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Selena Coburn

Lesley University, selenacoburn@gmail.com

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A Dance/Movement Therapy Method for Improving Mood States of
Adolescent Girls in a Residential Treatment Center

Capstone Thesis

Lesley University

May 19, 2018

Selena E. Coburn

Dance/Movement Therapy

Catie Borbotsina, LMHC, LCMHC, ATR-BC

Abstract

The purpose of this study is to examine dance/ movement therapy (DMT) sessions as a method of intervention, through observing with Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP) and recording shifting mood states in participants living in a residential treatment center. The participants are adolescent female clients age 13-17 years old. They have co-morbid diagnoses including depression, eating disorders, ADHD, histories of abuse and neglect, and oppositional defiant disorder. Laban Movement Analysis (LMA) and verbal check-ins are used to determine mood states before, during, and after a DMT session. Data is collected via observations made using a designated correlation between LMA efforts with mood dimensions. Observation takes place over two sessions. The DMT session has a set structure and theme. A movement check-in and observation will occur at the beginning of the session and the end as an opportunity for the participants to express themselves verbally and physically. The results show participants reporting changes in their mood states from beginning to the end of the DMT session. While not all mood state shifts observed were positive or a desired mood state shift, the purpose of this study was to see if mood state shifts were occurring despite being positive or negative. DMT can serve this population to help them identify their internal mood states and provide coping strategies for modulating their mood.

Keywords: dance/movement therapy, mood, adolescent, residential treatment center, Laban Movement Analysis, Kestenberg Movement Profile.

A Dance/Movement Therapy Method for Improving Mood States of
Adolescent Girls in a Residential Treatment Center

This research seeks to examine the impact dance/movement therapy has on mood states of adolescent girls in a residential treatment center. Dance/movement therapy has grown as a therapy over the last 50 years. Dance/movement therapy was established in the 1940s by Marian Chace's therapeutic work with psychiatric patients. In 1965, a group of dance/movement therapists organized and founded the American Dance Therapy Association, in order to continue and regulate the work of utilizing movement for physical, emotional, and cognitive integration of the human experience (Anderson et al., 2014). Dance/movement therapists collaborate on treatment goals with other dance/movement therapists, psychologists, and psychiatrists, to serve a broad spectrum of clientele. Dance/movement therapy utilizes non-verbal expression to assist clients expressing themselves in ways words may fail them (Levy, 2005). Through the use of the body, dance/movement therapy can link clients to their emotions more directly (Levy, 2005). Dance/movement therapists are trained to examine and assess a client's physical and psychological limitations and strengths; using this information to inform the direction of a session (Anderson et al., 2014).

Dance/movement therapy (DMT) utilizes many systems to observe and analyze movement. The two most taught systems are Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP). LMA was born out of a need for a language to communicate, record, and discuss movement after it had occurred (Moore, 2014). Rudolf Laban developed many aspects to movement observation, the one used in this research is "Laban Movement Analysis, a taxonomy denoting the elements of human movement" (Moore, 2014, p. 3). This includes various efforts in the body, which can be used to describe how someone moves a particular body

part or is holding tension in their body. This is important as this Capstone will observe adolescents in a DMT session. Judith Kestenberg developed the Kestenberg Movement Profile (KMP). She worked to apply “Laban’s theories to the study of neonate and early childhood movement development and interaction between parent and child” (Moore, 2014, p. 20). This system is important to this Capstone as many of the adolescents have experienced various traumas in their early childhood and may regress back to the tension-flow rhythms within the KMP. The KMP breaks down tension-flow rhythms developmentally, correlating to developmental stage, Laban’s effort precursors, and typical examples (Moore, 2014).

These movement observation techniques will inform the observation of mood states and mood state shifts within a DMT session. Using the method of a three-part dance/movement therapy session, and verbal and movement check-ins, the hope of this research is to observe mood state shifts.

Literature Review

The following is a literature review that explores some of the research on the topic of dance/movement therapy (DMT), Laban movement analysis (LMA), Kestenberg Movement Profile (KMP), mood states, adolescents’ experiences with DMT, adolescents with psychological needs using DMT, and theories present in working with various diagnoses.

Adolescents

Developmentally adolescents undergo many changes during this time (Moshman, 1999). Physically, there are body changes due to puberty (Moshman, 1999). “Cognitively, there are fundamental changes in intellectual competence. Socially, there are a variety of changes associated with the transition to an increasingly peer-focused orientation” (Moshman, 1999, p. 5). While these changes are gradual over time, they affect the functions of the adolescent. It is

important to note adolescents are peer focused. This affects their likelihood to verbalize how they are feeling.

Dance/Movement Therapy

Dance is a fundamental art that utilizes the body directly as an expressive unit (Levy, 2005). Dance/movement therapy is a way into the person on a level that creates connectedness between all elements of their being (Kleinman, 2009). Dance/movement therapy is described by the American Dance Therapy Association as “the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, physical, and social integration of the individual” (ADTA, 2018). Providing a forum to “reconnect with their whole selves: body, mind and spirit” (Loman, 2007, p. 86). Dance/ movement therapy has many approaches including Marian Chase’s approach, integrated movement approach and authentic movement approach (Loman, 2007). The therapist’s role is to provide a safe container for the client and provide various routes leading to the expression of repressed action or the adjustment to overt expression. Through working with the clients, the therapist can offer new ways of moving, facilitating flexibility in not only movement style, but also options in their ways of moving through life and dealing with difficult situations in daily struggles (Hagensen, 2015).

