

Traditional Dance for Soldiers with Post Traumatic Stress Disorder

by Deborah Denenfeld

In November 2010, soldiers who suffered from Post Traumatic Stress Disorder or Traumatic Brain Injury danced to the tunes of a fiddle and guitar at Fort Knox, Kentucky. Ten sessions of traditional dance were held for ninety minutes each. It was hoped that the soldiers would improve in mood, memory and the ability to function well in a group setting as a result of the dancing. The soldiers and participating spouses reported improvements in mood and group functioning, as well as other unanticipated positive results.

Background

A military psychiatrist who worked with affected soldiers had seen positive effects of traditional dance on the lives of dancers, including his own son who became more outgoing and happy as a result of involvement with the Berea Festival Dancers. The doctor wondered if these effects could be produced in the lives of the soldiers he treated. In February 2010 he asked me to call for contra dances for the soldiers. I was excited about the possibilities and assumed project leadership and fundraising responsibilities, along with dance calling.

I worked with a small group of Fort Knox staff and we envisioned the dance series as a form of dance therapy. Although we found it impractical to conduct the dances as a scientific study, we held them as a "Wellness" series for affected soldiers, their spouses and partners. The ten sessions were held over a three week period.

PTSD and TBI

Post Traumatic Stress Disorder (PTSD) is an emotional illness anxiety disorder that usually develops after exposure to a severely frightening, life-threatening or highly unsafe experience. Symptoms of the disorder include inability to cope, re-experiencing original traumas through nightmares or flashbacks, difficulty falling or staying asleep, difficulty with

memory, anger and hypervigilance, and acute discomfort in group settings. Traumatic Brain Injury (TBI) is the result of a sudden trauma causing damage to the brain. Symptoms of TBI can include headache, confusion, dizziness, seizures, nausea, mood changes, loss of coordination, and agitation, among others.

Common treatments for PTSD include cognitive behavioral therapy, eye movement desensitization and reprocessing, and medications. TBI treatments include saving the victim's life, surgery, medications and the prevention of other related medical problems.

Both PTSD and TBI are relatively common among soldiers due to emotional and physical traumas experienced during warfare.

Soldiers with PTSD and TBI are stationed at Fort Knox to receive treatment while Army personnel are determining whether they are fit to be returned to the battlefield or be discharged.



Funding

In order to keep expenses low, I donated my project management and fundraising services. The fiddler, Tom Cunningham, donated his time for half of the sessions. The guitarist, Ben Andrews, played for a reduced fee. We carpooled the one hour drive from Louisville and donated our transportation expenses. Final expense per soldier per ninety minute session was \$59.42; final expense per military family member (soldier, spouse, child included) per session was \$31.54. Income was provided by the Eric Hall Memorial Foundation, Country Dance and Song Society, Louisville Country Dancers, Lexington Traditional Dance Association, and private donations (total income: \$2,555). (The Eric Hall Memorial Foundation was founded by the parents of a soldier who died as a result of PTSD. The Country Dance and Song Society donated funds through its New Leaders, Good Leaders Fund. Louisville Country Dancers and Lexington Traditional Dance Association are organizations that sponsor traditional dance events in Kentucky.)

Attendees

Ten soldiers attended the dances. Nine of these were patients of the organizing psychiatrist, personally recruited by him with explanations that the dancing might be beneficial to their healing. The group was purposefully kept small to minimize possible large group anxiety of PTSD and TBI sufferers.

Other dancers attending included spouses and teenaged children of the soldiers, Fort Knox staff, and volunteer contra dancers. Every soldier was partnered by someone not diagnosed with PTSD or TBI. Attendance varied from nine to seventeen dancers per session, plus I danced when needed.

Every session began with all attendees donning a red yarn bracelet on their right wrist, to be used as a memory aid: "Red was the Right side," (see cover photo). The musicians tied them to their instruments in a sign of solidarity. Later in the series, these were referred to as our "Red Badges of Courage" and everyone wanted one, whatever the state of their memory. We were a team, all in this together, and this was our uniform.

During the planning phase, as a result of researching the symptoms of PTSD and TBI and seeking the advice of seasoned contra dance callers, I decided to switch from focusing on calling contra dances to calling other traditional dances. These proved easy for the new dancers to learn and thus experience increased self confidence.

Most of the dances I called came from the New England Dancing Masters books *Chimes of Dunkirk*, *Listen to the Mockingbird*, and *Sashay the Donut*. I found these to be invaluable resources for simple, traditional, fun family and community dances. I supplemented these with Sheehan's Reel, Cumberland Square Eight, a Scatter Promenade, and some Kentucky Running Set figures. One session was initially attended by only one couple, so I taught them the basics of a one-step and waltz. Every dance was carefully and slowly taught, walked through at least twice, and repeated many times. Most dances were repeated later in the series twice or more, some being requested specifically. By request, we also danced the Hokey Pokey.

