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Dance Your Way to Communication: Dance Movement Therapy to Increase Self-Esteem, Poor Body Image, and Communication Skills in High School Females

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Abstract

A study with the use of dance movement therapy as a counseling approach in a suburban high school setting was presented. The objective of this study was to determine if Dance Movement Therapy (DMT) with females struggling with relational issues with their paternal figure contributed to improved self esteem, body image, and communication skills. The literature review describes dance movement therapy, aspects of self-esteem, body image, dance movement therapy used with specific populations, fundamentals of group work, and movement therapy techniques used with adolescents. Methods of the study were presented with the use of eight movement therapy interventions. The instrument and participants were also described. The results were evaluated qualitatively and quantitatively through pre and post test results and observations. Results indicated that DMT was an effective therapeutic technique in a school setting. The discussion also describes areas for additional research and implications for future research.

Dance Your Way to Communication: Dance Movement Therapy to Increase Self-Esteem, Poor Body Image, and Communication Skills in High School Females

Individual counseling, group counseling, support groups, and psycho-educational activities are a few techniques school counselors use to provide support for their students on any given day. These techniques help counselors daily address significant issues students face such as depression or anxiety, relationships problems, career/college indecisiveness, family conflicts, drug abuse, or suicide ideations. Although these techniques of counseling have been documented as being very effective in addressing such problems, alternative counseling techniques have the potential to be just as effective in a school setting.

Many young girls in their high school years are still struggling to figure out who they are as people and what values and morals they hold. Many other obstacles may stand in the way of finding out who they are, such as ineffective communication skills and low self-esteem or self-worth. Being able to communicate feelings effectively with friends and family can have a positive influence on the person students become. When they can recognize the thoughts and feelings that they are experiencing while using effective communication skills such as the verbal and nonverbal message being congruent, their confidence in their skills with rise and they will develop skills that will enhance their value of life as they continue to develop.

Review of the Literature

The following manuscript will discuss the impact on father-daughter relationships, as well as on the self-esteem and body image of high school girls ages 14-18 using dance/movement therapy groups. It will investigate the effectiveness of dance movement therapy in school settings. Furthermore, it will inquire whether dance movement can enhance the communication between daughters and their fathers.   This thesis will attempt to address the present written literature by considering the following:

1) What is Dance Movement Therapy; 2) Origin of Dance Movement Therapy; 3)

Theoretical Approaches of Dance Movement Therapy; 4) Group Therapy; 5) Theoretical

Process; 6) Low Self-Esteem and Poor Body Image; 7) Therapeutic Techniques with

Adolescents.

What is Dance Movement Therapy?

According to the American Dance Therapy Association website (2009), dance

movement therapy is defined by the association as "the psychotherapeutic use of movement

as a process which furthers the emotional, cognitive, physical, and social integration of the

individual." Levy (1988) described Dance Movement Therapy as "the use of dance and

movement that allows the body movement to reflect inner emotional states and changes in

movement behavior can lead to changes in the psyche, thus promoting health and growth."

Dance movement therapy (DMT) is a specialty discipline similar to other creative therapies

such as art, music, drama, and poetry (Goodill, 2005).

DMT is used in an assortment of setting with a variety of clients who are struggling

with an array of concerns. According to American Dance Therapy Association (2009), DMT

has been implemented in mental health settings, psychiatric hospitals, residential homes,

schools, inpatient rehabilitation centers, and in private practice settings. Furthermore, this

therapeutic technique is an effective treatment for people with developmental, medical,

social, physical and psychological impairments. Dating back to the 1970's there has been a

longstanding interest for clinicians to continue publishing research results of the use of DMT

for clients with various mental concerns (Goodill, 2005). Dance movement therapy is used

with clients of all ages, ethnic backgrounds. Cohen and Walco (1999) published an article

arguing the effectiveness of DMT for children and adolescent boys and girls with cancer.

Their results confirm that DMT helped children adapt to the demands of their situations as

well as learn how to moderate and control emotions of their related behaviors by recognizing

the extremes. Furthermore, DMT has been documented as positively affecting women with eating disorders. Krantz (1999) led a case study with Elena, a 24 year old, normal weight bulimic woman who had been anorexic during her teens. After a six year treatment of DMT, meeting weekly, Elena reported experiences of positive self-assertion, self-respect, and self-directions as well as improved self-concept and body image. Wennerstand (2008) reported that DMT is especially helpful to clients who struggle with communication skills and low self-esteem. The client leads the movements and the therapist empathically mirrors and senses allowing the client to take control and trust themselves. DMT has also been effective when treating young Black Americans from urban settings who struggle with homicides, suicides, drug abuse, delinquency, and teen pregnancy (Farr, 1997).

Dance Movement Therapy is not like teaching dance. Quite to the contrary, DMT is a therapy where a therapist is led by the clients; both go through the movements while the therapist empathically mirrors and senses (Wennerstand, 2008). According to Spindell (1996), DMT differs from standard exercise or movement programs in that it is designed to inspire creativity and a sense of wholeness in the clients. This in return, promotes feelings of essential well-being. Spindell has been in the field for many years as a certified expressive therapist and a member of the academy of dance therapists. DMT has also been used to instill a greater sense of body and awareness, a broadened range of flexibility, and a healthier understanding of personal relationships (Gladding, 1998).

Furthermore, many Dance Movement therapists have reported their training and executing of the therapy to be quite therapeutic for themselves as well as their clients. For example, Wennerstrand (2008) reported, "perhaps the biggest surprise for me as I trained at Hunter was the effect DMT had on me personally, easing a painful career transition that might not have gone so smoothly." Author and researcher Jane Bacon had a similar, profound experience with DMT. She was struggling with a battle between her

conscious/subconscious minds and this struggle was manifesting through reoccurring dreams she was having. Through her work with a DMT therapist, a five week intervention, and most importantly the processing sessions, Bacon was able to reach a point of acceptance and self awareness she reported feeling grateful for (Bacon, 2007).

Research stated consistently that Dance Movement Therapy has been noted to be an incredibly effective alternative counseling technique that combines body movement with expressing internal feelings (Wennerstrand, 2008; Payne 2000).

Origin of Dance/Movement Therapy?

As indicated by Boris (2001), the human ability to dance begins to develop before the infant is in the outside world as well as when they are brought into the outside world, where conceptions of space, awareness of gravity, muscle strength, crawling, and walking all begin to grow in response to the human urge to expand and explore the spatial use of the body. This illustrates that movement and dancing are natural and innate. We enter the human community already knowledgeable in the language of nonverbal communication, the language of the body. For example, a mother-to-be receives a message from her child even from the uterus when she feels kicks.

Over time, dance has evolved and has been used to express various emotions, celebrate special occasions, and is now being used as a therapeutic technique. Dance is a language in itself. Consciously and unconsciously, body movement has been used as a healing method in many cultures for centuries. In early civilizations, dance, music, and medicine were commonly linked.

Research stated that dance therapy roots can be traced as far back as the early 1900's. Through their work and expertise as professional modern dancers, dance/therapy pioneers recognized the effectiveness and potential benefits of using dance and movement as a psychotherapy technique (Levy, 1988). Modern dance developed from the technique of

ballet, but gave dancers the ability to add emotions and personal expressions to movement, which, in turn, made the artwork meaningful, giving the audience a feeling of emotional catharsis (Levy, 1998).   Movement therapist pioneers, such as Marian Chace and Trudi Schroop, started their dancing careers as modern dancers before deciding to use their gift of movement with therapy clients. Modern dance gives dancers a unique opportunity to feel comfortable in their own skin while participating in a nonjudgmental, safe environment. There is stress to develop one's own movement style and emphasis on personal expression through improvisational movement. This concept, drawn from modern dance, is the basis of which dance movement therapists build their dance therapy practice and techniques. By the end of the 1940's, dance and movement therapy had taken a new face, employing multiple intervention styles. Before contemporary medicine discovered the benefits of the mind/body connections, dance movement therapists had been using dance as a healing art, helping patients realize their innate ability to heal (Wennerstrand, 2008).

There are numerous dance therapists in the field practicing today however there are a few pioneers that contributed to the development of dance movement therapy; these leaders are precious role models for the practicing field today. Dance Movement Therapy was first used in the mental health setting by Marian Chace. Literature states that she danced with hospitalized psychiatric patients in the 1940's. DMT has evolved immensely from the time when Chace first employed it. However, the basic principles it was founded upon - improvisation, body movement, and imagination - it was founded upon continue to shine through in techniques used today thus continuing to bring the mind and body together (Payne, 2000). DMT came from and can be accredited to the evolution of counseling techniques as well from the following pioneers.

Theoretical Approaches of Dance Movement Therapy

Gladding (1998) reported that many of the theoretical approaches to dance movement therapy are based on the existing theories of group therapy, individual psychology, and psychotherapy; however, just as in other therapeutic traditions, there are several approaches clinicians who practice Dance Movement Therapy draw from. The theoretical approaches used vary from clinician to clinician and across clinical situations. Even so, the most commonly followed are the East Coast approaches proposed by Marian Chace and Blanch Evan as well as West Coast approaches by Mary Whitehouse and Evan Hawkins. These approaches will be discussed in greater detail here.

