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Dance Movement Therapy (D/MT) and the Use of Music for First Grade Students with a
History of Trauma at an Urban School

Capstone Thesis

Lesley University

February 11, 2018

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Specialization: Dance/Movement Therapy

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Abstract

This paper describes a therapist intern's work in creating a dance/movement therapy group with the use of music to help support students in an urban school. The therapist intern worked with a group of first grade students with a history of trauma who presented with behavioral issues with the classroom. The work consisted of three 30 minute sessions of dance/movement therapy group that implemented music as a tool to help support students in this setting. Based on the observations on the data collected, a theme of a sense of self began to emerge within the group. Insight on this project calls for more research on how a multi model approach can be used to better serve individual and group needs. Recommendations are made for future work in this area.

Keywords:

*Dance/movement therapy, music, history of trauma, first grade students,
urban school*

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Dance Movement Therapy (D/MT) and the Use of Music for First Grade Students with a
History of Trauma at an Urban School

Introduction

Dance/movement therapy can be beneficial to students within in a school setting. The school systems are using music more as a means for learning and self expression. This project focuses on how Dance/Movement Therapy (D/MT) and the use of music can be used within a school setting to provide support to students who have a history of trauma. I aim to answer the following question: How does the use of music enhance self expression and contribute to the learning/healing process in dance/movement therapy?

The dance/movement therapy group consists of four first grade students who are having behavioral issues in the classroom, and have a history of trauma. The dance/movement therapy interventions and the use of music used in the groups are anticipated to enhance the quality of each individual's movement and self expression. As humans, we have the ability to adjust the dynamic qualities of our movement (Young, 2012). With the use of music, this project aims to support each individual in the process of healing, effectively relating to others and their environment, and enhancing their self expression.

For my capstone, I conducted a dance/movement therapy group for first grade students. The dance/movement therapy session always included some form of music. I implemented different dance/movement techniques with the use of music in the sessions to see how the students respond to both the dance/movement therapy interventions as well as the use of different forms of music. The use of music helped to create empathetic reflection within the group to help each individual to relate to one another. The group

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created a safe space for each individual, where trust was built through dance/movement, through the therapist-client relationship, and the group allowed space for self expression.

Review of the Literature

Trauma

The word trauma, as defined by Sutton & Baker (2009), refers to a wound, this is created through damage from an event or from different events. According to Black, Woodworth, Tremblay, and Carpenter (2012), a traumatic event is incidents perceived as sudden, shocking, terrifying or potentially pose a threat to one's life and safety. Multimodal Trauma Treatment (MMTT) is a therapy "grounded in the theory that experiencing trauma at a young age disrupts development, and it attempts to use age appropriate CBT techniques to help the children/adolescents overcome trauma" (Black et al., 2012, pg. 194). . MMTT is most often conducted in a school and is a 14 week group session (Black et al., 2012). According to Ostoburski (2009), children use their bodies to tell their stories (the traumatic event/experience)... their preference appears to be movement... and the child feels seen and heard when an adult joins them in this preferred mode. Dance/movement therapy contributes to the healing process by incorporating a holistic approach.

Dance/Movement Therapy

Dance/Movement Therapy (D/MT) is "the psychotherapeutic use of movement that supports the integration of the mind, body, spirit in the healing process" (Levy, 2005). Unlike other therapist who practice the traditional form of psychotherapy, dance/movement therapist believe that there is an undeniable and intricate connection

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between one's body, personal history, thoughts, feeling and behavior (Levy, 2005).

Amber Elizabeth Gray (2008), addresses how change on a physical level such as posture, movement behavior, and muscular tension, has an effect on emotional functioning. A core theory of dance/movement therapy is that the body movement reflects the landscape of the inner emotions (Kornblum & Halsten, 2006). Gray (2008), defines dance/movement therapy as a holistic approach to psychotherapy which integrates all aspects of the developing self (physical, emotional, cognitive, spiritual, and behavioral). She goes on to say that dance/movement therapy is communal, social, and familial (Gray, 2008), Focusing on a holistic approach (mind, body, and spirit) can be beneficial to one's healing process. According to Berol (2006), empathetic reflection is considered important to the therapeutic process, and guides the therapist-client relationship in dance/movement therapy. Berol (2006), highlighting the importance of being in relationship to others, as a key factor of dance/movement therapy.