Challenges

Committee—Fort Knox staff had limited time to devote to organizing the series in addition to their other responsibilities.

Regulations—The Army had extensive regulations on conducting scientific studies and using pre- or post- experience evaluation tools.

Child Care—Uncertainty about whether child care expenses would be covered by the Army resulted in the need for last minute fundraising.

Location—Music from the dances disturbed a staff member working nearby. Moving to a new location raised the anxiety level of at least one soldier who noted the new space had only one entry/exit door. He concluded, "That's okay. I know I can take a chair and throw it through one of these windows if I need to make a quick escape."

Partners—Numbers of soldiers attending varying from one session to the next made it difficult to know how many partners to recruit.

Program Planning—Numbers of dancers varying made it challenging to prepare dances for the sessions.

Distance—Experienced dance caller and musicians lived a considerable distance from Fort Knox.

Security—Additional time needed to be allocated for dance caller and musicians to go through Fort security before every session.

Successes

Live Music—We were able to vary the tempo as dancers learned dances. Musicians played other styles of music while soldiers were arriving and during breaks; soldiers said this reduced their level of anxiety. Simple dances repeated often were kept interesting through numerous tune changes. One soldier reported he attended because of his interest in the live music. The guitarist was hired to give lessons to a soldier's child as a result of the series.

Informal Support Group—Spouses mentioned how comforting it was to know others were going through the same things they were experiencing, having to care for injured partners. I allowed extra visiting time between dances for the informal communication. This resulted in at least one person telling another how to negotiate the regulations to get needed treatment and benefits for their spouse.

Socializing—One couple said the sessions were like dates for them. The child care being provided gave them an opportunity to be together having fun. They also networked for babysitters.

Learning and Remembering Dances—Soldiers quickly learned the dances and remembered most of the moves from session to session. They were able to request dances learned previously, remembering even the titles. Soldiers told me they felt anxious during the first dance of each session, and suggested I begin with a simple dance done slowly, then, as I saw everyone succeeding, pick up the difficulty and tempo. This I did. They told me that when they first arrived they didn't remember any moves from other sessions, but as soon as we started dancing, they would remember them. They requested harder dances for the last five sessions.

Physical Transformations—We observed physical transformations in soldiers who initially looked pale and anxious, but after dancing appeared relaxed, healthy and smiling.

Interest in Continuing to Dance—Several individuals picked up literature from the Country Dance and Song Society. One requested information about the local contra dance.

Improved Family Relations—The family with teenagers who attended said the program brought their family together and gave them something to talk to each other about. They are now considering attending a CDSS family camp together.

Improved Mood, Bonding and Anxiety Reduction—The psychiatrist, who attended every session, said he never saw a frown on any face. He felt important connections were made and that seeds have been sown for this to happen again somewhere both sooner and later. He said, “I am really shortsighted to think that mere words will convey how much this has helped the different soldiers that I have seen later in my office. Partner bonding and family bonding was an outstanding benefit of at least two families. Anxiety reduction was clearly a benefit that several soldiers commented on.” He also mentioned his own personal anxiety level being reduced and his memory improving as a result of the dancing.

Evaluation Forms

I created a simple evaluation form for attendees to voluntarily complete. All soldiers reported they “Agreed” or “Strongly Agreed” that they enjoyed the dancing, would have liked to be able to attend more dances, believe the program should be continued and be offered to soldiers at other locations. Their outlook on the future and physical health improved, their sense of anxiety decreased, and they felt more at ease around a group from participating in the dances. They said they benefited from the networking with others at the dances. All but one reported their memory, mood and relationship with others improved. About half said their pain level decreased.

Spouses enjoyed the dancing, believed they benefited from the program, felt more at ease around a group, would have liked to be able to attend more

dances, and believed the program should be continued and offered at other locations.

All Fort Knox staff, volunteers and musicians were totally positive about the effects of the series on themselves and the soldiers and their families.

Summation

These traditional dance sessions were very helpful to the soldiers and their families. I believe the program should be continued. However, a few days after the last session, the originating psychiatrist left his employment at Fort Knox, so there is no contact onsite to coordinate and recruit soldiers.

I would be interested in creating a similar series at any location. Please contact me for further information at DancinDeborah@gmail.com.

On behalf of everyone who participated in this program, the soldiers and their families, a heartfelt thank you to all the organizations and individuals who donated money or time to make this healing possible.

Deborah Denefeld is a dance artist-in-the-schools, dance caller and dance leader. She loves English country, contra, Irish set, square and Argentine tango dancing, and specializes in teaching dance as a reflection of culture and time period. Summers she can often be found working in the Dining Hall at Pinewoods Dance Camp, when not teaching or dancing. She lives in Louisville. Article photographs courtesy the author.

