijskim uvjetima. Primjerice, Ambra (32) je anketirala TPP terapeute koji rade sa žrtvama incesta i dobila podatke da ova vrsta intervencije pomaže u područjima asertivnosti, slike tijela, seksualnosti, granica, sigurnosti, povjerenja i srama. Neki su autori pokušali utvrditi kako TPP može utjecati na mentalno zdravlje osoba koje su preživjele nasilje. Na primjer, Özümerzifon i dr. (33) navode su da su se žene, koje su proživjele intimno partnersko nasilje i koje su sudjelovale u virtualnim TPP radionicama osjećale bolje te da se u njih smanjila pojavnost neugodnih emocija i

creativity (17). Several theoretical backgrounds can be mentioned that support the use of DMT in the field of trauma treatment. One of these is the concept of somatology, which assumes that the first level of human existence has a foothold in the body and sensory-motor plane (28). The use of DMT in dealing with individuals with traumatic experiences is also supported by attachment theory, as trauma can lead to disruption of attachment, not only to other people, but also to oneself. Therefore, various techniques in this approach, such as mirroring, reflection, grounding, body attunement, body-symbolization, etc. help clients to discover their bodies as a source of pleasure, to accept their bodies and connect them with other people (29). In that context, Dieterich-Hartwell (30) proposes three intervention steps in her DMT recovery model: safety, regulation of hyperarousal, and attention to interoception. The last step is especially important because a lack of interoception and physical disconnection are often present in trauma survivors. According to some authors, this can lead to a lack of complete bodily experience and, consequently, to various mental disorders (31).

A significant value of DMT is that it embraces creativity and imagination, allowing one to step away from reality and play with new perspectives. It is also a flexible, permissive, non-invasive and person-centered approach that can be used with various types of traumas and in different therapeutic contexts. For example, Ambra (32) surveyed DMT therapists working with incest victims and obtained data that this type of intervention helps in the areas of assertiveness, body image, sexuality, boundaries, safety, trust and shame. Some authors have tried to determine how DMT can affect the mental health of survivors of violence. For example, Özümerzifon et al. (33) reported that female survivors of intimate partner violence who participated in the virtual DMT workshops felt better, and their unpleasant emotions and tension were reduced. They also reported that they had found new ways to express themselves, that they were more in tune with their bodies and that they learned

napetosti. Izvijestile su također da su pronašle nove načine da se izraze, da su više usklađene sa svojim tijelom i da su naučile nove navike brige o sebi. U kontekstu obiteljskog nasilja Devereaux (34) je opisala kako je TPP prikladna metoda za tretiranje negativnih simptoma zlostavljanja i kako je “re-koreografiranje” obiteljske dinamike i odnosa koji su bili poremećeni obiteljskim nasiljem značajno pomoglo obiteljima da nauče nove načine samoregulacije.

Pierce (35) je predložila svojevrsni TPP model kod odraslih s disocijativnim simptomima povezanim s traumom, koji se sastoji od tri faze: sigurnost i stabilizacija, integracija traumatskog sjećanja i razvoj relacijskog identiteta. U svojem pristupu koristila različite tehnike TPP-a kao što su kinestetičko zrcaljenje, usklađivanje tijela s drugim tijelom, samosvijest, interaktivnu regulaciju, simboličko izražavanje te interakcijski pokret kao intervencije koje su imale pozitivan učinak na podržavanje *bottom-up* integracije i rješavanje psihoemocionalnih poteškoća. Slično, Koch i Harvey (36) uveli su *Baum-circle*, oblik slobodne improvizacije u kojoj članovi grupe slijede određenu osobu u pokretu. Rezultat je pokazao da su inducirane slobodne asocijacije, u skupini traumatiziranih disocijativnih pacijenata u okviru grupnog procesa, omogućile izražavanje tjelesno memoriranih pozitivnih i negativnih sadržaja. Osim toga, Tomaszewski i sur. (37) su na temelju sustavnog pregleda literature zaključili da TPP može doprinijeti poboljšanju u području percepcije tjelesnih senzacija, psiholoških procesa, međuljudskih odnosa, senzomotorne percepcije i motoričkih vještina. Također su istaknuli da učinkovitost terapijskog programa ovisi o korištenim tehnikama, stabilnosti intervencije te vještinama i educiranosti terapeuta.