Dance /movement therapists “capitalize on strengths, connectedness and joy” when moving with their clients (Loman, 2007, p. 87). Dance/movement therapy utilizes the theoretical and research findings from the fields of neuroscience, trauma psychology, and somatic therapy. According to dance/movement therapy, the mind and body are interconnected, rather than separate, and body movements reflect emotional states (Levy, 2005). The change and expansion of one’s movement patterns can lead to changes in their inner landscape, understanding and expression of themselves (Kleinman, 2009). These movements can stimulate brain plasticity and

modulate dysregulation, helping to integrate somatic sensations to soothe and regulate, which is an important piece of trauma informed care (Dieterich-Hartwell, 2017). Movement is helpful in treatment with clients who have experienced trauma and have trouble verbalizing their experiences. Trauma can be accessed through kinesthetic, sensory processes, including movement, art, music, drama, and poetry (Malchiodi, 2014). A research study of dance/movement therapy with survivors of childhood sexual abuse were able to establish two important elements necessary for effective treatment, these included establishing safety and witnessing and being witnessed (Meekums, 1999). Moore (2006) focused on dance/movement therapy interventions with domestic violence survivors, results showed the ability for participants to notice and name emotions and sense their body improved (Dieterich-Hartwell, 2017; Moore, 2006).

Within dance/movement therapy there are several interventions that assist emotional communication between the therapist and the client. The Chacian circle created by Marian Chace provides a structure for the dance/movement therapy session (Levy, 2005). This circle provides the opportunity for everyone in the session to see each other and have the opportunity to be part of a larger group. Marian Chace also introduced therapeutic concepts of moving in a circle and mirroring. Chace brought attention to the importance of validation and response to movement called mirroring. Mirror neurons have been found to support brain activity and stimulation (Pierce, 2014; Malchiodi, 2014). This brain activity can be supportive for children who experienced trauma as they can begin to rewire their brains to include more ways of moving and reacting to difficult situations. Their fight or flight responses can be redirected so that this reaction is only stimulated when in real danger. Berrol (2006) elaborates dance/movement therapy's concept of mirroring is beginning to hold scientific merit as researchers have

discovered that “identical sets of neurons can be activated in an individual who is simply witnessing another person performing a movement as the one actually engaged in the action or the expression of some emotion or behavior” (p. 302).

DMT with adolescents. “DMT provides an external outlet for participants to express internal experiences and to then have these experiences witnessed by others” (Anderson, et al., 2014, p. 258). Research on DMT with adolescents is promising, it is believed to be an effective treatment modality for those suffering with various forms of trauma (Anderson, et al., 2014). Research shows it can change mood states and affect quality of life (Anderson, et.al., 2014).

Mood states. Mood state shifts have been reported in sessions, “oftentimes patients report a change in mood, during which time a dance/movement therapist asks how the shift in mood occurred and how individuals may apply techniques used in dance/movement therapy group to their everyday life” (Anderson et.al., 2014, p. 258). This can assist clients in developing more coping skills and ways to self-regulate that are adaptive. In general, moods are different from emotions in that “Moods are not necessarily linked to an obvious cause that can be related to an event and its specific appraisal” (Wilhelm & Schoebi, 2007, p.261). Mood states are important to look at as they are related to broader psychological concepts of well-being and quality of life (Brown & Astell, 2004). While shifting mood states is important, there is no particular emphasis put on positive mood state shifts. Any mood state shift is considered equal to each other, whether positive to negative or negative to positive (Schoop, 1974; Wilhelm & Schoebi, 2007). Dance/movement therapy gives space and opportunities for both to occur. It is important for clients to tolerate challenging emotions and have the capacity to shift in and out of mood states (Jeong et al., 2005). This is a sign of growing mental health.

Kinesthetic empathy. Levy (2005) defines kinesthetic empathy as the “therapists’ awareness of their emotional reactions to a client” (p. 182). Kinesthetic empathy can be communicated to the client in many forms, including movements, metaphors, storytelling, and verbalization (Philpott, 2013).

Philpott (2013) researched interventions using kinesthetic empathy as a way to support children dealing with grief. The main findings established it is crucial to create a safe physical and emotional environment that normalized and honored the child’s full range of emotional expression throughout the grieving process (Philpott, 2013). The work done with environmental matters to establish emotional and physical safety is critical to establishing a therapeutic relationship in which the child will feel safe enough to participate in the session. While this study focuses on loss and grief, many maltreated children and children who have experienced trauma fall into this category as well.