Movement and the Body

From infancy we experience the world and sense of self through our bodies and are informed about who we are through our body experiences, and our body is our initial experience of ourselves. Tortora (2006), According to Tortora (2006), the use of body movement is important simply because that is how one forms their sense of self and relate to others as well. Movement allows children to express their emotions and thoughts that they may not be able to communicate through language (Ritchie & Barthello, 1985). As humans, we have the ability to adjust the dynamic qualities of our movement; this is known as Humane Effort (Young, 2012). According to Young (2012), Humane Effort allows us to consciously adapt our interactional style to both cope with our environment

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and enhance our ability to effectively relate, which sets us apart from animals. During infancy, we are experiencing the world and other through our bodies and it is processed on a somatic, kinesthetic and sensorial level (Tortora, 2006). Tortora (2006), believes that it is through our bodies sensing (which includes sensing one's body as well as the body of another), first begins the dance of relating. The term dance relating is being able to relate to other through the body and body movement (Tortora, 2006). This goes on to support the importance of how the mind body and spirit are connected.

Dance/Movement Therapy, Development and Trauma

Dance/movement therapy as a body-based therapy can unlock the “implicit” memory of traumatic experience and access the imaginations that support a restoration of well-being (Grey, 2008). Furthermore, Gray (2008), discusses how dance/movement therapy is particularly a powerful form of therapy for working with children affected by trauma who are engaged in achieving developmental milestones. The developmental trajectory of childhood is described as a creative process, so therefore the “disruption of this process, instigated by wounding, trauma, or disease, can be restored only by engaging the child creatively” (Grey, 2008, pg 171). When it comes to development, child trauma and dance/movement therapy, Gray says:

Children exposed to and affected by trauma may carry these patterns well into adult life if they are not addressed and processed by literally moving ‘stuck’ energy. Although there is tremendous power in all psychotherapies that are event-based or considered best or promising practices, only those

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with a strong creative and somatic basis truly engage the whole child.

(2008, p. 176-177)

Individuals can communicate memory through breathing, movement patterns, posture, and muscle tone, even when it is not explicitly recalled (Gray, 2008). According to Polyvagal Theory, there is an importance of safety and human relationship in the developmental process (Porges, 2011). According to Gray (2008), children (depending on age and developmental level) rely on relationship and safety, as experienced through facial expressions (eye contact, and smiles of others), as primary caregivers help them move in their own bodies (weight), their relationships with others (time), and in and out of the environment (space). Perry (2013), believes that the basis of development, learning and memory reflects a neuroplasticity perspective; “the more a neural system is activated, the more that system changes to reflect that pattern of activation.” According to dance/movement therapists, learning and memory are:

developmentally related intermeshed somatic experiences, unconscious material and conscious behavior... stored in the body and... reflected in the breathing, posturing and movement of an individual. Present experience may be influenced by and trigger past stored experience bringing past behavior to present. Movement, because of its neurologic historically primitive origins, can more easily tap into this developmentally based schema than other more sophisticated forms of communication such as verbalization. (Lewis, 1986, p. 279)

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Lewis (1986), believes that the language of human behavior is facilitated through a relationship between infant and significant other and is sensorimotoric and movement-based. Therefore, at an early stage our foundational relationship is primarily carried out through sensorimotor engagement (Lewis, 1986).

Dance/movement therapy offers a perspective focusing on key elements of development, coping and adaptation (Cohen & Walco, 1999). Dance/movement therapy allows people to move through their experience and the traumatic memories as an aspect of embodied creative experience (Grey, 2008). Research shows that there is a clinical expressed desire by professionals and patients for the integration of dance/movement therapy in care (Cohen & Walco, 1999).