Terapija pokretom i plesom isto tako može biti prikladan pristup za odrasle osobe koje su preživjele torturu. Na primjer, Gray (38) je uočila da individualne seanse TPP-a mogu vratiti osjećaj cjelovitosti i poboljšati interakciju i

new habits of self-care. In the context of domestic violence, Devereaux (34) described that DMT is an appropriate method for treating negative symptoms of abuse and that “re-choreographing” the family dynamics and relationships that had been disrupted by domestic violence remarkably helped families to learn new ways of self-regulation.

A kind of DMT model in adults with dissociative symptoms related to trauma was proposed by Pierce (35), and it consists of three phases: safety and stabilization, integration of the traumatic memory, and development of the relational self. In her approach, she used various DMT techniques such as kinesthetic mirroring, body-to-body attunement, self-awareness, interactive regulation, symbolic expression, and interactional movement as interventions which had a positive impact on supporting the bottom-up integration and resolution of psychoemotional distress. Similarly, Koch and Harvey (36) introduced the “Baum-circle”, a form of free improvisation in which group members follow a mover. The result showed that induced free associations in a group of traumatized dissociative patients facilitated the expression of both positive and negative body memory contents within the group process. In addition, based on their systematic literature review, Tomaszewski et al. (37) concluded that DMT can bring improvements in the perception of bodily sensations, psychological processes and interpersonal skills, as well as sensory-motor perceptions and motor skills. They also pointed out that the effectiveness of the therapy program depends on the methods used, the stability of the intervention, as well as the skills and training of the therapist.

Dance/movement therapy may also be an appropriate approach for adult survivors of torture. For example, Gray (38) observed that individual DMT sessions can restore a sense of wholeness, and improve interaction and skills to create quality relationships. Similarly, Harris (39) conducted DMT programs with adolescent survivors of torture during war and organized violence. The goal of the program was the following: (1) to

vještine stvaranja kvalitetnih odnosa. Slično je Harris (39) provodio programe TPP-a s adolescentima koji su preživjeli torturu tijekom rata i organiziranog nasilja. Cilj programa bio je: (1) desomatizirati pamćenje, (2) promicati iskustva svjesnosti, (3) olakšati usvajanje iskustva za kontrolirano smanjenje tjeskobe i agresije i (4) potaknuti radost kreativnosti koja sudionicima omogućuje da simboliziraju njihove traumatične gubitke i nade za budućnost. Rezultati su ukazali na poboljšanje grupne kohezije, a sudionici su također izvjestili o kontinuiranom smanjenju simptoma anksioznosti, depresije, nametljivih slika iz prošlosti, povećane uzbuđenosti i agresije. Prema Kochu i Weidinger-von der Recke (40) TPP se pokazao korisnim u rješavanju različitih traumatskih sadržaja u osoba koje su doživjele silovanje, mučenje i ratno iskustvo. U tom smislu isti autori navode da je kombinirana primjena verbalne psihoterapije i TPP-a (grupna ili individualna), kakva se provodi u centru za liječenje REFUGIO u Münchenu, pokazala uspješne rezultate i može se koristiti na umirujuć i klinički odobren način. Nadalje, TPP je posebno prikladan za ljude koji su neverbalni ili koji imaju poteškoća u verbaliziranju svojih osjećaja. Collis (41) je opisala projekt usmjeren na istraživanje potencijala TPP-a u osoba s intelektualnim i razvojnim poteškoćama pogođenih traumom. Podteme koje su proizašle iz primjene kreativnog pokreta uključivale su autonomiju, težinu kao kvalitetu dinamike pokreta, svjesnost i brigu o sebi. Rezultati su također pokazali da razigrana upotreba TPP tehnika može biti polazište za susretanje s osobnim iskustvom i za ublažavanje negativnog utjecaja traume. Primjena TPP-a isto je tako razmatrana kod starijih osoba, posebice onih koji su pretrpjeli neurotraumu, a neka su istraživanja potvrdila da bi mogla pozitivno utjecati na njihove motoričke, psihičke i kognitivne funkcije (42).