Positive affect. Dance/movement therapy is a way to increase positive affect and encourage a healthy therapeutic relationship which can lead to and support mood state shifts (Brown & Astell, 2012). Positive affect can be correlated to positive emotion and feelings that reflect a level of pleasurable engagement with the environment, joviality, self-assurance, attentiveness, and playfulness (Gordon, 2014; Wilhelm & Schoebi, 2007). Neuroscience, neuropsychiatry, and psychoneuroimmunology all suggest that a positive affect experience after a negative affect experience can help in healing from trauma and aiding the development of healthy attachment (Anderson et al., 2014). Gordon (2014) explores the experiences of dance/movement therapists who consciously attended to and utilized interventions to address positive affects within adult groups. The results indicate positive affect to be of good use when working with the therapeutic relationship. Jeong, et. al. (2005) investigated “the efficacy of

dance movement therapy in reducing the negative psychological symptoms of mild depression in adolescents and to identify the mechanisms underlying their effects,” (p.1713). Serotonin and dopamine were tested, as well as cortisol. “The increased plasma serotonin concentration and decreased dopamine concentration suggest possible therapeutic effects on depression in the DMT group” (Jeong, et al., 2005, p. 1717). Dance/movement therapy improved the negative psychological symptoms and changed the serotonin and dopamine concentrations in adolescent girls with depression. Dance/movement therapy can have relaxation effects, help to stabilize the nervous system, and can assist in improving symptoms of mild depression. During a dance/movement therapy session, the movement and touch involved can stimulate the sensory receptors of the client’s body, sending a message to the vagus nerve. The vagus nerve takes this cue to slow down the heart rate and blood pressure, putting the person in a relaxed state (Purvis, Cross & Pennings, 2009). This relaxation can assist in altering mood states.

Therapeutic relationship. The therapeutic relationship, kinesthetic empathy, and kinesthetic awareness are essential pieces to dance/movement therapy theory. Schoop (1974) and Kleinman (2009) emphasize the importance of these pieces to be used in full integration of the client’s being.

“The therapist’s ability to facilitate meaningful expression leads to patients being able to experience a stronger connection with their bodies, trust their feelings, explore what they are communicating through their body language, and discover metaphorical connection between how they move through life and problems they are facing” (Kleinman, 2009, p.133).

Dance/Movement Therapy’s main goals are to stimulate creativity and integrate the mind-body experience (Anderson et al., 2014). The tools of observation LMA and

KMP will assist the researcher in observing the therapeutic process, client's expressing themselves non-verbally, and mood state shifts as they occur in session. The current research supports the therapeutic effects on participants as well as best practices for observing movement. This study seeks to examine the relationship between reported mood changes and participants correlating body movements.

Dialectical behavior therapy and DMT. Dialectical Behavior Therapy (DBT) is also helpful in structuring DMT interventions. "DBT is a researched-based way to establish coping mechanisms to implement in environments that may elicit old, destructive patterns" (Gleissner, 2016, p. 2). The use of DBT, as it is informed by Schoop's (1974) work, utilizes an environment for the client that they have freedom in both movement and to follow their own inquiries. This helps the client develop insight into their strengths and weaknesses. This space also allows for the client to be in the evaluating seat, they get to decide if their development is coming on as they wish. Dance/movement therapists utilize DBT theories to create a situation where they can point out client patterns, and possibilities of change whether in movement or thought pattern, while allowing the client to set the pace and keep their survival mechanisms in their original patterning as needed (Gleissner, 2016). Providing a space where the client can start to trust their instincts again and they can create a relationship with themselves that is authentic and respects their own needs, so they can relate to others in a healthier sustainable way.

Observation Tools

Schoop (1974), a dance/movement therapy pioneer, focuses on body ego and body image as the fundamentals to human relationship. These two pieces play an integral role in determining our perceptions of reality (Schoop, 1974). Schoop (1974) observes posture, gesture, movement, body image, identity, non-verbal communication, identification, and projection of self as major

points of her work. Many of these correspond to both Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP). It is important to focus in on these two methods of assessment, as they can be utilized to assess an increased range of body movements. In theory, the greater the range of dance/movement therapy movements, the greater flexibility and range of emotional expression and resiliency.

Laban Movement Analysis is used to recognize and organize observations of clients so as to look for patterns of movement qualities and opportunities for expansion (Moore, 2014). The Kestenberg Movement Profile helps to name what is seen in a client and what is not seen, while leading in a progression of possibilities for expansion (Moore, 2014). Both Laban Movement Analysis and Kestenberg Movement Profile offer a guide for movement understanding, a method of observation, and a progression of movement development and possibilities both internally motivated and externally motivated (Moore, 2014). Within this body movement observation, the therapist gains a huge understanding of the client, making attunement and kinesthetic empathy possible and more likely to be successful.

These skills are very helpful when incorporating the developmental theory. “Developmental psychology is a scientific approach which aims to explain growth, change and consistency though the lifespan. Developmental psychology looks at how thinking, feeling, and behavior change throughout a person’s life” (McLeod, 2012, p.1). This theory is used to recognize how the body will be used and accessed differently depending on client’s age, abilities, socioeconomic status, culture, and mental health.

Laban movement analysis. Laban Movement Analysis (LMA) is a language that helps describe how someone is moving (Moore, 2014). It gives language to describe the aspects of movement. The main principles Rudolf Laban, the creator, looked at were Body, Effort, Space,

and Shape. These four pieces combined to describe general form and movement. “Movement is a dynamic process involving simultaneous changes in spatial positioning, body activation, and energy usage” (Moore, 2014, p. 23). This understanding is essential to the breaking down and decryption of movement as a whole to better analyze and name movements.