The Brain in Relation to the Body

Movement may be direct pathway to promote brain plasticity, in other words, to grow the brain (Perry, 2014). Therefore, movement promotes learning capacities, healing, and a sense of well-being (Perry, 2014). When looking at the relationship between the brain and movement:

the most powerful input into the lower part of the brain is from your body;
the biggest feedback comes from somato-motoric information... the
rhythmic loop of input and output between the body and the brain is
soothing, regulating, and organizing. In a very real way, touch and
movement grow the brain (Perry, 2014, pg 170).

According to Grey (2008), dance/movement therapy serves as both a creative arts and a somatic psychotherapy. Dance/movement therapy is increasingly supported by neuropsychiatric research because it “encompasses integration of bodily sensations,

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movement as a primary language, and the creative and expressive nature of dance (Gray, 2008, pg 170). According to Grey (2008), dance (and the arts) have been the voice of life experience a lot longer than psychology and medicine, and served people and communities as a means to process pain, suffering, healing, and celebration, for a long period of time.

Music and Music Therapy

Time becomes real to us primarily through movement

- Roger Sessions

There is a relationship between movement, music and time. When looking at this relationship Sutton and Baker state:

Music can be described as an embodied flow in time of our sense of being.

When listening to music, we have available the possibility of experiencing ourselves as both familiar and changed. We lose a momentary sense of time, space, and personal identity, while also retaining an overall sense of being and feeling (2009, pg76).

According to Sutton & Baker (2009), the therapist must be open to staying with the unexpected in the ongoing movement of thoughts and feelings. This then becomes an act of staying with the primary process that is unfolding with the patient in the room (Sutton & Baker, 2009). Sutton & Baker believe that with music there are many possibilities for a creative process to open up, through the very act of improvisation (2009). According to Franck & Loustaunau, (2013) music may have positive healing effects. Music therapy can address multiple needs of a client, Robb states:

Music Therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, treatment may include creating, singing, moving to, and/or listening to music (2014, pg 2).

According to Travaglia & Treefoot (2010), the elements and qualities of music therapy may also include timbre, melody, rhythm, harmony and dynamics, and are used to develop a therapeutic relationship between the therapist, client, and music. Music therapy interventions can be designed to promote wellness, Manage Stress, Alleviate Pain, Express Feelings, Enhance Memory, Improve Communication, Promote Physical Rehabilitation, overall enable personal and social development (Robb, 2014; Travaglia & Treefoot, 2010). “Music therapy follows a process in which passive victim moves towards active player, as the traumatic event is repeated in a improvisation” (Sutton & Baker, 2009, pg 76).

Group Therapy

In many aspects the therapy group resembles a family: there are authority/parental figures, peer/sibling figures, deep personal revelations, strong emotions, and deep intimacy as well as hostile, competitive feelings” (Yalom, 1995), The group resembles/symbolizes a family, it can bring some clients back to their childhood or for other clients who did not have this as a child, it could be a way to create a family, or a support group known as a support circle (Yalom, 1995). According to Susan L. Sandel, Sharon Chaikin and Ann Lohn (1993), the circle is said to create or become a safe/secure

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space for the clients. A core premise of dance/movement therapy is creating a safe space and holding the space for a client (Levy, 2005).

Method

This project was facilitated at a public school in a large urban area. Students who were having behavioral issues within the classroom were referred to the group. A needs assessment was then conducted to identify the interventions used in the group. Next, I meet with the teacher to gather more background information about each student. The students received permission to participate in the program and documented it. The group was then formed based on the needs of each member of the group. A model student (a student who models good behavior such as following directions) was also referred to the group. The group consisted of a total of four student, two boys and two girls between the age of six and seven.

This project focuses on the first three dance/movement therapy sessions held within the month of November and December of the 2017 academic school year. The sessions took place in the mindfulness room located in the guidance office of the school. In the mindfulness room there are yoga mats, seat cushions, dimed lighting, a long couch, and posters on the wall of a waterfall, the ocean, safari and rain forest, as well as a yoga poster. This room serves as a space for students to feel safe. Students are able to express themselves freely in this room. This room was chosen for the session because of the open space. The students met every Tuesday, for 3 weeks, for 30 minutes dance/movement therapy group sessions. There was an expectation of following the group routine.