Neke tehnike TPP-a također su korisne za djecu koja još nemaju dovoljno razvijen rječnik da bi opisala svoja iskustva i osjećaje. Tako, na primjer, Lee i sur. (43) su dobili rezultate prema ko-

de-somatize memory, (2) to promote mindfulness experiences, (3) to facilitate the adoption of experiences for controlled reduction of anxiety and aggression, and (4) to stimulate the joy of creativity that allows participants to symbolize their traumatic losses and hopes for the future. The results indicated an improvement in group cohesion, and participants also reported a continued reduction in the symptoms of anxiety, depression, intrusive memory, increased arousal, and aggression. According to Koch and Weidinger-von der Recke (40), DMT has proved to be helpful in addressing various trauma content in individuals who have experienced rape, torture and war. In this sense, the same authors state that the combined use of verbal psychotherapy and DMT (group or individual therapy), as carried out at the REFUGIO treatment center in Munich, has yielded successful results and can be used in a facilitative and clinically approved manner. Furthermore, DMT is especially appropriate for individuals who are non-verbal or who have difficulties in verbalizing their feelings. Collis (41) described a project aimed at exploring the potential of DMT in working with individuals with intellectual and developmental disabilities affected by trauma. Sub-themes that emerged from the application of creative movement tasks included autonomy, weight as quality of movement dynamics, awareness and self-care. The results also showed that the playful use of DMT techniques can serve as a starting point for interacting with personal experiences and for relieving the negative impacts of trauma. The use of DMT is also being considered in older people, particularly those who have suffered neurotrauma, and some studies have confirmed that it could have a positive impact on their motor, psychological and cognitive function (42).

Some DMT techniques are also useful for working with children who still lack the vocabulary to describe their experiences and feelings. For example, Lee et al. (43) found that DMT together with play and games was an appropriate approach for children who were at high risk of developing PTSD after the Taiwan earthquake.

jima je TPP zajedno s korištenjem igre prikladan pristup za djecu koja su bila pod visokim rizikom od PTSP-a nakon potresa u Tajvanu. Kreativni ples i pokret im je pomogao da se izraze tijelom i da obrade osjećaje uznemirenosti i tjeskobe. Za djecu koja su doživjela seksualno zlostavljanje Ho (44) je utvrdila da mogu biti prikladni za TPP program koji se fokusira na osjećaje sigurnosti, granice, te koncepte mjesta i prostora. U tom slučaju mogu učinkovito podržati istraživanje unutarnjeg ritma, osobnih granica i osjećaja sigurnosti, slobode i nade u bolju budućnost. Colace (45) ističe da su govor tijela i neverbalna komunikacija ključni pristupi pacijentima s razvojnom traumom. Na temelju promatranja odnosa dojenčeta i skrbnika u relaciji s korištenjem zajedničkih ritmova, usklađenosti, disanja i regulacije afekta, autorica je zaključila kako trajni nedostatak usklađenosti od strane primarnog skrbnika može imati traumatične učinke na djecu. Primjena TPP-a kod djece temelji se na određenim specifičnostima koje trebaju uzeti u obzir manju sposobnost suočavanja s traumom, ranjivost ove populacije i stupanj psihofizičkog razvoja. Na primjer, Devereaux i Harrison (46) proveli su *neurodevelopmentally-informed dance movement therapy* u djece s kompleksnom traumom. Zaključili su da bi intervencije trebale slijediti stupanj neurološkog razvoja svakog pojedinog djeteta te da se metafore i simboli mogu koristiti za regulaciju tjelesnih sjećanja.