The Body principle is important for directing different body parts in movement, and direction of movement (Moore, 2014). Irmgard Bartenieff, a student of Laban’s work, elaborated on the Body principle of Laban movement analysis (Tsachor & Shafir, 2017) by developing the Bartenieff Fundamentals (BF). The BF give specific body landmarks to observe when looking at and trying to describe body movements. They include head/tail, arm/scapula, heel/coccyx, thigh/pelvis, body half, and upper/lower. These connections are all important to body movement and flow. They are also important to initiate via breath, using the inhale and exhale to support the movement. These fundamentals help others find a greater range of motion and fully use their movement connections (Morita, Nagai, & Moritsu, 2013).

Effort is broken down to show the how of each movement of each body part. “Man moves in order to satisfy a need” (Moore, 2014, p. 65). This effort includes four main elements, space, time, flow, and weight (Moore, 2014). These elements are further broken down into indirect and direct space, quick and sustained time, bound and free flow, and light and strong weight. Space in terms of the principles of Laban Movement Analysis includes the kinesphere meaning all the reachable space around a body with limbs fully extended and the cardinal dimensions and planes (Moore, 2014).

LMA effort actions. The LMA effort actions include weight, space, time, and flow. In weight there is strong and light. Weight stands for the vigorousness of body movement (Moore,

2014). Lightness could appear to be light and airy like an easy skip. Strong could look like picking up something heavy or using a lot of force.

In Space there is direct and indirect. Direct is exact and precise movement, like pushing a button (Moore, 2014). Indirect is not specific like swatting a bug away.

Time has quick and sustained within it. Quick could be pressing the buttons on a keyboard in rapid succession. Sustained is the same amount of energy throughout a movement sequence (Moore, 2014).

Flow has bound and free within its spectrum. Free is similar to tossing confetti into the air. Bound has tension to it within the body, like pushing yourself away from the table while seated in a chair. The understanding of LMA effort actions is important as it is one of the main elements used in the observation of the mood state shifts within this research (see Appendix A for additional breakdown of LMA verbiage).

Body motion and emotion. The relationship between body motion and emotion through the lens of Laban Movement Analysis is important to examining mood states. Laban did not directly explain a motion-emotion relationship; however, Laban Movement Analysis has been used by researchers to program robot expressions. A research study by Nakata and Mori (2002) used Laban's efforts to manipulate robots to reproduce certain movement combinations. These movements were then categorized into emotional categories. The research showed the robots could reproduce intentional emotional expressions, but there was still unintentional expression within the human body that should also be considered. Morita, Nagai, and Moritsu (2013) found significant correlations between emotional states and body movements. Anger was correlated with all of the effort actions, however the effort Time was most significant as it pertained to the velocity of body movements (Morita, Nagai, & Moritsu, 2013). Tension was also correlated with

Time as it quantifies the movement's hurriedness. Weight and Time were correlated with fatigue, defined as decrease in motivation or energy (Morita, Nagai, & Moritsu, 2013).

Kestenberg movement profile. The Kestenberg Movement Profile is also helpful with observing movement and analyzing possible movement explorations for dance/movement therapists (Loman & Sossin, 1992). Kestenberg Movement Profile is an instrument for describing, assessing, and interpreting nonverbal behavior (Loman & Sossin, 1992). This tool is based on the work of Laban's motion factors and the interpretation and structure of their use (Loman & Sossin, 1992). Kestenberg Movement Profile documents a line of development beginning with fetal movement patterns to newborn and continuing through a lifetime (Loman & Sossin, 1992). "Tension-flow rhythms pertain to the needs and bear a special correspondence to developmental phase organization, and tension-flow attributes describe those affects most readily associated with temperament (and pleasure/displeasure feelings)" (Loman & Sossin, 1992, p. 239-240). This movement profile is helpful to recognize various movement patterns and rhythms within the dance/movement therapy sessions. It is particularly relevant to this subject as the rhythms are correlated to various developmental stages (see Appendix B).

Children who experience trauma may get stuck in a developmental stage, or regress to a particular developmental rhythm stage and temperament when (Loman & Sossin, 1992). This offers dance/movement therapists the opportunity to work with the client on this level and help them to try and further develop their stages for a more dynamic existence and physical expression. This system will not only assist in developing further treatment plans but will be critical to observing mood state shifts within clients.

Methods

This research explored the effects of dance/movement therapy on individual clients within a group therapy session for adolescent girls at a residential treatment center. The research specifically observed and recorded shifts in mood states of clients following dance/movement therapy session participation. Kestenberg Movement Profile, and Laban Movement Analysis were utilized to describe and categorize the subjects' mood states during the various sections of the session. The Efforts regarding Laban Movement Analysis and the tension-flow rhythms regarding the Kestenberg Movement Profile were specifically focused on.

Participants

The participants consisted of adolescent females, ages 13-17, court appointed to live in a residential treatment center. Clients struggled with co-morbid diagnoses including PTSD, ADHD, and histories of abuse including sexual abuse, physical abuse, verbal abuse, and neglect. Participants were asked to participate in the Capstone project voluntarily. The sessions were announced within the residential treatment center where the clients live. It was incorporated into their evening activities as a piece of milieu therapy. This researcher considered both time, space, and participant comfort when deciding to hold the sessions in the clients' living room.

Procedure

Two sessions were observed over one week. The structure of the sessions included a check-in, warm-up, theme, centering, and closing. The dance/movement therapy session began with a check-in question and movement series providing ample opportunity for the therapist to observe the clients. The answers provided to the opening question served as the client's baseline reading. The client was asked to give the color of how they feel and what that color means for them today and give a movement to go with their current feeling.