Marian Chace

In the 1940's Marian Chace, a dance studio owner, started to notice that her students were no longer interested in the technique of dance. They were, instead, intrigued by the way they were able to express their feelings through dance. Chace became very captivated by this phenomenon and began paying more attention to the feelings her students were trying to portray. Her unique style of teaching began receiving recognition from mental health professionals across the country. In 1942, she was invited to work at St. Elizabeth's Hospital, the federal psychiatric hospital in Washington D.C. where World War II veterans suffering from psychological problems started to populate the hospital beds. They saw her as the only one who could reach out to these individuals, and in 1947 she became the first full time Dance Movement Therapists on their books. To continue her legacy, in 1966, Chace founded the American Dance Therapy Association (ADTA). Marian Chace was forced to retire after two years of being president of ADTA but continued to dance and heal others until her tragic death July 19, 1970.

The American psychiatrist Harry Stack Sullivan's influence on dance therapy can be seen in Marian Chace's approach. Sullivan's major stress was on accepting the patient as an unique individual, worthy of empathetic rapport and capable of genuine interpersonal

interactions. (Patterson, 1959) Marian Chace's method is organized into four major classifications (Levy, 1988).

Chaiklin and Schmais (1979) defined body action as gaining movement of the skeletal musculature as well as recognizing the body parts that are moving, breathing patterns as well as limitations that are blocking emotional expression. The change occurs when the patient is ready to allow him or herself to experience the body's action.

The second classification is symbolism. This classification can be defined as the process of using imagery, fantasy, recollection, and role playing through a combination of visualization, verbalization, and dance movements (Levy, 1988).

Therapeutic Movement Relationship became Chace's revolutionary contribution to DMT, as well as the third classification. Therapeutic movement relationship entails the therapist involving him/herself in a movement relationship or interaction with the patient in a way that promotes emotional acceptance and communication. This includes the simple mirroring and reflecting therapeutic technique. Chace would meet clients where they are emotionally; genuinely accepting him or her. Through her movements she would verbalize to her clients, "I hear you, I understand you and I accept you" (Levy, 1988).

As referenced by Levy (1988) the fourth classification is rhythmic activity. This is used to keep the group moving in a rhythmic pattern. Chace found that even the most traumatized or disturbed patients were able to externalize deep emotions in a safe and secure atmosphere. Not only was this found to be a positive way to organize the expression of thoughts and feeling, but it decreased her patient's extreme behaviors such as hyperactivity or a bizarre gestures.

In essence, the rhythmic movement relationship provided a structured environment where thoughts and feeling could be shaped, organized, and released within the security of a group's support (Levy, 1988).

Blanche Evan

Blanche Evan's career developed from her original love of dance. She started her DMT career in the 1950's and continued till her death in 1982. Evan began working primarily with children before finding a passion for working with what she described as the "normal, functioning neurotic" (Evan, 1980).   Eventually, Evan's dance therapy approach moved from an educational emphasis to a psychotherapeutic one. Evan integrated many different psychologists' theories in the formulation of her theory. She drew from the theories of Adler, Freud, and Rank, to name a few (Evan, 1988). She developed a theoretical approach which included four major components:

Warm Up

The warm up is used to bring people to an awareness of their psycho-physical state, as well as to point where they can release all excess tension. It is used to move people to a relaxed state that renders them to receptive to emotions, feelings, and expressionistic movements. Evans uses many freeing activities in the warm up such as jumping, skipping, hopping, rotating and shaking out body parts. This is often done to the beat of the drums which she would have steadily increasing to encourage freer movements (Levy, 1988).

Functional Technique

A system of functional technique was once described by Evan as corrective exercise designed to retrain muscles to move in relation to nature's design in a rhythmic expansion and contraction… Spontaneity and resilience… are enhanced by the individual's discovery of his own rhythm and tempo (Groninger, 1980).

Improvisation

Improvisation and enactment is the third stage to Evan's DMT process. It can be linked to when the more complex psychoanalysis work is being completed. The first two stages are preparing the mind and the body for improvisation. Evan's improvisation

technique can be broken down into three categories. The first is projective techniques, where she would introduce animals, colors, and textures into the session. Depending on the client's needs, Evan would make a choice of how general or specific to be. For example, she may ask the client to represent a storm. While the client is exploring a storm, feelings of anger may surface. The second is sensation to and mobilization of potential body actions. The goal of this technique is to bring potential calisthenics to the surface to meet the actual body movement. Evan would do this by using a drum beat changing its dynamics. She would speed the tempo, change the beat, and alter the intensity level. Evan would also use props to enhance movement. Props need a certain style of movement; a scarf may require a fluid movement, but a ball may require a different movement. The third stage is in-depth and/or complex improvisation. Evan was always prepared to utilize the complex improvisation. She would use this technique when she witnessed a client struggling from poor body image.

Verbalization of Thoughts and Feelings

Verbalization of thoughts and feelings is basically the use of I statements in the context of movement. Evans would call out sentences that needed to be completed and the participants would finish the statements as they would move. For example, "My body can ___", "I feel ___", or even "I know I can ____".

Mary Whitehouse's Approach

After reading an article written by Marian Chace, Mary realized that she was not alone. Unknowingly, Mary Whitehouse was practicing dance therapy; she knew her techniques were different but she did not have a name for them. Unlike many other therapists, Mary worked with clients who seemed to be functioning quite well; however, they wanted something deeper out of dance. Many of her clients were students from her studio. She made it possible for them to work one on one as well as in group therapy. Many

of her clients were able to reach a different level of therapy and uncover many unconscious thoughts. On the contrary, many hospitalized patients were a bit too fragile to be pushed to that level. Mary Whitehouse's theoretic approach consists of several themes; include kinesthetic, polarity, active imagination, authentic movement, and relationship.

Kinesthetic

Kinesthetic awareness is defined as the internal sense of one's physicality.

Polarity

Influenced by Jungian Theory, Whitehouse put great stress on polarity and its effect on the mind and body. She reports that things are never black and white in life and the decisions we do not make will stay in our unconscious mind and pull us in different directions (Levy, 1988).

Active Imagination

Like polarity, active imagination is a concept associated with the Jungian Theory. Active imagination's main goal is to bring the unconscious feelings, thoughts, and beliefs that have been buried in the body, muscles, tissues, and bones to the surface. Simplified it is concerned with bringing the unconscious to a conscious level. Whitehouse describes active imagination as such:

> While consciousness looks on, participating but not directive, cooperating but
> not choosing, the unconscious is allowed to speak whatever and however it
> likes. Its language appears in the form of painted or verbal images that may
> change rapidly, biblical speech, poetry (even doggerel), sculpture and dance.
> There is no limit to and no guarantee of consistency. Images, inner voices,
> move suddenly from one thing to another. The levels they come from are not
> always personal levels; a universal human connection with something much

deeper than the personal levels; a universal human connection with something much deeper than the personal ego is represented (Payne, 1999).

One goal of Whitehouse's DMT method is to bring these unconscious thoughts to the surface through body movement allowing oneself to feel without having to speak. If one is able to communicate effectively without words, it could be very powerful for someone who struggles with effective communication skills.

Authentic Movement

Authentic movement is described by Whitehouse as movements that have an emotional charge. This occurs when a person is able to move freely, give up control, and acknowledge what is happening to their body (Levy, 1988).

Relationship

Just like any other counseling relationship the therapeutic relationship is a very important component of the clients' growth. Whitehouse urged therapists to follow their "gut" feeling or intuition. Doing so helps to teach and demonstrate how to trust their own intuition. No matter what technique is used, the therapist always assumes the role of guide and healer, rather than exercise coach, encouraging the dance, not imposing it (Boris, 2001).

Trudi Schoop's Approach

Trudi Schoop was another great pioneer of DMT from the west coast. Schoop had a career as a mime; her career in DMT stemmed from her great sense of humor. Her theory of DMT is arranged around the idea that your body posture and muscle usage illustrates a reflection of your mental state as well as your emotions; this is due to their having a direct connection with body movement (Levy, 1988).

Schoop focused much of her therapy on raising self esteem and poor body image, as well as on an overall healthy mental state. The client would work on building the body image, increasing body awareness, and raising postural awareness. When Schoop saw this

process happening she would gradually work in thematic movement processes, followed by

spontaneous movement expressions such as improvisation. Schoop would then introduce

dance and movement sequences that required slowing down the expressive process and

exploring inner conflicts. Through exploring inner conflicts, Schoop hoped that the clients

would gain control, insight, and knowledge of their personal conflicts.   Schoop was always

willing to explore playful, expressive, and interactive experiences with her clients. In turn,

they have become her contributions to DMT (Payne, 1999).

Trudi Schoop's theoretical approach combines four methods of developing the

physical and emotional expression. They are:

Educational Approach

Schoop thought that before patients or clients could gain muscle control over their

emotions, they first had to understand what those struggles and emotions were. Stemming

from her work as a mime, Schoop encouraged laughter as a means to this end. She modeled

her belief that there is so much to laugh about in life, especially ourselves. Using her body

and movement to express this, Schoop would observe each person's struggle and attempt to

turn it into laughter and self acceptance. This has become the cornerstone for her

interpretation of DMT.

Rhythm and Repetition

Schoop used rhythm and repetition in three different ways. The first was to have

clients first express an emotion such as anger. She would demonstrate first, then the clients

would imitate such actions as kicking and punching, for anger. She would then add a rhythm

to this emotion and movement in order to break down the muscular drive, then externalize

that emotion. This process leads to a neutralization of the emotion and provides a cathartic

release without breaking down one's self-esteem. Following this procedure, a client may

achieve the necessary resources for better communication and expression skills.