Iako se TPP preporučuje u terapiji traume, neki klijenti na početku terapijskog programa odbacuju rad na tijelu, jer su njihova tijela povezana s boli i povredom. U takvom slučaju, mogu biti korisni drugi umjetnički mediji i/ili komplementarne terapije u cilju uvođenja klijenata u svijet mašte i neograničenog samoizražavanja. Na primjer, vođena imaginacija, psihofizička relaksacija, meditacija, poezija ili neki drugi književni tekst, vizualni mediji, glazba i sl. mogu poslužiti kao "most" koji olakšava uranjanje u svijet samo-istraživanja. Na taj se način vlastito tijelo može polako i postupno prihvatiti kao instrument samospoznaje i obrade vlastitih

Creative dance and movement helped them express themselves by using their bodies and process the feelings of distress and anxiety. For children who have experienced sexual abuse, Ho (44) found that a DMT program focusing on feelings of safety, boundaries and concepts of place and space could be appropriate. In that case, they could effectively support exploration of their inner rhythm, personal boundaries and feelings of safety, freedom and hope for a better future. Colace (45) emphasized that body language and nonverbal communication are crucial approaches when dealing with patients with developmental trauma. Based on their observations of the infant-caregiver relationship in correlation with using shared rhythms, attunement, breathing and affect regulation, the author pointed out that a persistent lack of attunement by the primary caregiver could have traumatic effects on the children. The use of DMT in children is based on certain specificities that should take into account the lower ability to cope with trauma, the vulnerability of this population and the stage of their psychophysical development. For example, Devereaux and Harrison (46) carried out the neurodevelopmentally-informed dance/movement therapy in children with complex trauma. They concluded that interventions should follow the degree of neurological development of each individual child, and that metaphors and symbols could be used to regulate body memories.

Although DMT is recommended in trauma treatment, some clients reject bodywork at the beginning of the therapy program because their bodies are associated with pain and hurt. In such cases, other forms of artistic media and/or complementary therapies may be useful in order to introduce the clients to the world of imagination and unrestricted self-expression. For example, guided imagery, psychophysical relaxation, meditation, poetry or some other literary text, visual media, music, etc. can be used as a "bridge" that facilitates immersion into the world of self-exploration. In this way, one's own body can slowly and gradually be accepted as an instrument

misli i osjećaja. Donošenje odluke o tome kada i koju TPP tehniku koristiti u okviru terapijske seanse je dodatni zahtjev, ali i pozitivan izazov za terapeuta. U svakom slučaju treba poštovati potrebe i sklonosti klijenta dok se pažljivo gradi pozitivan transfer i terapijski savez.

I na kraju, pojedini su autori ukazali na važnost brige o sebi kod terapeuta koji rade s osobama s traumatskim iskustvima. Naime, neka istraživanja pokazuju da indirektna trauma doživljena tijekom terapijskog odnosa može imati negativan utjecaj na psihofizičko zdravlje terapeuta. njegove međuljudske odnose, kao i na postizanje pozitivnog transfera i učinkovitost terapije (47). Učinak indirektna traume može biti posebno intenzivan za TPP terapeute koji dodatno proživljavaju traumatsko iskustvo klijenta u vlastitom tijelu koristeći se utjelovljenjem, usklađivanjem vlastitog tijela s tijelom klijenta i kinestetičkom empatijom. Stoga bi briga o sebi i ljubaznost prema sebi trebala biti obvezna za terapeute iz područja TPP-a, ali i za ostale tjelesno orijentirane psihoterapeuta, a može uključivati različite strategije upravljanja stresom kao i savjetovanje, superviziju ili psihološku pomoć, kada je to potrebno (48,49).

ZAKLJUČAK

Traumatska iskustva su prožimajući dio ljudskog postojanja, a manifestiraju se u okviru različitih fizičkih, emocionalnih i psihosocijalnih simptoma koji često dovode do mentalnih poremećaja poput PTSP-a. Ta iskustva izazvana su širokim rasponom uzroka, od fizičkog i emocionalnog zlostavljanja do prirodnih katastrofa, izbjeglištva i rata. S obzirom na složenost i incidenciju traume, prevencija i liječenje simptoma povezanih s traumom je izuzetno važna. U tom kontekstu, kao posebno učinkovite pokazale su se tjelesno orijentirane psihoterapije koje uključuju tijelo tijekom procesuiranja i oslobađanja od traumatskih sjećanja. Ovi pristupi uključuju tehnike poticanja osjetilne percepcije, somat-

for self-awareness and for processing one's own thoughts and feelings. Deciding when and which DMT technique needs to be used in the therapy session is an additional requirement, but also a positive challenge for the DMT therapist. In any case, the client's needs and preferences should be respected while carefully building a positive transference and therapeutic alliance.