The DMT session continued with a brief warm-up of the body moving from head to toes sequentially with body isolation movements and some stretching. This was followed by passing the movement through the circle. Each client had the opportunity to produce a movement and then have the entire group do the movement and reflect it back to them three times collectively. This passed through the circle two times fully.

Next the movement ball was passed around between participants. The ball was a blow-up beach ball covered in movement prompts. The prompt was selected from wherever the right thumb landed on the ball. The client performed the movement and the rest of the group guessed what they were doing. This passed twice through the circle. The ball was then removed from the circle.

The group moved into a living sculpture section. Each client added their body to a sculpture being built by all participants until everyone was involved and then the sculpture was dissolved away. This was done three times total. The closing of the session returned the group back to a circle formation. Three deep breaths with arm movements were guided by the therapist. Then a check-in question was passed around the circle, "What do you wish to take forward with you into the next moments of your day?" with a movement to capture the essence. Their answers were reflected around the entire group twice. This passed through the circle and then a final deep breath and closing statement concluded the session.

Measures

Both the Kestenberg Movement Profile and Laban Movement Analysis techniques were used to qualify the client's mood state and subsequent mood shifts throughout each session. Things to consider when compiling this observational assessment are various cultural impacts on mood and expression, the clients' baseline of expression and skill set of self-expression, and the

ability to observe the clients without disrupting them or their natural flow of their afternoon. Observations were recorded one minute before the dance/movement therapy session, at the halfway point of the session, and one minute after the session.

Collecting Data

During the time participants gathered around the space for session, the therapist observed the mood of the clients and took mental notes of their initial mood states. The mood states were determined from observing physical movements and tension patterns within the body. Laban Movement Analysis was combined with examples of mood states for the therapist to refer to during observation utilizing the effort actions as described by Laban, including space, effort, time, and weight. Kestenberg Movement Profile was also utilized to describe, assess, and interpret nonverbal behavior.

The clients' movements, verbal expressions, and efforts were observed using Laban Movement Analysis. Their tension-flow rhythms were observed using the Kestenberg Movement Profile. I also took time to journal and reflect about what had occurred during session and how I felt through the process. From this journaling I was able to analyze my data for themes, patterns, and other pieces that struck me as important or interesting. I observed the closing remarks and movements, as well as observing the moments following the session understanding the transition away from group should be rich with possible mood state shifts. I observed during the sessions, and recorded my memories immediately following the session in a journal.

Results

The first session had excellent participation. Four girls participated in the group. Their initial check-ins were verbally positive. However, their movement expression was limited to a seated position on the couches in a circle, which encouraged small arm movements. The arm

movements were restricted, with greater sense of bound flow, heavy weight, and indirectness. The Kestenberg Movement Profile tension-flow rhythms all seemed to be relatively even. The KMP rhythms ranged from twisting to jumping rhythms. The session flowed well through many playful interactions exhibiting humor and connection between the girls, therapist and participating staff in the group. One client dropped out by the end of the session and was not present for the final check-in. However, when she left group she was smiling and pleasant about leaving, stating she was ready to go to bed. This researcher was careful to witness movements, body language, Laban efforts, and verbal cues of the participants. Participant One began the session with small, bound, indirect, light gestures as her opening movement. By the end of the sessions her movements were much bigger and exaggerated with more directness, strong weight, and some free flow. Her single word for how she felt after the session was joyous. This client participated fully and became very animated in a way that was not usually seen from her. Participant One seemed to start group with a flat affect and melancholy mood and finished the session in a happy energetic mood.

Participant Two, who began the group with high energy with very direct, strong weight, and sudden free flow, seemed very excited and almost out of control of her body during the first half of the session. An abrupt change occurred as the group progressed and she became much more slouched posture, indirect focus, sustained neutral weight. Her body seemed to shrink, and she began to have somatic complaints. Her ending word was depressed. Her tension-flow rhythm regressed from twisting and jumping to a brief moment of spurting/ramming, followed by the sucking tension-flow rhythm. This shift occurred with her physical squirming in her chair to having a lot of energy and trying to show off her difficult movements, to becoming aggressive for a moment before retreating to gentle rocking and comforting movements. This clients' mood

shift went from seemingly positive to depressed. An interesting note though is that while the client expressed being depressed, her body didn't show depression, but rather a neutralness. This client was also following her usual body patterns of seeking somatic complaint attention from staff as a way to connect to others. In a way this was her only way to connect with others. While this is maladaptive, perhaps this shows the client was actually seeking out connection within the group with her behavior and movement.

Participant Three fully engaged in the movement group during interventions that were comfortable to her. The participant actively resisted doing some of the activities. The therapist acknowledged the resistance in a verbal expression of seeing it, but no consequences were put in place for not participating in various sections of group. Her proximity to the group was staying close by and consistently aware of group. The client participated when she felt comfortable or had enough peer pressure to participate. The therapist would like to note the participants' tolerance for engaging in dance/movement therapy has increased dramatically over a year of treatment.