In the second approach, Schoop would act more like a facilitator, asking her students to pick a feeling - whether they felt it or not - to express. This usually would turn personal, which was okay. The goal was to build a strong expressive vocabulary. It was believed that this approach would help an individual build a relaxed acceptance of what life brings our way.

The third way Schoop would use rhythm was internal. Schoop would have clients try to get in touch with the inner rhythm of their everyday lives, such as combing their hair, getting dressed, or putting on their shoes. She would take this to a new level and have clients become aware of their pulse: a major contributor to their internal rhythm. Just like the previous two approaches, the goal was for clients to build a more expansive movement lexicon and greater self assertiveness.

Inner Fantasy

Schoop realized that psychotic patients often live in worlds of hallucinations, delusions, and ideations (Schoop & Mitchell, 1974). In order to be able to meet her clients where they were, she needed to enter these different worlds. After doing so - by listening carefully, asking questions, observing movements, and translating- the client's feelings and ideas can be molded, discussed, and reflected upon. The goal of this technique is to have the clients feel more in control of these often frightening feelings, and to help them work with these now tangible thoughts.

Improvisation and planned movement formulation

Schoop uses improvisation differently than some other Dance Movement Therapists. She takes improv and turns it into a routine movement. A participant's improvisation, which is usually spontaneous and unguarded, is altered into choreographed movements that are repeated during sessions. The goal of this planned movement formulation is to have

participants master the unconscious stimuli of the spontaneous improve (Schoop & Mitchell, 1974).

Schoop contributed many different techniques to DMT but primarily her use of improvisation and rhythm beats are what she is most famous for.

Alma Hawkins's Approach

Just some of Alma Hawkins's resume would say that she was chairman of the Dance Department at the University of California, Los Angeles and that she introduced dance therapy to the college, which, in turn, evolved into the Dance Therapy program there. It would also state that her life's work has come full circle. She was first a dance teacher, then she started a dance therapy program and worked very closely with Mary Whitehouse, then returned back to teaching dance.

Hawkins sees herself as not only a therapist but a facilitator, rather a teacher or leader. This is significant because it is important to her to aid, not teach. Like many therapists, Hawkins supports the client in the moment of movement without passing judgments. She would often ask the client where they were that day or what they thought was different; she would not tell the client what she saw, nor would she interpret their movement. She believed that with time the client would progress when they were ready.

Above states the primary theorists developing the therapeutic techniques of DMT. This paper will now discuss a current organization that provides information and resources for individuals in the DMT culture.

American Dance Therapy Association

In 1966, The American Dance Therapy Association (ADTA) was formed to promote the practice of DMT and to ensure the professionalism of DMT. ADTA maintains a code of ethics and has required degrees for practicing professionals.   A registered entry level dance therapist registered (DTR) has completed 700 clinically supervised hours after receiving a

master degree and becoming registered with ADTA. To enter an advanced level, a DTR

must complete 3,640 hours of clinically supervised work. Once these required hours are

completed, a DTR will be awarded the Academy of Dance Therapists title.

Dance Movement Therapists not only are educated and experienced in DMT but are

also recognize that any counseling group standard or alternative stem from general

counseling concepts of any group.

Group Therapy

A group provides a therapeutic opportunity to share experiences with others and

provides the context of Yalom's curative factors. Yalom (2005) argues that feelings of

universality will occur as students begin to self disclose and learn that they have similar self

esteem and body image concerns. He also states that the instillation of hope will take place

as members of the group learn how the group will help them form trust and friendships with

other members. Through these friendships, hope will be instilled with each participant. The

goals of the group may be different from person to person.   Catharsis may also occur when

the clients are given opportunities to express their thoughts and feelings.

Each group member will grow and learn at different rates depending on how they

interact with the group fundamentals. The goal and desire for group therapy is to have all

members become effective group members by being active and engaged in all sessions.

Here and Now

Like all groups, the importance of the here and now is very significant in the progress

clients make. There are two parts to the here and now process. The first part requires the

group to live in the here and now, and the second part is how the group members process the

here and now behaviors that have occurred; it's almost like a loop. Yalom (2005) quotes

"neither of which has therapeutic power without the other." Based on Yalom's quote,

staying in here and now have no therapeutic power without the processing of those feelings.

Group Cohesiveness

Another critical aspect of running a group is its cohesiveness. Yalom (2005)

describes cohesiveness as such, "cohesiveness in the group therapy analogue to relations in

individual therapy." There is great importance placed on feeling like a part of a group. The

sense of belonging seems to be a paramount requirement for positive self-esteem and well

being, specifically in adolescents. For example, social groups, sororities or fraternities, and

peer groups all reflect on adolescent's desires to feel accepted (Payne, 2001).

Openness

Being accepting of others' thoughts and feelings can be one way of defining

openness; however, there are many other definitions that are used in group counseling. It

may mean clients are willing to allow themselves to be open enough for people to see the

real self. Openness can be very risky for some participants because of the tenderness

vulnerability lends. Without taking risks, like addressing someone directly with feedback or

allowing yourself to process sensitive feeling with group members one may never be

capable building trust, developing confidence, and decreasing defensiveness.

Expressing Feelings

A fundamental of group therapy is the concept of expressing feelings, not thoughts.

It is important for the group members to be conscious of the feelings being expressed, and of

their proper context, as well as the differences between thoughts and feelings (Yalon, 2005).

Feedback

Feedback is large part of the group process. Feedback involves communicating

thoughts objectively to others. It also involves receiving others' thoughts openly and

without defenses up. Sometimes, group therapy involves confrontation when subjects are

objectively reporting what they see or think about how another person sounds, thinks, or behaves. Through feedback and self observations, clients become better witnesses of their behavior while beginning to appreciate the affect they have on others, that other's opinions have on them, and opinions they have of themselves. Not only is it important for the clients to receive feedback, but it is also significant for therapists to receive and accept feedback. It will further the groups' cohesiveness while increasing the client's sense of importance. Feedback provides time for the therapists to do some reflections. They might ask questions like if they feedback fits or does it click with their internal experiences? (Yalom, 2005) Requesting and offering feedback might have to be taught by group leaders via modeling. This technique could be risky for some group participants who struggle with confrontation (Yalom, 2005).

Group Rules

Group rules can vary based on a variety of components such as their facilitators' judgments, locations of the group, and participants involved. Group rules at High Schools are relatively basic, and based around Yalom's principles. The rules address issues of respect for others and self, confidentiality and participation. Group rules include the following:

1. There will be no discussion about group outside of group time and place.
2. Be on time for group and be ready to work.
3. One person speaks at a time.
4. There will be no sub-grouping outside of group.
5. Group members are encouraged to get in-touch with feelings and react to those feelings.
6. Confidentiality is key.

Many factors contribute to an effective psychoanalytic group; however, the following list is a guideline for individuals who want to achieve their goals through the process of group. These skills are not always achieved right away; they may take time and a lot of energy to establish.

1. Be in the here and now. Pay attention to what is happening in the group in the moment.

2. Speak in "I" statements.

3. Become aware of your body language, as well as that of others in the group.

4. Take initiative on your own; don't wait to be asked a question.

5. There are roles played in the group. Pay attention to what your role is.

6. Silence is okay. It may indicate that there is internal work being done. Expect these periods of silence and become aware of the current feelings during these periods.

7. Listen to what others are saying verbally and nonverbally but more importantly what feelings are going on, metaphorically, inside of you.

Dance and movement groups are relatively different when it comes to behavior guidelines. There is not as much emphasis on others as well as speaking but on yourself; concentrating on your movement matching current feelings inside.

Low Self-Esteem and Poor Body Image

In society today, female adolescents are faced with many obstacles that seem hard to overcome. Whether it is passing a math test with an A or overcoming an eating disorder, some of the obstacles are quite daunting. It does not help when a person sees himself or herself in a negative light, living with low self-esteem, and does not have an adequate support system of peers, family, and school.

Low self esteem and poor body image are major problems consuming adolescent lives, especially ladies who come from middle to high socioeconomic classes. These negative thoughts interfere with a person's academic and social lives; there is little to no information on overcoming these negative thoughts. Parker, Low, Walker, and Gamm (2005) suggest that friendships can often lead to jealous situations. Jealous situations are especially threatening to individuals with low self-esteem. It is very likely that adolescents with chronically low self-esteem struggle to form trusting relationships with their peers (Parker et al. 2005).

Our society puts high value on appearance over accomplishment (Dworkin & Kerr, 1987). Young ladies are growing up being lead to believe that their appearance will get them farther and earn them more money in life than their education. In 1989, the ideal women often portrayed in the media were on average 15% below the national average weight (Johnson, Tobin & Steinberg). If this startling statistic was accurate twenty years ago, image what it is today in a society that focuses on being thin and beautiful. Worsley (1981) stated that when ladies do not accept of their bodies, this negativity is generalized to almost every aspect of their lives.

Furthermore, there a many young adolescent girls that are involved in extracurricular activities that put emphasis on body figure. For example, ballet dancers have stress put on them concerning the importance of their figure. According to Bettle, Bettle, Neumärker and Neumärker (2001), in a recent study on 1,932 American adolescents more than half considered themselves overweight. Furthmore, body-weight dissatisfaction and weight concerns are associated with increased depressive symptoms (Bettle et. al, 2001) and decreased social skills (Krantz, 1999).