Finally, some authors emphasized the importance of self-care in therapists working with individuals with traumatic experiences. Namely, some studies suggest that indirect trauma experienced in the course of a therapeutic relationship can have a negative impact on the therapist's psychophysical health and interpersonal relationships, as well as on achieving a positive transference and effectiveness of therapy (47). The effect of indirect trauma can be particularly intense for DMT therapists who additionally relive the client's traumatic experience through their own bodies by using embodiment, attunement of their own body with their client's body, and kinesthetic empathy. Therefore, self-care and self-kindness should be mandatory for DMT therapists, but also for other body-oriented psychotherapists, and may include various stress management strategies, as well as counseling, supervision or psychological help when necessary (48, 49).

CONCLUSION

Traumatic experiences are a pervasive part of human existence, manifesting in various physical, emotional and psychosocial symptoms that often lead to mental disorders such as PTSD. These experiences emerge due to a wide range of causes, from physical and emotional abuse to natural disasters, refugeeness and war. Given the complexity and prevalence of trauma, prevention and treatment of trauma-related symptoms are crucial. Body-oriented psychotherapies that work with the body in order to process and release traumatic memories have proved to be particularly effective in this context. These approaches include techniques of sensory perception stimulation,

skog iskustva i terapijskog dodira u cilju reguliranja autonomnog živčanog sustava i emocionalnih stanja povezanih s traumom. Tjelesno orijentirane psihoterapije omogućuju pacijentima da se povežu sa svojim tijelima, razviju svijest o tjelesnim senzacijama i promiču samoregulaciju dinamičnim dijalogom između terapeuta i klijenta. Također, primjena TPP-a koja koristi tijelo i pokret kao medij za istraživanje i izražavanje fizičkih i emocionalnih stanja, može biti od posebne važnosti. TPP pomaže osobama koje su preživjele traumu vratiti osjećaj sigurnosti, regulirati pretjerano uzbuđenje i doživjeti tijelo kao izvor ugone i ozdravljenja. Korištenjem kreativnosti i mašte TPP može poboljšati mentalno zdravlje, socijalne vještine i potaknuti razmatranje novih perspektiva kod osoba koje su preživjele različita traumatska iskustva. Rezultati istraživanja i klinička praksa potvrđuju da tjelesno orijentirane terapije, uključujući TPP, mogu značajno pridonijeti oporavku osoba s traumatičnim iskustvima. Naime, ovi pristupi omogućuju pacijentima da obrade traumatska sjećanja u svojim tijelima, razviju nove strategije suočavanja i promiču osobni rast i otpornost. Također, potrebna su daljnja istraživanja kako bi se tijelo promoviralo kao vrijedna tema u okviru holističkog pristupa u terapiji traume.

somatic experience and therapeutic touch, which help to regulate the autonomic nervous system and the emotional states associated with trauma. Body-oriented psychotherapies enable patients to connect with their bodies, develop an awareness of bodily sensations and promote self-regulation through a dynamic dialog between the therapist and the client. In addition, the use of DMT, which uses the body and movements as a medium for exploring and expressing physical and emotional states, can also be of particular importance. DMT helps trauma survivors to restore a sense of safety, regulate hyperarousal, and experience their body as a source of pleasure and healing. By using creativity and imagination, DMT can improve mental health and social skills, and can induce consideration of new perspectives in survivors of various traumatic experiences. Research results and clinical practice have confirmed that body-oriented psychotherapies, including DMT, can significantly contribute to the recovery of individuals with traumatic experiences. Namely, these approaches enable the patients to process traumatic memories through their bodies, develop new coping strategies and promote personal growth and resilience. Further research is also necessary in order to promote the body as a valuable topic in terms of the holistic approach in trauma treatment.

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