Finally, Participant Four engaged fully, using a broad range of LMA efforts. Her body appeared to be the most comfortable with movement. I observed she was cued into other people's reactions and how they addressed the group. She would call out other participants for not following directions or not being authentic. This participant used a lot of pushing and pulling rhythm from Kestenberg's tension-flow rhythms. This participant began the group verbally stating she did not want to do group. The participant did not pass on any pieces of the session and seemed to be enjoying herself as her movements were free flow in her arms, with direct leg movements and full body movements.

The second session was attended by three participants from the residential treatment center and one additional staff to the researcher. Participant One complained of a headache at the beginning of the session during the check-in. Her movements became bigger and more dynamic as the session progressed. She seemed to be in a strain/release rhythm due to her headache, she then moved into spurting, ramming rhythm stomping her feet into the ground in unison with others. By the end she was much higher energy and fully incorporating all of her body parts in her movements and during her final check-in, however, her headache remained.

Participant Two began the session by refusing to participate but staying nearby to watch the circle. She appeared very angry and sad with a flat affect. Her body was in neutral weight, bound flow, and little eye contact. Midway through the session she began to participate fully using broad movements and dynamic use of the Laban effort actions. Her entire body was activated during the session. At closing of the group, she said she felt happy and her movements were much more direct and free flow with sustainment. Her mood seemed to dramatically shift.

Participant Three checked in with mostly arm movements and stated she was feeling tired. The arm movements were bound flow, indirect, and light weight. During the session she became very animated and had many shifts in tempo and levels with her body. She was able to find many connections to others within the sculpture play. The data is missing for her exit feelings as she had a restroom emergency before the session was over and missed the session ending ritual. Overall, the second session had major shifts in mood from beginning to end in a positive way.

I tried to stay observant through the entire session, looking specifically at the check-ins at the beginning of the session and the end of the session for any significant changes in clients' responses and movement expansion or restrictions. I did exclude certain clients for their data or

rather, did not consider their reactions as significant, because they were not participating throughout the session, or they were resistant to the session. I considered these clients as outliers to the data because they were not acclimated to the routine in this section of the residential treatment facility. Also, for some this was a significant session as it was one of their first times participating in a movement group and therefore any participation was considered positive in relation to previous participation.

Data Analysis

I noticed most participants were able to find a greater range of motion within the Laban Movement Analysis Efforts throughout the course of the sessions. Their movements expanded on the spectrums of weight, flow, time, and space. This increase in movement vocabulary opened the potential for more movements and a greater extent of emotional understanding and checking in with the self. The clients' words used to describe their emotions at the beginning of the session and at the end greatly shifted to more fine-tuned emotional words, beyond happy, sad, etc. Physical ailments, such as headaches, were not remedied by the sessions, however the general mood of the client shifted during the session. I noticed some participants who have difficulties in their individual sessions had difficulties sharing the attention within a group. These difficulties however are consistent with their typical functioning. Overall, most participants were able to engage at their own chosen level and depending on how much freedom they had within their own participation, their moods tended to shift as they moved and connected in group.

Many girls were able to shift their mood states when participating in group. Their bodies began to look more comfortable and present. As exhibited by the tension- flow rhythms of KMP becoming more dynamic and the LMA effort action of flow being freer rather than bound. The effort actions that were primary for them began to shift and include a greater range of

possibilities throughout the sessions. While some shifts in mood were positive, there were also instances of negative mood shifts. While this researcher does not mean to label the mood shifts as positive and negative, there should be note taken that the mood shifts occurring were not necessarily towards more positive or desired ways of being. Some girls shifted toward more resistance and defiance. This should still be considered as a positive clinical significance as this work is not meant to move participants towards positive emotions, but rather to get them into connection and presence with their bodies. This occurrence can mean some clients may realize how angry, sad, mad, or any other emotion or mood they may be.

Discussion

The results of this experience have supported that dance/movement therapy can assist in mood shifts of adolescent teenagers in a residential treatment center. The shifts are both seen within their body movements when looking through the Laban and Kestenberg lens and through their verbal check-ins at the beginning and ending of each session. Within this method of intervention there are many possibilities for mood shifts to occur. The how and why can be further studied, however, for the purpose of this paper there is some data to support the shift in mood states during and following a dance/movement therapy session.

The data collected in this research can be used to assist in assessing mood states, including Laban Movement Analysis of effort actions Kestenberg tension-flow rhythm patterns, and verbal check-ins. While much of the literature reviewed in this research points toward positive affect shifts in physical, mental, emotional, and community dynamics, the current intervention has displayed both positive and negative shifts occurring in participants. While the shifts are both positive and negative, any mood shift is considered helpful to supporting the research question.

Further discussions could include using this intervention and method at certain points in the day that may have difficult transition times for clients in the residential treatment center. Using these interventions could lead to calmer evenings with less serious incident reports. This could change the overall culture of the residential treatment center. The dance/movement therapy interventions support the expansion of various coping skills and self-regulation for the participants. Identifying particular pieces within the interventions that clients could use individually. Further research may want to investigate specific dance/movement therapy interventions' potency with adolescence. An investigation of dance/movement therapy props could lead to helpful tools that could become primary staples in residential treatment center interventions and staff tools.