Body image can not only be intentionally affected by peers or society but also by illness or traumatic experiences. Schilder (1950), one of the earliest researchers of body image, addressed the experience of how pain and illness can affect one's own perception of body image. Schilder argues that whenever a person's body part is of great importance to them and it is destroyed, the inner equilibrium of the body image will be destroyed. It is possible that their own activity is insufficient to build up the image of the body. The touch of others, the interest others take in the different parts of the body, is of enormous importance in the development of one's body image.

Mackeen and Herman (1974) suggest that it's possible to change one's self concept. Through interventions presented by professionals, new self-attitudes can be learned. DMT groups can offer opportunities for bringing the mind and the body together as one, helping to alleviate low self esteem (Torre, 2008), allowing them to feel universality and altruism with other girls, and supply installment of hope (Yalom, 2005).

Target Population

Our culture determines what attractiveness is. Thin women with voluminous hair and beautiful, flawless skin are this attractive ideal. However, when the current thin image of a woman is not accomplished, girls can begin to develop low self esteem and feelings of no self worth. Jambekar, Quinn, and Crocker (2001) suggest that when young women grow up believing they are overweight, it directly influences whether or not they have feelings of low self-esteem and achievement. Specifically, attractiveness and thinness are linked to success for women of all ages (Wolf, 1991). Carlyle (2006) once said "nothing builds self-esteem or self-confidence like accomplishment". Due to the age and the onset of these feelings, it is

crucial that young women have a safe place where mentors are present where they can build their confidence and feel self-worth.

In our society, there are messages about appearance, gender roles, and body dissatisfaction everywhere. According to Harrison and Cantor (1997), reading fashion magazines is directly associated with body dissatisfaction and the onset of eating disorders. Jambekar et al. (2001) completed a study that surveyed 92 female college freshmen. These women were shown images from popular women's fashion magazines. After the exposure to the images along with exposures to slides of geometric shapes, the participants were directed to answer a questionnaire containing the State Self-Esteem, Self-Image, and Affect Rating Scales. Jambekar et al. (2001) discovered that restrained eaters reported lower total appearance and social state self-esteem, and a negative self-image.

There is no way to escape our society's drive for a perfect image. Young women are confronted daily with situations that require them to self analyze. They often encourage feelings of poor body image and low self-esteem. Feelings of self-worth and high self-esteem are hard to maintain when one is constantly being fed messages of imperfection. Having the knowledge and awareness of what is healthy and unhealthy can support positive decision-making. Having high self-esteem and provide a sense of good body image will ultimately promote personal happiness and give a sense of being in control of one's body.

The effect a strong paternal relationship has on a girl is simply astounding. Research indicates that a parent-child-relationship specifically a father-daughter-relationship has important influences on an adolescent's development (Videon, 2005). There is conflicting research on the influence a father-daughter relationship has on the well being; however, research suggests that a girl living in a single parent home raised by the mother reports

significantly lower self esteem and performs worse in school (Harper & Fine, 2006). Whether or not the father is in the home, many daughters said that the kind of relationship they have with their father matters, sometimes more than the relationship she has with her mother. Neilson (2001) states:

> Even if they want to believe – as some do – that their relationship with their father no longer matters, the research shows them how and why their fathers continue to affect them: In their academic lives, future careers, relationships with their boyfriends, sexual and social self confidence, their ability to express anger and stand up for themselves, mental health, and feelings about how they look and what they weigh (pg 292).

> Neilson also stated that no matter the circumstances, 85% of the students she

surveyed wanted to talk to their fathers about things other than school or work, but just did not have the courage or right communication skills to do so. Children, especially females, of divorced families reportedly have negatively altered relationships after the divorce (Amato & Booth, 1994) as well as significantly less contact and closeness with parents. The daughter's age plays a role in this relationship; if the daughter is younger, it has a bigger impact on her future (Radina, 2003).

Dance Movement Therapy Techniques with Adolescents

Deep Breathing

Deep breathing exercises can be very beneficial for adolescents regardless of the individuals' problems. Deep breathing has several goals associated with it. Relaxation is the main goal followed by bringing your body to a centered position, ready to work in the session. It also allows the client to take time to refocus the mind and concentrate on their feelings (Gladding, 1998).

Improvisation

Payne (1992) describes improvisation as a structure that is made up on the spur of the moment, and catering the needs of the group. This technique can be implemented by asking the participants to act, move, or breathe whatever they are feeling. This may allow for a direct expression of the unconscious mind through movement, without expectations or guidance.

Touch

Touching in a therapeutic session can have two purposes: one is to provide comfort and the other is to aggravate. The comforting touch can be done between therapist and client, or among clients in the group. One example is a hug for comfort or as support.

Mirroring

Mirroring is a technique used in DMT. In it, two people stand face to face with one person mirroring the other's movement. The effect is almost like one person is seeing themselves in a mirror, but instead they are seeing their movements done by another person. Mirroring is often used to address issues related to leadership or control (Payne, 1999).

Verbalization of movements is used during movement interactions. The counselor may the one speaking. If the counselor wants to make the client aware of their movement patterns, they may do so in order for the client to become more sensitized to their inner feelings and not worry about their movement patterns. The therapist may also point out or speak about patterns he/she witnessed during the movement. This may be done during movement or in the process afterwards (Payne, 2008).

Summary

After reviewing the literature, there are a few peer-reviewed publications that focus on DMT with children (Anat & Erfer, 2006; Goodill, 1987; Rakusin, 1990), but most describe DMT as a group therapy outside the school setting. There are very few studies in school settings. It has been noted that this alternative therapeutic intervention is highly

effective with adolescents receiving mental health support, especially when they are working on social functioning and emotional management (Erfer & Anat, 2006).

Indeed, the published literature currently contains little on Dance Movement Therapy in school settings, and this paper seeks to provide a link currently missing in the dialogue concerning the emotional and psychological needs of children. Here are some questions that still remain. 1) Is Dance/Movement Therapy as effective in a school setting as it is in a mental health setting?; 2) Does Dance/Movement Therapy help communication styles for high school females?; 3) Will Dance/Movement Therapy enhance a father/daughter relationship?; 4) Will participating in Dance/Movement Therapy raise the self esteem and body image of high school females? The following project will attempt to answer these questions.

Method

Goal

The objective of this study was to reduce feelings of low self esteem and poor body image in adolescent high school aged girls in a school setting as well as enhancing communication skills they use with their fathers, by the use of dance movement therapy. Eight dance movement therapy interventions were implemented over the course of two months.

Setting

This study took place in a small suburban village 15 miles from major city in the northeastern U.S. The population of the village is approximately 3,566. The school population is approximately 1500 pupils which is broken down by grade. Approximately 416 9th graders, 366 10th graders, 393 11th graders, and 341 12th graders build the school populace. The student racial breakdown is 1 American Indian making up .1% of the population, 29 Asian making up 1.9%, 46 Hispanic making up 2.2%, 67 Black making up

4.4% , and 1384 White making up 91.4%. The gender breakdown is quite equal between genders; 762 boys and 753 girls. The average household income for a family in the village of Spencerport is $62,000 per year. 14.5 percent of students are eligible for free or reduced lunch. All of the individuals in the study were adolescent girls who have voluntarily signed up to participate in the group as well as all participants signed consent forms found in Appendix A.

Participants

The participants in this study consisted of three group members. The participants in the study were all 15 years in age. The socioeconomic status ranges from poverty to upper middle class. Two of the participants report not being happy with their relationship with their father. All of the participants would like to feel better physically about their selves. The participants meet the criteria of being female and between the ages of 14-19 and are currently enrolled in high school.

The Instrument Used

The instrument used was a sixteen item Likert-type four point scale - from strongly agree to strongly disagree produced by the researcher (Appendix B). The researcher used concepts from the Morris Robinson Self-Esteem Scale. First group members were given a pre test and then after the intervention group members were given a post test and group evaluation. The results were studied to find out if the intervention of dance movement therapy reduced perceived low self-esteem, body image, and relationship issues with fathers of group members struggling with these issues. This type of instrument used was implemented for the benefits it brings to the participants and the reliability this type of instrument has been reported. It is a safe, easy, and fast measurement that does not take away from time that can be used on the intervention but also allows the participants to express themselves.

The Rosenberg Self-Esteem Scale presented high ratings in reliability areas; internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90. A varied selection of independent studies each uses such samples as – parents, men over 60, high school students, and civil servants – showed fairly high alpha coefficients ranging from 0.72 to 0.87. Test-retest reliability for the 2-week interval was calculated at 0.85, the 7-monthinterval was calculated at 0.63 (Rosenberg, 1965).

The concepts the SES measures include self worth and self acceptance. The scores of the test were calculated by reversing the score that the participants gave on a scale of zero to four (Crandell, 1999; Wylie, 1974).

Plan and Procedures

High school aged females were asked if interested, voluntarily, to participate in this study. An announcement was broadcasted for a week on the morning and afternoon announcements inviting youth who were interested to come sign up at the counselor's office. After the deadline set for sign-up, there researcher called for a informational meeting to discuss procedures and questions regarding the group.

The intervention of this study included one hour of dance movement therapy interventions over an eight week period. The dance movement therapy intervention consisted of an assessment, group process, dance movement therapy techniques, and discussions of relationships related to the use of dance movement therapy. The researcher had been working with two of the three participants for five months prior to the study. The group leader and participants developed norms, rules, goals, and a therapeutic relationship with each other.

The Use of a Warm up Exercise

The use of a warm up exercise is very critical for many reasons. The therapist uses the beginning of a session to literally and figuratively warm up the body and the mind. It

allows for the body to become warm with the moving blood through its muscles as well as oxygen to reach all areas of the body. This will decrease the risks of injuring the body during rigorous movements. On more of a psychological aspect, it gives the participants to free themselves from stresses of the day and gives time to start focusing on inner feelings.