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The tracking of the progress was conducted in multiple ways. The data was tracked through a journal to record what happened after each session, how each session went, what observations were made, and what was heard, felt and experienced in each session. Data also included group progress notes to further assist with the record of each session. Some students have their own private file that may consist of an IEP, assessments, notes, and goals/diagnoses. Team input from teachers and other member part of the team (such as my site supervisor, parents/guardian, and anyone else working or involved with the student) was also recorded. Lastly, the data recorded include progress of the group through observations done on the students (whether in group, class or throughout the school day) either by myself or any of members in the team.

The opportunity to run a dance/movement therapy group within this site helped influence the decision making behind the program. Also, an interest in how music is already being used within the school system helped to further influence how music can be use in a dance/movement therapy group. Lastly, there is a high interest in how music can be used for healing and a therapeutic process/experience. The group interventions and protocol was designed to meet the expectations of a school setting, and include an expressive therapy approach as well as a trauma informed approach. This includes meeting the client where they are, creating a safe space, and building a client-therapist relationship/group cohesion. The way in which the data was analyzed is by reviewing and processing what was collected from each session. Also, noticing anything that came up in the sessions and any themes that developed from the sessions. Some possible limitations of this project were the group dynamic, size of the group space, absences and lack of training/knowledge in music therapy.

Results

This program was developed to create a safe space for self-expression, build group cohesion, and connection, and motivate individuals to express oneself through dance/movement. With this in mind, I had to reflect on the population I was working with, the age group, each individual's history and reasoning(s) for therapy/group, my goal and anticipation for the group, and how to best serve each individual and their individual needs, as well as the needs of the group as a whole.

Anticipations/Goals of the Group

My anticipated outcome for this project was to construct a dance/movement therapy group that would use music as tool to help create a safe space, and build on the therapist-client relationship. I wanted to create a group that would be beneficial to the students within the group and serve their individual and group needs. One of the goals of the group was to further support the students to express themselves whether verbally/non-verbally through dance/movement or any other art forms. I anticipated that this dance/movement therapy group with the use of music would support creating group cohesion. I anticipated on using music to help enhance individual participation, peer support, and collaboration.

The dance/movement therapy group allows room for more non-verbal communication and self expression for the students as needed. In other words, the students would feel safe in the space and the students could express themselves either verbally or non-verbally and build on their self expression. I believe that allowing space for self expression helps student to express themselves freely, sharing their feelings, thoughts and

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ideas. Also, allowing space for self expression gives students a voice, it can be empowering. Self expression is how we interact with others and the world. This group gave student a space and opportunity to use any form of express to share any feelings, thought and ideas they may have.

Using music in the dance/movement therapy group helped to stimulate the children to move, contributed to their spontaneous movements, and allowed space for self expression. The music helped encourage the students to move and brought some comfort to them wanting to move in general, as children. Another anticipated outcome for the group, was to help increase student's self-esteem and help the students to be empowered by the group and the interventions used. Next, an anticipation of this project was that the group would support and help with decreased behavioral issues within the classroom for the students who were referred to the group for behavioral problems, due to other reasons such as history of trauma. Lastly, the dance/movement therapy group and the use of music supports research on how dance/movement therapy and other forms of expressive therapy can be beneficial to this specific population/age group, as well as other populations/age groups. Also, this project supports research on how dance/movement therapy interventions can be implemented within a school setting to support student's needs.

Routine of Group

Working within a school setting and with students in the first grade, there are some expectations. Students were expected to follow the routine of group and students were expected to follow the school expectations as well as the group expectations. The

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routine of group was to meet at the scheduled group time, getting a seat cushion and finding a spot on the rug, going over group rule, warm-up, theme development and closer, and doing the sticker charts. The students had school expectation from the principles/teachers that they were expected to follow as well. These expectations include, attending school, being safe, following directions, choosing to be nice, walking with a calm body in the halls, and staying on task (getting their work down).