My experience of the project was one of feeling more comfortable as the sessions progressed. At first, I felt I needed to see something beyond the behavior, but that is what the research is, an observation of behaviors and movement. I felt things were difficult when different group members would have somatic complaints. It was difficult to know when to take their complaints seriously and when to ignore them and keep the group moving. I was pleasantly surprised by witnessing the engagement of many new participants at the residential treatment center. To see a new participant engage with the method fully in their first session was exciting to witness as this participant felt comfortable enough to express themselves within the group on their first few days of settling into the residential treatment center. I learned it is important to stay consistent and have a clear balance of nurture and structure. Even within the sessions the focus ebbed and flowed a bit but allowed for a more relaxed feel as then participants could expand on verbal or movement expression more. I utilized the story-telling aspect and mirroring to support the therapeutic relationship.

One major consideration when working with this population is dual relationships. The therapist's role is confusing as they are participating in their daily lives and available to the clients much more often than a private practice therapist would be available. These co-occurring roles are very much in the best interest of the clients but following a decision-making process to determine such a role is fitting, must include an ongoing discussion with the client, self-monitoring, and supervision (Wheeler, Bertram, & Anderson, 2008). Participant two presented as a depressed body, usually depression presents as light weight or heavy weight, this client, in the opinion of the researcher was neither. This observation serves as caution in assuming that affinities between emotions & movement are not to be assumed as always being accurate. Participant three was resistant as expected. This client has been charged with perpetrating sexual abuse and moving with other bodies tends to make her uncomfortable, and she was newly placed in the residential treatment center.

Adolescents presenting in a residential treatment center with multiple traumas and behavior issues are sometimes unaware of their mood states and how to help regulate them. Their coping skills can be limited, but it is essential for them to establish many coping skills to further their treatment and express themselves in a beneficial manner. The results of this research indicate DMT session impacts adolescent mood states. The results showed participants reporting changes in their mood states from beginning to the end of the DMT session. While not all mood state shifts observed were positive or a desired mood state shift, the purpose of this study was to see if mood state shifts were occurring despite being positive or negative. DMT can serve this population to help them identify their internal mood states and provide coping strategies for modulating their mood.

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Appendix A

Laban Movement Analysis

Laban Movement Analysis (LMA)

Body	Effort/ Dynamics	Space	Relationship
<u>What</u>	<u>How</u>	<u>Where</u>	<u>With Whom</u>
<p>Actions Traveling Stillness Turning Jumping Twisting Swinging Shaking</p> <p>Body Shaping Contracting/Expanding Rising/Sinking Narrowing/Widening Advancing/Retreating</p> <p>Parts Used Leading Gesturing Emphasized Touching</p> <p>Shapes Round (ball) Wide (wall) Narrow (arrow) Twisted (pretzel) Symmetrical Asymmetrical</p> <p>Regions Upper/Lower Right/Left Front/Back</p> <p>Bases Standing/Sitting Kneeling/Lying</p> <p>Flow Simultaneous Sequential</p>	<p>Motion Quality Factor</p> <p>Weight — Light — Strong</p> <p>Time — Sustained — Sudden</p> <p>Space — Indirect — Direct</p> <p>Flow — Free — Bound</p> <p>Actions Float Punch Glide Slash Flick Press Dab Wring</p> <p>Descriptive Words Bubbly Carefree Droopy Soft Bold Confident Fierce Sharp Excited Heavy Sticky</p>	<p>General Space Everywhere</p> <p>Personal Space Located</p> <p>Reach Near Mid Far</p> <p>Levels High Middle Low</p> <p>Directions Up/Down Forward/Backward Right/Left Diagonal</p> <p>Pathways Straight Angular Circular Curvy</p> <p>Space Words Over Under Around Through In Front Behind Beside Toward Away</p>	<p>Situations Unison Solo Duet Trio Group Leading Following Shadowing Mirroring Copying Matching Action/Response Echoing</p> <p>Spatial Relationships Meeting Parting Linking Connecting</p> <p>Spatial Formations Line (spoke, cross, square) Circle Scattered Solid (wedge, block)</p> <p>Time Relationships Metrical/Non-Metrical Beat Tempo Accent Rhythm Pattern</p> <p>Body Relationships Body Parts to Each Other Individuals to Each Other Groups to Each Other</p> <p>Other Music Props Costumes Curriculum Environment Audience</p> <p>Choreographic Structures Theme & Variation - AB Sandwich - ABA Rondo - ABACADA Accumulation - AABABC Call & Response Canon Chance Site Specific</p>

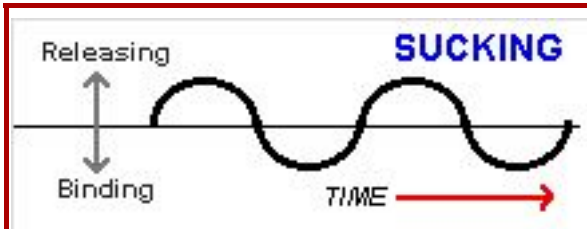
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Laban Movement Analysis, (n.d.).