Dance Movement Therapy Interventions

The following is a list of interventions as they were implemented on a weekly basis.

Dance Movement Therapy Pre-Intervention Meeting

Space Required:

- Activity Room with tables and chairs with enough space to fit all group members and interventionists.

Materials:

- Writing utensils and paper for participants to take notes
- Folder filled with consent forms and a brief description of group (one for each participant) (Refer to Appendixes A & D)
- Hand outs with information about dance movement therapy (Appendix E)

Size:

- Small Group or Large Group

Program Goals:

1. Educate the participants about dance movement therapy related communication styles and relationships.
2. Discuss the duration and some of the dance movement therapy techniques used in the group sessions.
3. Discuss expectations and concerns of the study
4. Educate participants about the use of movement and how it relates to feelings

Description/Procedure:

I. Group members inquired about the role of the participant in the study. Concerns and expectations for participating in the study as well has how the specific techniques used in this study could help raise self esteem and body image as well as enhancing communication skills.

II. The group facilitator read the consent and authorization for release forms out loud.

III. Group members were educated about dance movement therapy. How you move communicates how you are feeling. During relaxed concentration you are tuned in to your body's feelings as you connect with visual images in your mind. This helps with body awareness. The way we can interpret body movement is similar to the way we can interpret tone of voice and gestures that accompany our speech. Movement is a reflection of our energy. Movements may be fast, slow, choppy or graceful.

The group members related to each other with the use of "I statements" and talked about their own experience with self esteem and body image. The group members shared feeling out of loneliness, being judged by others and having to deal challenges in relationship every day. The group members were curious about how this study was going to pane out as well as how it was going to help them. We processed the concept of ambiguity and what the positives and negatives are.

Dance Movement Therapy Intervention One

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Materials:

- Pen for signing forms
- Pre-test

Size:

- Small Group or Large Group

Program Goals:

1. Educate the participants about dance movement therapy related communication styles and relationships.

2. Discuss the duration and some of the dance movement therapy techniques used in the group sessions.

3. Discuss expectations

4. Acquire and review signatures from participants from the authorization of release and consent forms.

5. Administered the pre-test.

6. Reintroduce the participants to the use of movement and how it relates to feelings

7. Increase group members ability to use the right side of the brain (the creative side/feeling/movement side)

Description/Procedure:

I. Group members answer the questions provided on the pretest.

IV. Group members were re-educated about dance movement therapy which includes how you move allows you to communicate feelings. Learning how to interpret body movement is just as important and is very similar to interpreting the tone of someone's voice with their matching gestures of their message.

Dance/Movement Therapy Intervention II: Expressional Movement

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Materials:

- Drum or music

- 3 pass card (chips, tokens, etc) for each person

  Size:

- Small Group or Large Group

  Program Goals:

1. To acquaint participants with another.

2. To share feelings or events of themselves with the group.

3. To acquaint feelings and events with movement.

4. To promote physical movement.

   Description/Procedure:

Opening:

- Sit on the floor in a circle.

- Have a discussion covering the following:

  1. " Do you know me (if not) Does that mean I am a nobody? (Wait for a response)

     NO!

  2. "I am a person - We all are people" "I have a name - you have a name"

  3. "My name is _____"

- Go around to each person stating your name

- Next state the rules: Each person has 3 passes to use on a turn they wish to pass.

  (Suggestion to give: tell them to save the passes till they really feel the need to use

  them.)

I)   Pick five or fewer open-ended question that would be appropriate for your group.

      The leader starts first and states the open-ended question with their response.

      Then the next person in the circle states the open-ended question and response.

      As the open-ended questions get harder give everyone time to think then start in

      the circle.

II)   Pick one open-ended question that the group already responded and prompt the group to put hand and body movement to it. Give them enough time.

III)   One at a time, each person show by: saying the open-ended question with their response along with their movement. Go around 3 times, each time with a different open-ended question (This is for the leader in their head to pick 3 open-ended questions that would be appropriate)

IV)   The leader will ask one person to do theirs and teach everyone it. Make sure everyone is saying the question & response as they move. Repeat many times.

V)   The leader ask another person to do theirs and teach everyone it. Make sure everyone is saying it as they move. Repeat as necessary.

Example: My worst memory was...................................

"When my brother beat me up....."

Movement with the sentence:

Point to myself, then hold my head, then raised my arms up to show big, punched my hand , pointed to myself.

Dance/Movement Intervention III: Travel

This week will start very similar to the previous weeks with affirmations and a basic physical warm-up, and the process circle at the end. This week's activity is called "Travel".

*Space Required***:**

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Material:

- Drums or music

Size:

- Small Group or Large Group

Program Goals:

1. To acquaint participants with another.

2. To share feelings or events of themselves with the group.

3. To acquaint feelings and events with movement.

4. To promote physical movement.

Description/Procedure:

The leader will announce something and the group or individual can move across the

room however they want. They can walk, run, or move their body any way they want.

How would you move across the room when...

- You feel good about yourself internally

- You feel good about yourself physically

- You are happy

- You have lost a friend due to rumors

- You feel rushed/ hurry

- You are speaking and no one is hearing you

- You feel free

- You feel powerless

- You feel like you have done something wrong

- You had an experience that made your life worth living

- You spent the day with your Dad and had a great time with him

- You got into a fight with your Dad

The leader will play music that is dramatic. Prefer if it had no words like opera music.

Next, two at a time will travel going across the room doing anything you want, but they have

to stop and yell, then continue to move and jump and say "bye".

Dance/Movement Intervention IV: Look at Myself

This week will start very similar to the previous weeks with affirmations and a basic physical warm-up, and the process circle at the end. This week's activity is called "Look at Myself".

Space Require:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Materials:

- Drums or music

- Full Length Mirrors (one for each participant)

Size:

- Small Group or Large Group

Program Goals:

1. To acquaint participants with others feelings and experiences.

2. To share feelings or events of themselves with the group.

3. To acquaint feelings and events with movement.

4. To gain knowledge of the image they are portraying

5. To promote physical movement.

Description/Procedure:

I.) The leader will ask the group to pair up with a partner. If the participants have trouble pairing up then the leader will place them in pairs.

II.) The leader will play music of all different genres. As the music is playing one person will be asked to dance their reactions to the songs. The non-dancing partner in the group will be asked to mimic exactly what their partner is doing at all times. After all the songs have been played the

partners will switch roles. Different music will play and the same rules

apply to them.

III.)   After that activity the participants will be asked to sit down in front of a

mirror. The leader will read a statement and the participants will react to

the statements only using facial expressions that would be most realistic.

They are to watch themselves and make mental notes of what they see as

well as what they are really feeling inside.

Example of statements:

- A friend says to you, "hey, where did you get your shirt, I really like it".

- You just found out you failed a test you studied for all night.

- Your dad relapses from his drug use.

- You got a love note in your locker from a secret admirer.

Dance/Movement Intervention V: Where Do You Want To Be?

This week will start very similar to the previous weeks with affirmations and a basic

physical warm-up, and the process circle at the end. This week's activity is called "Where

Do You Want to Be?"

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any

open area.

Equipment/Materials:

- Duct Tape

- Music

Size:

- Small Group or Large Group

Program Goals:

1. To acquaint participants with others feelings and experiences.

2. To share feelings or events of themselves with the group.

3. To acquaint feelings and events with movement.

4. To gain knowledge of the relationship with their father

5. To promote physical movement.

   Description/Procedure:

   I.)   The room will be set up prior to the participants coming. There will be one start line indicated on the floor at one end of the room. At the opposite side there will be an end line indicated on the floor. There will be no music playing at the time of this activity. The instructions are:

- To imagine how you see yourself from birth all the way to where you want to see yourself in one year. What was childhood like for you? How did you perceive yourself? Where was there change? These are all the questions you want to think about.

- Starting at the birth line, without words, the participants are asked to physically show the development of his/her self from birth to where they want to be in one year.

- There is no time limit; they can have music if needed.

- There are also props that they can utilize to express themselves.

   II.)   After each person walks through the "journey of life", as a group we will process their journey with them. Making note of how each member views the other participants giving feedback noting positives they see in each other.

Dance/Movement Intervention VI: Simon Says

This week will start very similar to the previous weeks with affirmations and a basic physical warm-up, and the process circle at the end. This week's activity is called "Simon Says".

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Materials:

- Drums or music

Size:

- Small Group or Large Group

Program Goals:

1. To share feelings or events of themselves with the group.

2. To acquaint feelings and events with movement.

3. To promote physical movement.

Description/Procedure:

I.)   This lesson is primarily focused around follow the leader. The leader will be in the center of the group showing very basic dance moves according to the type of music being played. The participants are to imitate and follow along bringing their own personality into it. The participants will be given the chance to improvise throughout the group.

Dance/Therapy Intervention VII: Be Who You Want To Be

This week will start very similar to the previous weeks with affirmations and a basic physical warm-up, and the process circle at the end. This week's activity is called "Be Who You Want to Be?"

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Materials:

- Face paint, hats, scarves, costumes, balls, fabric, tape, music

Size:

- Small Group or Large Group

Program Goals:

1. To acquaint feelings and events with movement.

2. To gain knowledge about the self.

3. To promote physical movement.

Description/Procedure:

I.) After the introduction and warm-up, the participants will be given time to dress up anyways they want to express themselves. They can use all the props, make-up, and music to illustrate how they are feeling.