Along with school expectations, the students within the group had expectations for group. The expectations for group were to attend the group and try to be present, respecting each member in the group, following the group routine previously mentioned, participating in the interventions but doing what is comfortable for you. By following the routine of group and both the schools and group expectations, students would then earn a sticker at the end of group on their sticker charts.

Session 1 Outline

The first session began with an introduction where the group leader, co-leader and concept of the group were introduced. Also, expectations of the group were introduced, and the rule of group was gone over. It was made clear that the student should only do what is comfortable for them but still be respectful of others in the group, and the rules and expectations of the group. The space provided was a safe place/space for students to express themselves freely.

Then the group moved on to the warm-up. This is where the music was incorporated to help motivate students to be active participants within the group. Everyone formed a large circle in the room. Everyone was kindly asked to say their names along with a movement. The group then had to repeat the person's name and

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movement. After the warm-up came the theme development. In this section this is where a theme began to develop. The purpose of this section was for each person to get to know more about the members of the group, including the leader and co-leader. In a circle, someone was asked to step into the center and share something about them, and then if the other group members had something in common with what was shared, they too stepped into the center of the circle. Each person got a turn to share something about them and see what other members had in common with them. The topic ideas included, what they liked to do, something they are good at, what they worry about, what they sometimes need help with, who they lived with, how they make themselves better, what people say about them (they are smart, kind, funny etc.) and how they help others.

This first session closed with the students sharing a movement that represents how they were feeling at that moment. Then, as far as routine goes, the group ended with the sticker charts. For the following session, the music used came from the Kidz BOP kids Radio station. The songs that played during the session were, “California Girls”, “Chillin’ like a Villain”, “We Know the Way”, “Genie in a Bottle”, and “Something just like this”.

Session 2 Outline

Due to routine purposes, the second session composed of an introduction, warm-up, theme development and a closure. Similar to the first session, the introduction started with going over the group rules and the statement that you only do what is comfortable for you and respect other members of the group. The music began to play during the warm-up, and the group were asked to share how they were feeling either verbally or non-verbally (using words, sound or movement). Then, the group would join the person as they repeated the expression a second time.

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The theme development section of this group focused on a game called *Move and Groove*. The student were required to roll the cube (identify the color it lands on), pick up the card that corresponds with the color that was rolled, and the group did what movement was shown on the card. The students had the choice of doing the movement standing up or on the ground, and were encouraged to move similar to another group member or move in their own ways. The group was reminded there is no right or wrong way of doing the movement.

To close the second session, the group ended with sharing any feelings, thoughts or ideas that may have come up after doing the movement intervention. The questions asked to help students to verbally communicate how they were feeling were, how did you feel moving to the music, how did you feel doing the movement shown on the card, how does your body feel, and how did you feel doing another person's movement? Lastly, the group ended with their sticker charts. The songs that played on the Kidz BOP kids Radio station included, "The Great Divide", "Dancing in the Dark", "Happy", "Believer", and "Rude".

Session 3 Outline

As routine followed, the third session had an introduction, warm-up, theme development and closure. Similar to the first two sessions, the introduction include going over the group rule, stating you only do what is comfortable and respect other group members. The music began to play at the warm-up and the group formed a circle. The circle the group was asked show how they were feeling through movement or facial expression.

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The theme development for this session focused on labeling feelings and showing it through movement and/or facial expression. The group played charades using feelings cards. The students were asked to pick a feeling card (angry, nervous, happy, excited, proud etc.). Then, using movement and/or facial expressions, the students had to show the feeling. Last, the group had to guess the feeling then was encouraged to repeat the movement and/or facial expression.

The following session closed with a dance free style. The student had the opportunity to move to music to help express how they were feeling at the moment. The final part of the group consisted of doing their sticker charts. The song that played on the Kidz BOP kids Radio were, "I Got a Feeling", "It's the Hard Knock Life", "I Like to Move It", "We Know the Way", "You and Me", "New Years Day", and "Gaston".