Appendix B

Kestenberg Movement Profile Tension Flow Rhythms

Typical examples of tension flow rhythms from Kestenberg Movement Profile (KMP)Developmental stage: **Oral**Tension - flow attribute: **Flow adjustment (fluctuating, even)**Effort precursor (pre-effort): **Space (flexibility, channeling)****Indulging (libidinal)****Sucking (oral libidinal)**

gentle rocking, swaying, sucking, squeezing, comforting

(approx. 12 sucks / 15 secs)

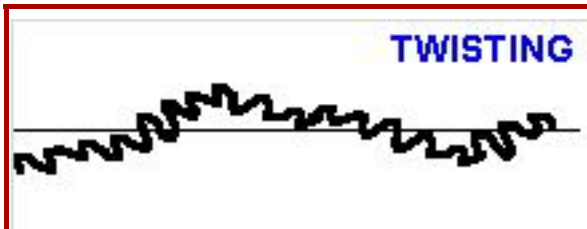
- suck on candy, rocking gently
- embrace a partner while swaying

Fighting (sadistic)**Snapping/biting (oral sadistic)**

biting, patting, clapping, slapping, snapping, grabbing, pinching

(approx. 12 bites / 15 secs)

- bite nuts or carrots, pat belly, clap hands, slap ground, snap fingers repetitively
 - bite & hold, pinch someone or grab their hair and hold it for a moment;
- sequence: grab - hold - release

Developmental stage: **Anal**Tension - flow attribute: **Flow intensity**Effort precursor (pre-effort): **Force (gentleness, straining)****Indulging (libidinal)****Twisting (anal libidinal)**

squirming, flirting, complaining & whining, swirling

- squirm to get comfortable in a chair
- smile and flirt
- admire a small object



Fighting (sadistic)**Strain/release (anal sadistic)**

extreme held-in tension, then abrupt release

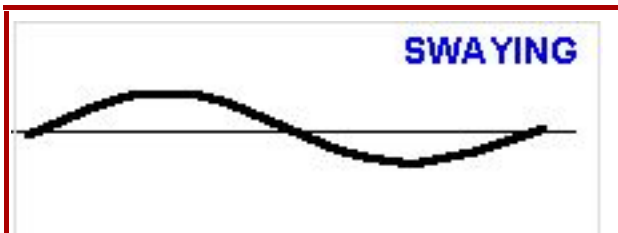

- hold onto something or someone who tries to pull it away, then relax and let go all at once.
- get red in the face with held rage, then release

- childish whine and complain	it with exhaustion.
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Developmental stage: **Urethral**
Tension - flow attribute: **Flow outpouring (gradual, abrupt)**
Effort precursor (pre-effort): **Time (hesitating, suddenness)**


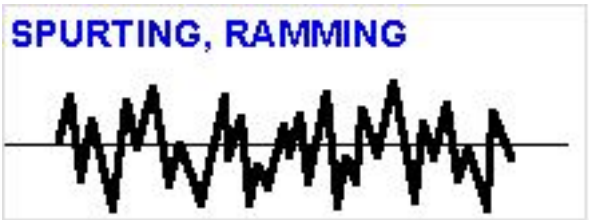
Indulging (libidinal)	Fighting (sadistic)
<p style="text-align: center;">RUNNING, DRIFTING</p>  <p>Running/drifting (Urethral libidinal) smoothly continuous gradual dribbling, bubbling, babbling, dawdling, wandering - smooth flow with slight vibrations - dribble, passive urination - spilling water on and on - babble with lots of ideas and words - dawdle and wander aimlessly</p>	<p style="text-align: center;">STARTING, STOPPING</p>  <p>Starting/stopping (Urethral sadistic) impatiently streaming, then abruptly stopping, interrupting - stream of water, then stopping - run quickly, then abruptly stop, repeatedly - short attention span - interrupt people with impatience - do several exact actions very fast, then race away</p>

Developmental stage: **Inner Genital**
Tension - flow attribute:
Effort precursor (pre-effort):

Indulging (libidinal)	Fighting (sadistic)
<p style="text-align: center;">SWAYING</p>  <p>Swaying (inner genital libidinal) slow body waves gradually increasing, then decreasing in intensity, rocking - gradual body waves - slow walk with a swaying rhythm - rocking a baby to sleep - gentle caress</p>	<p style="text-align: center;">SURGING, BIRTHING</p>  <p>Surging/birthing (inner genital sadistic) long & strong contractions, then, deep relaxation - puff yourself up with great importance - heartfelt anguish: "NO....oooooooo!!!!" - long & strong contractions during childbirth alternating with long relaxation</p>

Developmental stage: **Outer Genital**

Tension - flow attribute:
Effort precursor (pre-effort):

Indulging (libidinal)	Fighting (sadistic)
<p data-bbox="581 394 755 430" style="text-align: right;">JUMPING</p>  <p data-bbox="191 604 747 856"> Jumping (outer genital libidinal) exhibition of overflowing energy & excitement, jumping in glory & enthusiasm - overflow with energy and excitement - enthusiastic jumping with whole body - exhibitionism: "look at me", a show-off - feeling the glory of yourself </p>	<p data-bbox="828 394 1226 430" style="text-align: right;">SPURTING, RAMMING</p>  <p data-bbox="821 604 1396 856"> Spurting/ramming (outer genital sadistic) intentional aggressive & hostile attack, angry hitting - aggressive & hostile, attack something - intentionally ram someone - pound the floor with authority and anger - demanding "I want that right now" </p>

Kestenberg, J.S. (1967).

THESIS APPROVAL FORM

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Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

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Title: A Dance/Movement Therapy Method for Improving
MOOD STATES of Adolescent Girls in a RTC.

Date of Graduation: May 19, 2018
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Thesis Advisor: Cecilia Brubaker, LMHC, LCMHC, ATR-BC