II.) Unlike the prior week, the participants will lead the session. For the remainder of the group session the participants will remain in character.

III.) Standing in a circle the participants will be asked to dance according to the music is playing and how they feel while listening to it. The participants will take turns, 1 turn per song. There will be ten songs originating from all different cultures and music styles.

IV.) During the processing session, we will discuss feelings that were brought to the surface as well as feelings not expressed during this basic activity.

Dance/Movement Intervention VIII: Closure

This week will start very similar to the previous weeks with affirmations and a basic physical warm-up, and the process circle at the end. This week's activity is called "Closure".

Space Required:

- Activity Room with all the tables and chairs moved to the side of the room or any open area.

Equipment/Materials:

- Music

Size:

- Small Group or Large Group

Program Goals:

1. To debrief the group experience.

2. To share feelings or events of themselves with the group.

3. To terminate group in a healthy safe way.

4. To promote physical movement.

Description/Programs:

I.)   The leader will announce something and the group or individual can move across the room however they want. They can walk, run, or move their body any way they want.

How would you move across the room when you hear the word:

- flop

- jangle

- hot

- crash

- spicy

- swish

- earth

- soft

- hard

- prickly

- wicked

- boil

The leader will not play music.

       II.)   Next, the group will form a large circle with a hula hoop in the center. One person at a time will move across the group stopping half way in the hula hoop saying the first word that comes to mind after a statement is read. They may use their body to communicate this message as well.

The statements are:

- When they think of the group ending

- What they have learned about themselves

- What they will take away from the group

   III.)   Post Test/Group Evaluation

Results

The dance movement therapy intervention was evaluated by the use of a quantitative measure, the Rosenberg Self-Esteem Scale, for pre and post testing. By the use of this method the research will demonstrate analysis of the results.

Group members were given the SES prior to any of the dance movement therapy interventions and the same test after the eight weeks of dance movement therapy intervention was implemented. The sample size consisted of three participants. The mean of the pre-test

was 44 with a median of 44 and a mode of 44. This graph indicates the results of the pre-test

used:
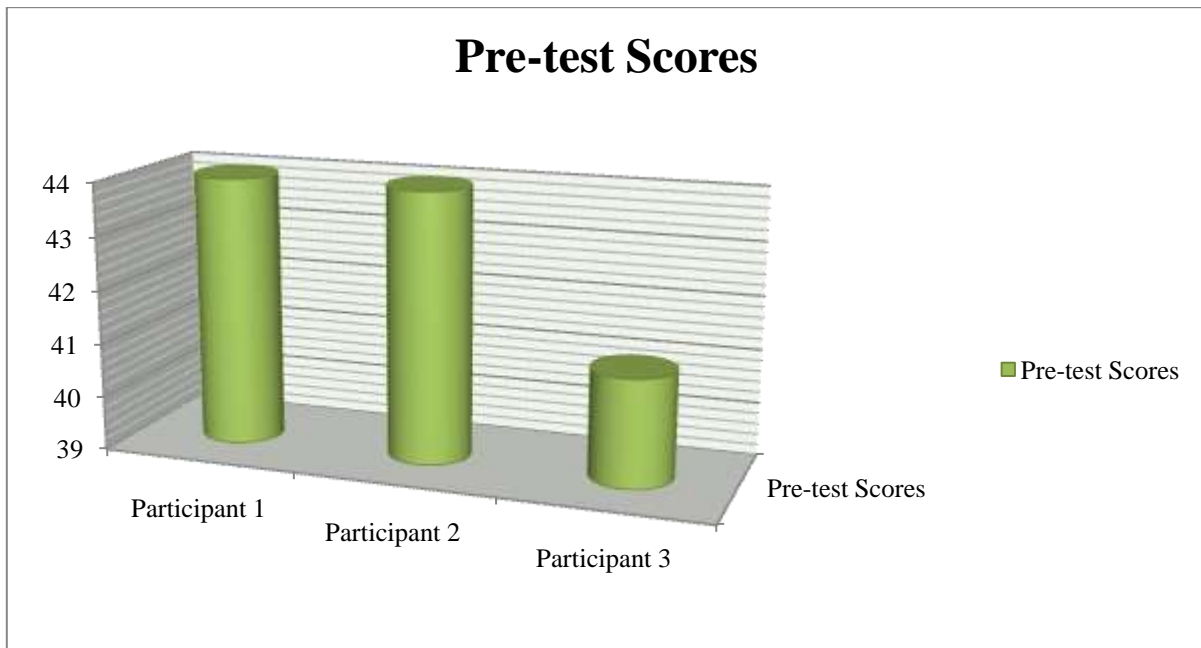
The results of the post-test were 47.66667 with a median of 48 and a mode of 45, 48,

50. The test results indicate that there was not a decrease of stress from the pre-test to the

post-test in the participants. The range of the pre-test was 3 and the range of the post-test

was 5 indicating that some of the individuals were brought closer to the middle of the group

when tested for anxiety.

Post-test Scores
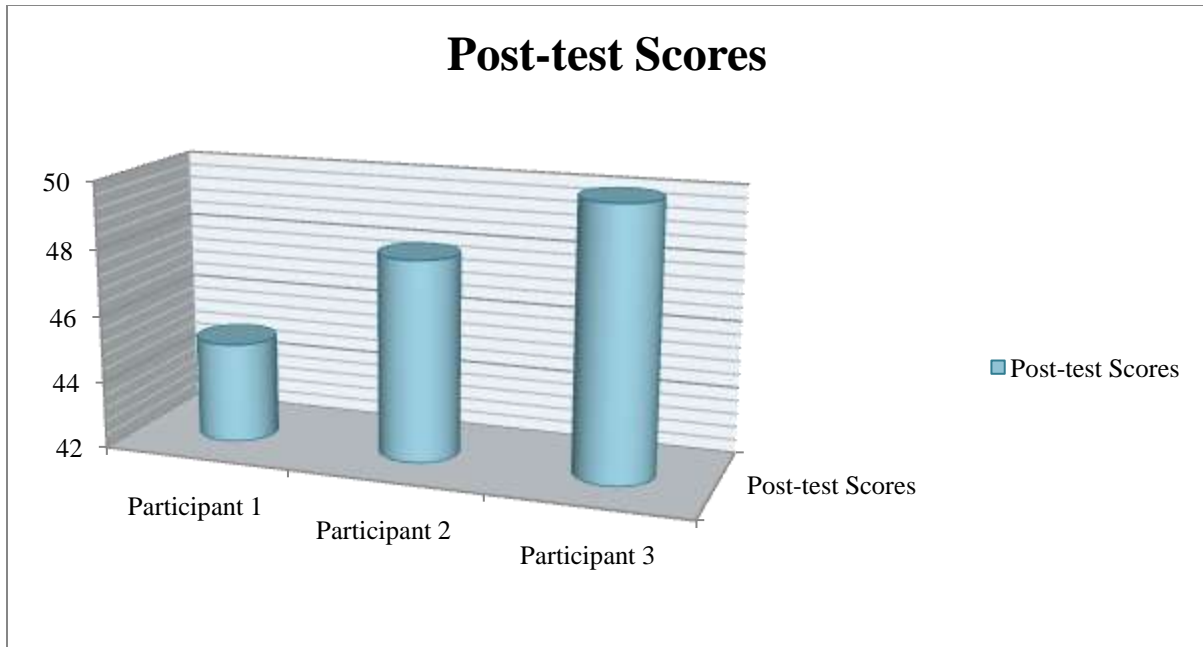
Specific Questions on the Self Esteem Scale

The researcher used the 16 question pre and post test to research three concepts. The three concepts being researched were about feelings of self-worth, communication skills, and the relationship with their fathers.

The second question on the SES (Refer to Appendix B) asks specifically if participants have at times, they think they are no good at all. The results of the pre-test indicate two participates answered disagreed however, one participant agreed to this statement. The results of the post-test indicate each participant does not think at times that they are no good at all. They all disagreed to that statement. In this specific question the results indicate an increase in self esteem from the pre-test to the post-test.

The 14th question on the SES (Refer to Appendix B) asks the participants if they are happy with their relationship they possess with their father. The results of the pre-test indicate each participant felt they were unhappy with their relationship with their father. The results of the post-test indicate each participant felt they were happy with their relationship with their father changing their answers from disagree to agree.

The 15th question on the SES (Refer to Appendix B) asks the participants if they thought they had effective communication skills and used them. The results of the pre-test indicate each participant felt they agreed with that statement. The results of the post-test indicate each participant (with the exception of one) agreed with that statement, however one participant changed her answer from agree to strongly agree. With that specific participant, the results indicate an increase in confidence in ability to communicate effective from the pre-test to the post-test.

Qualitative Results

Participants of the study added thoughts and opinions of the use of dance movement therapy in school girls group on an end of the group evaluation (Appendix C). This evaluation was used to gather more information regarding what the participants learned from group as well as the effectiveness they thought about group. False names will be used when describing input from participants to ensure confidentiality.

Sally

Sally described the dance movement therapy group as a place where she learned how to communicate with other a lot better, and she has a better understanding of other now because of the group. Sally added that she appreciated that our group was smaller, however she would have liked more time in each group with more weeks of group.