Observation

When starting the dance/movement therapy group, input from the teacher and observations made when picking the students up, showed that the students were eager, willing/open to group. Right from the first session and especial when the music started playing the students were active participants, motivated by the music used and especially fond of it. In the first session, a student lit up as soon as a song came on and began to move. The music used in each session stimulated the children to move, contributed to their spontaneous movements, and allowed space for their self expression. After the first session, one of the students repeated to himself over and over again, shared with his teacher what day was his group day, and stated that the only time he may not have group is if the therapist intern and school adjustment counselor are at a meeting, or out sick.

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This same student shared with the group that he is shy, but once the music began to play, he started dancing and singing to the song. The students in the group shared their interest in music (the kidz BOP kids radio station) and movement. The students were always active participants of the group, always wanting to express how they felt in the moment and eager to share a movement.

In the second session, a student joined the group who was absent the previous session. The students were eager to explain the rules, routine and expectations of the group. After, filling the student in, one student stated, "Let's get started." This expressed how eager he was to begin the group, have the music start and start moving. Based on observations, this client was always more than willing to share first, and very fond of the group and music. The therapist intern felt empowered by the student's eagerness for both the group and the use of music in the interventions.

The music used in the sessions brought forth group cohesion. As observed, the music stimulated the student to move and be active participants in the group. In all of the sessions, the students would express that they wanted to go first during the interventions/activities (whether sharing verbally or non-verbally). The students were willing to participate and open to the group and each member by sharing or supporting each other in the interventions. In the second session, a student shared that she like another student's movement and wanted to join the student in the movement. The students supported each other by helping each other express a feeling (showing the group what nervous, proud, worried etc. looks like either with facial expressions or in your body and, coming up with coping skills for when you are having some of these feelings).

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One student added to another student's coping skill by expressing what he does to help calm himself down when feeling angry.

During the first two weeks of group (session one and two), the therapist intern received team input about one of the student having behavioral issues within the classroom after group. Within 30 minutes of leaving group, the student would have an outburst in class. Instead of being sent down to the office for behavioral issues in class, the student was sent down to guidance to either speak to the therapist intern or school adjustment counselor. When asked if the student was ready to return to class after a five minute break and processing, the student would say he was not ready and needed more time. Based on team input and observation, this student appeared to be attachment seeking. Before the student started attending group, the student would be sent to the office, but after starting group, he would come to the guidance office for behavioral issues. This same student was very eager for group and was the student who stated "Let's get started" in the second session when explaining to the student that was absent the first session the rule and expectations of group.

Discussion

The results reported above are based on this writer's experience and observations while working with four first grade student at an urban school in developing a dance/movement therapy group with the use of age appropriate music to help support the students with trauma history that are showing behavioral issues within the classroom. Current literature on dance/movement therapy continues to support how focusing on a holistic approach, the mind, body and spirit, can be beneficial to one's healing process

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(Grey, 2008). Therefore, the project used the dance/movement therapy approach/interventions to help provide support to the students in their healing process. Dance/movement therapists and I believe that there is an undeniable connection between the body, thought, feeling, behaviors and one's personal history (Levy, 2005). With this being said dance/movement therapy helps provides support to the students in this group who have a trauma history, showing behavioral issues, and can provide support to other population/age groups as well.

Themes

There were three themes that emerged from the dance/movement therapy group. The first theme that emerged based on the data collected was response to music and motivation. Next, the theme of self expression began to emerge in the group. Last, there was a theme of sense of self that began to emerge from the group. Each theme is further explored and supported by the data collected and the current literature provided.

Response to Music/Motivation

The music used in the group was age appropriate music for the population it served. I used the Kidz BOP kids radio station to help appeal to the group of first grade student from an urban community. The songs that played during the sessions are noted previously in the text. The students responded to the music by immediately moving to the songs as the music played, sharing that they knew the songs and/or liked the music. Sutton and Baker (2009), help support the relationship between movement, music and time by stating, when one listens to music, they have available the possibility of experiencing oneself as both familiar and changed. The student lit up when the music

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played and were eager for group each session. Current literature continues to support how music may have positive healing effects (Frank & LOustaunau, 2013). According to current literature on music therapy (MT), music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals, and is accomplished through creating, singing, moving to, and/or listening to music (Robb, 2014). With this being said, using music in therapeutic approach can be rewarding for this population and can be effectively employed with a broader population as well.

Self Expression

The group process itself, for this project, served as a safe space for self expression for the students through dance/movement. The music used within the dance/movement therapy group helped motivate and reassure the student that the circle/group was a safe space for them to move in. This was clear from the student's eagerness to move, with the statement "Let's get started," the student's wanting to go first in the group, and singing and dancing to the music after one student stated that he was shy. A core premise of dance/movement therapy is creating a safe space and holding the space for a client (Levy, 2005). Literature supports how the circle is said to create or become a safe/secure space for the clients (Sandel, Chaikin & Lohn, 1993). Group therapy and forming a circle can be implemented within any population/age group, based on individual needs.

Sense of Self

The last theme to develop from the dance/movement therapy group with the use of music was a sense of self. I observed how the students expressed themselves through their movement, and verbal communication. This was observed by how the students were

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able to express themselves both verbally and non-verbally. The students were able to express how they felt, label feelings, support each other by sharing coping skills for when they are angry, sharing what works for them, and being able to relate to one another.

Literature on dance/movement therapy continues to support how body movement reflects the landscape of the inner emotions (Kornblum & Halsten, 2006). Furthermore, Amber E. Grey (2008), a dance/movement therapist, wrote that dance/movement therapy integrates all aspects of the developing self (physical, cognitive, emotional, behavioral, and spiritual). Body movement is simply important because that is how one forms their sense of self and relate to others as well (Tortora, 2006). All in all, literature on dance/movement therapy, trauma, music, music therapy, and group therapy continues to help support how dance/movement therapy and the use of music can help serves/support students with a history of trauma, a school setting, behavioral issues, as well as other populations/age groups.

Limitations

A possible limitation of the study is the size of the group, group room/space. Having more space can help create more space for self expression through dance/movement. Also, a limitation of this project is the length of the session. Groups in a school setting are only 30 minutes long, after going of the rules and doing charts, the group really only had 10-15 minutes for the interventions. Another limitation of this project was the absence of some students. This limitation could be due to life circumstances. Next, there is a possible limitation of lack of training/knowledge in music therapy, as the paper was written by an aspiring dance/movement therapist. Training/knowledge in music therapy could help with processing the data collected in the project.

Conclusion

Dance/movement therapy is a therapeutic practice that is deeply embodied practice that involves mind, body, and spirit in the restorative/healing process. The approach presented in this project incorporates the dance/movement therapy modality with the use of music to help support and serve first grade students with a history of trauma at an urban school. The project focuses on four students attending a dance/movement therapy group and the use of music in the months of November/December of the academic school year. The therapist intern met with the students for three 30 minute sessions.

The theme of sense self began to develop in the sessions and I felt empowered from the observation of the data collected. I continued to find ways to implement music into my work, as well as more ways to use a collaborative approach. Being aware of the observations made, gave insight on how dance/movement therapy and the use of music may help support and serve students within a school setting and have a history of trauma. This project helped to inform how therapists can find ways (including the writer) to incorporate a multi model to their own work. A multi model approach may consist of different forms of expressive therapies or psychotherapy. This writer believes that using concepts and activities from other modalities, and remaining grounded in one's work, may further support student's development of self in a school setting.

Further Research

The literature explored and this project both suggest opportunities for further exploration on collaborative approaches with students, which may be essential for

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clarification of developmentally appropriate practices with this population. Further research should consider looking at literature on development and the brain and how it relates to child development. This study lacks any information on attachment. Also, it may be important for future studies to explore research on attachment and trauma.

I hope that this project will help raise awareness of the opportunities to use a multi model approach to help best serve the individual or group needs. Also, that further practice and research in this area may be explored.

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