Kimberly

Kimberly explained that the dance movement therapy was a time and place for her to be able to open up about anything as well as working through issues with people she trusts. She did disclose at times she was embarrassed about moving her body in front of people because she thought she could not dance. One thing that Kimberly learned and will take away from the group is that communication is the key factor in any relationship.

Mary

Mary shared with the group as well as with the researcher that it was more fun than expected and she enjoyed the music, dancing, and her fellow members of the group. Two things Mary learned and will be taking away from the group are to be proud of herself and have more confidence because she is a good person. If Mary was going to do this group again, she would prefer to have more members and well as more time in each session.

Discussion

DMT offers the opportunity for exploration, containment and expression of emotions through the movement metaphor (Meekums, 2002). As discussed in previous sections, this research was based on the use of Dance Movement Therapy in a school setting with 15 year-old female students, all of who in tenth grade. Previously, there have been numerous studies stating the effectiveness of DMT with adolescent participants who struggle with mental health issues placed in mental health facilities (Cohen & Walco, 1999; Goodill, 2005; Krantz, 1999; Wennerstand, 2008). There are very minimal studies regarding DMT's use in school settings.   As noted, this study accomplished its goals of using an alternative therapy method in a school setting and seeing its effectiveness. According to the results of the post test and group evaluations, the participants enjoyed this therapy because it provided a different means for self expression without requiring conversation as well as their growth through vulnerability which supports the literature (Wennerstand, 2008).

As noted previously, literature reports that high self-esteem and positive body image can be thought of as an ongoing struggle for adolescent girls especially if there is a lack a paternal relationship in their life (Torre, 2008). This study's results showed that with the use of DMT the participants felt better about their physical appearances, their ability to succeed in school, as well as an overall positive outlook on themselves. These finding support the

research that suggests feelings attractiveness and high self-esteem are linked to success for women of all ages (Carlyle, 2006; Dworkin & Kerr, 1987; Wolf, 1991).

Furthermore, the results of this study show that DMT was able to enhance the participant's communication skills while allowing participants to communicate in their own style. While in group, two participants noted they felt more confident when addressing the opposite sex and one participant was able to leave an unhealthy boyfriend relationship because of her newly developed ability to communicate. This finding is consistent with the research that suggests that poor communication skills can affect many other areas of one's life such as friendships, relationships, and conflicts (Parker et al. 2005).

The results give a picture of how this can affect female students; however, it leaves out any data regarding males. In such a research setting, selective participation may be considered a strength, but it can also be a limitation. There are other components of the study that can also be seen as limitations. Some others are lack of time, lack of members, dual role of researcher and facilitator, and irregular space for the group activities.

Limitations

This study measured the increase of self-esteem, communication skills, and body image of high school females. As this group took place during the school day, finding adequate time to hold a full group was challenging. In order to grab the attention of as many voluntary participants, the group was held after school. Two challenges faced each week were maintaining participants' punctuality and securing late rides home for each person. As a group, we had to discuss the effects of being late on the group's process. As well as struggling with starting on time, if students could not get a ride home, they were required to take the late bus. This form of transportation left 45 minutes after group was supposed to start. In addition to having limited time from the start, this played a part in wasting our

group's time. Without having ample time, the group's process felt hindered, hindering the expression of many thoughts and feelings.

There were numerous changes the group members adapted to from day one. Twelve females attended the pre-group meeting. Over the summer, through the struggles and responsibilities of life, the attendance dropped from 12 to 3. Having such a small group had its effects. Like gender selection, group size can either be a part of the group's success or a limitation. Having a smaller group enabled the group to gain cohesiveness quickly, but it significantly reduced the scope of our group's internal dynamics. The group members showed their flexibility and resilience in dealing as best they could with the loss of members. Furthermore, this flexibility really shone through each and every week when the group's location changed throughout the school.

Going into the school year, the researcher scheduled a time and place in the district calendar; however, each week when time came for group, the reserved location was not available. This left the researcher to find a location that was confidential and safe for the group members to move in. This definitely was a limitation; amending this situation would be a future priority.

Lastly, having a researcher that was also a counseling intern with previous relationships with two of the three participants could have been a limitation. The fact that two participants had a trusting relationship with the researcher could have contributed to separation between group members. Furthermore, having this therapeutic relationship at the outset could have increased the student's openness and willingness to take risks.

Implications for counseling practice

The Dance Movement Therapy group took place with imperfections in both time and location, yet it still produced a positive outcome. The results indicate that even though time and space were limited and a struggle to control from week to week, a dance movement

therapy group can be effective in a school setting. Having this knowledge can enhance current school counseling techniques used to reach out to students by putting one more option in a counselor's tool belt.

Implications for research

As noted previously, there are hundreds of journal articles, books, and other written documentation regarding Dance Movement Therapy and its successful use in mental health settings; however, there is a lack of literature on the topic of DMT in school settings (American Dance Therapy Association, 2009). In the future, there is room to investigate different therapy settings and their effectiveness, as well as opportunity for working with different genders and ages. Perhaps a larger sample size, different age group, and a mix of genders would help further the current research in the field of DMT.

Furthermore, researchers may want to consider having the group co-facilitated for the benefit of the participants. Having two facilitators may enhance the therapeutic process by providing ample modeling for the participants to reproduce. This also will increase the amount of one-on-one time participants have with facilitators.

References

American Dance Therapy Association (2009, November). What is DMT? Retrieved from

    http://www.ADTA.net.

Bacon, J. (2007). Psyche moving: "Active imagination" and "Focusing" in movement-based

    performance and psychotherapy. *Body, Movement and Dance in Psychotherapy,*

    2(1), 17-28.

Bettle, N.; Bettle, O.; Neumarker, K.; Neumarker, U. (2001). Body image and self-esteem in

    adolescent ballet dancers. *Perceptual and Motor Skills, 93*, 297-309.

Boris, R. (2001). The Root of Dance Therapy: A Consideration of Movement, Dancing, and

    Verbalization vis-à-vis Dance/Movement Therapy. *Psychoanalytic Inquiry, 21*, 356-

    367.

Carlyle, T. (2006). Welcome to self-esteem guide. Retrieved April 22, 2009, from

    http://www.selfesteemguide.com/selfesteemquotes.php

Cohen, S. O. & Walco. G. A. (1999). Dance/movement therapy for children and adolescents

    with cancer. *Cancer Practice, 7(1)*, 34-42.

Crandal, R. (1973). *The measurement of self-esteem and related constructs*. J.P. Robinson &

    P.R. Shaver (Eds), Ann Arbor: ISR.

Dworkin, S. H. & Kerr, B. A. (1987). Comparison of intervention for women experiencing

    body image problems. *Journal of Counseling Psychology, 34(2),* 136-140.

Erfer, T., & Anat, Z. (2006). Moving towards cohesion: Group dance/movement therapy

    with children in psychiatry. *The Arts in Psychotherapy, 33(3),* 238–46.

Ellis, R. (2001). Movement metaphor as mediator: a model for the dance/movement therapy

    process. *The Arts of Psychology, 28(3)*, 181-190.

Fine, M. A. & Harper, S. E. (2006) The effects of involved nonresidential fathers' distress,

      parenting behaviors, inter-parental conflict, and the quality of father-child

      relationships on children's well-being. *Fathering, 4(3),* 286-311.

Goodill, S. (1987). Dance movement therapy with abused children. *Art Psychotherapy,*

      14(1), 59–68.

Goodill, S (2005) *An introduction to medical dance/movement therapy: Health care in*

      motion. Great Britain: Athenaeum Press, Gateshead, Tyne and Wear.

Harrison, K. & Cantor, J. (1997). The relationship between media consumption and eating

      disorders. *Journal of Communication, 47(1),* 40-67.

Jambekar, S., Quinn, D. M., & Crocker, J. (2001). The effects of weight and achievement

      messages on the self-esteem of women. *Psychology of Women Quarterly, 25*, 48-56.

Johnson, C.L., Tobin, D. L., & Steinberg, S. L. (1989). Etiological, developmental, and

      treatment considerations for bulimia. Special issue: The bulimic college student:

      Evaluation, treatment and prevention. *Journal of College Student Psychotherapy,*

      3(2-4), 57-73.

Krantz, A. M. (1999). Growing into her body: Dance/movement therapy for women with

      eating disorders. *American Journal of Dance Therapy, 21(2),* 81-101.

Levy, F. (1988). *Dance Movement Therapy A Healing Art*. Virginia: National Dance

      Association.

Mackeen, B. A., & Herman, A. (2005) Effects of group counseling on self-esteem. *Journal*

      of Counseling Psychology, 21(3), 210-214.

Meekums, B. (2002). *Dance Movement Therapy: A creative psychotherapy approach*.

      London: Sage.

Minton, S. (2003). *Dance Mind & Body*. Champaign, IL: Human Kinetics.

Nemetz, L, D. (1996) Dance/movement therapy: Speaking the language of self. *International Journal of Arts Medicine, 4(2),* 23-31.

Nielson, L. (2001) Fathers and daughters: Why a course for college students? *College Student Journal, 35(2)*, 280-317.

Parker J. G., Low C. M., Walker A. R., & Gamm B. K. (2005). Friendship jealousy in young adolescents: Individual differences and links to sex, self esteem, aggression, and social adjustment. *Developmental Psychology. 41(1)*, 235-250.

Payne, H.L. (2000). *Creative Movement and Dance in Groupwork*. Oxon: Speechmark

Payne, H. (2001). Student experiences in a personal development group: The question of safety. *European Journal of Psychotherapy, Counseling, & Health, 4(2),* 267-292.

Payne, H. (2006). *Dance Movement Therapy: Theory, Research and Practice (2nd edition).* New York: Routledge.

Radina, E. M. (2003). Daughters of childhood parental divorce and their relationships with their fathers in adulthood: Four typologies. *Journal of Divorce & Remarriage. 38(3/4),* 61-65.

Rakusin, A. (1990). A Dance Movement Therapy model incorporating movement education concepts for emotionally disturbed children. *Art Psychotherapy, 17(1),* 55–67.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Schilder, P. (1950). *The image and appearance of the human body*. New York: International Universities Press.

Spindell, M. (1996). Dance/movement therapy opens communication pathways. *Brown University Long-Term Care Quality Advisor, 8(13),* 1-4.

Videon, T. (2005). Parent-child relations and children's psychological well-being: Do dads matter? *Journal of Family Issues, 26*, 55-78.

Wennerstrand, A. (2008) Dance/Movement therapy: learning to use dance to help others. *Dance Magazine, 82(10),* 86-88.

Wolf, N. (1991). *The beauty myth: How images of beauty are used against women*. New York: William Morrow.

Worsley, A. (1981). In the eye of the beholder: Social and personal characteristics of teenagers and their impressions of themselves and fat and slim people. *British Journal of Medical Psychology,* 54, 231-242.

Wylie, R. C. (1974). *The self-concept* (Revised edition). Lincoln, Nebraska: University of Nebraska Press.

Yalom, I. (2005). *The Theory and Practice of Group Psychotherapy* (5th ed.). New York: Basic Books.

Appendix A

STATEMENT OF INFORMED CONSENT FOR PARENTS

This form describes a research study being conducted with students about their understanding of different forms of communication and attitudes about themselves. This purpose of this research is to understand the use of dance and movement on an individual's self esteem and communication styles. The person conducting the research is a Counselor Education graduate student at SUNY College at Brockport. If you agree to have your child participate in this study, s/he will be asked to complete a questionnaire about her/his knowledge of their communication style and their attitudes about themselves

The possible benefit from being in this study could be that information will be learned that would allow counselors to better support their students in a different environment as well as students gaining self confidence and effective communication styles.

Your child's participation in this study is completely voluntary. Being in it or refusing to be in it, will not affect your child's grades or class standing. S/he is free to change her/his mind or stop being in the study at any time.

I understand that:

1. My child's participation is voluntary and s/he has the right to refuse to answer any questions. S/he will have a chance to discuss any questions s/he has about the study with the researcher after completing the questionnaire.

2. My child's confidentiality is guaranteed. Her/his name will not be written on the survey. There will be no way to connect my child to the written survey. If any publication results from this research, s/he would not be identified by name. Results will be given anonymously and in group form only, so that neither the participants nor their schools can be identified. Participation will have no effect on grades status.

3. There will be no anticipated personal risks or benefits because of participation in this project.

4. My child's participation involves reading a written survey of 15 questions and answering those questions in writing. It is estimated that it will take 10 minutes to complete the survey.

5. Approximately 10 people will take part in this study. The results will be used for the completion of a research project by the primary researcher.

6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed.

You are being asked whether or not you will permit your child to participate in this study. If you wish to give permission to participate, and you agree with the statement below, please sign in the space provided. Remember, you may change your mind at any point and withdraw from the study. Your child can refuse to participate even if you have given permission for her/him to participate.

I understand the information provided in this form and agree to allow my child to participate as a participant in this project. I am 18 years of age or older. I have read and understand the above statements. All my questions about my child's participation in this study have been answered to my satisfaction.

If you have any questions you may contact:

Primary researcher	Faculty Advisor
Mary Corteville	Dr. Thomas Hernandez
(585)278-4170 Mcor0907@brockport.edu	Counselor Education (585) 395-2207 Thernandez@brockport.edu

_____
Signature of Parent /Date

Child's name _____

STATEMENT OF INFORMED CONSENT FOR MINORS

The purpose of this research project is to examine the use of dance and movement therapy on the self esteem and communication styles of the individuals participating. Three areas will be studied including self esteem, communication, and the relationships between the participant and their father. This research project is also being conducted in order for me to complete my master's thesis for the Department of Counseling at the State University of New York College at Brockport.

The possible benefit from being in this study could be that information will be learned that would allow counselors to better support their students in a different environment as well as students gaining self confidence and effective communication styles.

Your participation in this study is completely voluntary. Being in it or refusing to be in it, will not affect your grades or class standing. You are free to change your mind or stop being in the study at any time.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions. I will have a chance to discuss any questions I have about the study with the researcher after completing the questionnaire.
2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to the written survey. If any publication results from this research, I would not be identified by name. Results will be given anonymously and in group form only, so that neither the participants nor their schools can be identified.
3. There will be no anticipated personal risks or benefits because of participation in this project.
4. My participation involves reading a written survey of 15 questions and answering those questions in writing. It is estimated that it will take 10 minutes to complete the survey.
5. Approximately 10 people will take part in this study. The results will be used for the completion of a master's thesis by the primary researcher.
6. Data and consent forms will be kept separately in a locked filing cabinet by the investigator and will be destroyed by shredding when the research has been completed
7. This research is not part of my regular school program and is not being conducted by the school.

You are being asked whether or not you want to participate in this study. If you wish to participate, and you agree with the statement below, please sign in the space provided. Remember, you may change your mind at any point and withdraw from the study. You can refuse to participate even if your parent/guardian gives permission for you to participate.

If you have any questions you may contact:

Primary researcher	Faculty Advisor
Mary Corteville	Dr. Thomas Hernandez
(585)278-4170	Counselor Education (585) 395-2207
Mcor0907@brockport.edu	Thernandez@brockport.edu

I understand the information provided in this form and agree to participate in this project.

_____

Signature of participant /Date

_____

Birth date of participant

_____

Signature of a witness 18 years of age or older /Date

STATEMENT OF INFORMED CONSENT

The purpose of this research project is to examine the use of dance and movement therapy on the self esteem and communication styles of the individuals participating. Three areas will be studied including self esteem, communication, and the relationships between the participant and their father. This research project is also being conducted in order for me to complete my master's thesis for the Department of Counseling at the State University of New York College at Brockport.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, please sign your name in the space provided at the end. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.
2. My confidentiality is guaranteed. My name will not be written on the survey. There will be no way to connect me to my written survey. If any publication results from this research, I would not be identified by name.
3. There will be no anticipated personal risks or benefits because of my participation in this project.
4. My participation involves reading a written survey of 15 questions and answering those questions in writing. It is estimated that it will take 10 minutes to complete the survey.
5. Approximately 10 people will take part in this study. The results will be used for the completion of a master's thesis by the primary researcher.
6. My participation in the research will not affect my grades or class standings.
7. This research is not part of my regular school program and is not being conducted by the school.
8. Data will be kept in a locked filing cabinet by the investigator. Data and consent forms will be destroyed by shredding when the research has been accepted and approved.

I am 18 years old or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Returning the survey (and/or completing interview if appropriate) indicates my consent to participate.

If you have any questions you may contact:

Primary researcher	Faculty Advisor

Mary Corteville	Dr. Thomas Hernandez
(585)278-4170 Mcor0907@brockport.edu	Counselor Education (585) 395-2207 Thernandez@brockport.edu

_____

Signature of Participant / Date

Appendix B

Pre-Test

The scale is a sixteen item Likert type four point scale - from strongly agree to strongly disagree.

<u>Instructions</u>: Below is a list of statements dealing with your general feelings about yourself and the relationship with your father.
*If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2	At times, I think I am no good at all.	SA	A	D	SD
3.	I think that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I think I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD
11.	The time I spend with my father is quality time.	SA	A	D	SD
12.	I feel that my father respects me.	SA	A	D	SD
13.	I respect my father.	SA	A	D	SD
14.	I am happy with my relationship I have with my father	SA	A	D	SD
15.	I have effective communication skills and use them.	SA	A	D	SD
16.	My communication skills cause me problems.	SA	A	D	SD

Post-Test

The scale is a sixteen item Likert-type four point scale - from strongly agree to strongly disagree.

<u>Instructions</u>: Below is a list of statements dealing with your general feelings about yourself and the relationship with your father.
*If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2	At times, I think I am no good at all.	SA	A	D	SD
3.	I think that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I think I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD
11.	The time I spend with my father is quality time.	SA	A	D	SD
12.	I feel that my father respects me.	SA	A	D	SD
13.	I respect my father.	SA	A	D	SD
14.	I am happy with my relationship I have with my father	SA	A	D	SD
15.	I have effective communication skills and use them.	SA	A	D	SD
16.	My communication skills cause me problems.	SA	A	D	SD

Appendix C

Dance Your Way to Communication
Group Evaluation

1.   Rate the overall effectiveness of the group

Not Effective   *Effective*   *Very Effective*

2.   I believe the group leader supportive in the counseling process

Strongly Agree   *Agree*   *Disagree*   *Strongly
Disagree*

3.   I would like to see the group held in the future

Strongly Agree   *Agree*   *Disagree*   *Strongly
Disagree*

4.   I would recommend this group to other students in your school?

Strongly Agree   *Agree*   *Disagree*   *Strongly
Disagree*

5.   What were some aspects of the group that you liked?
_____
_____
_____

6.   What were some aspects of the group that you did *not* like and would have liked to change?
_____
_____
_____

7.   What was one thing you learned will take away from group?
_____
_____
_____

8.   Questions/Comments/Feedback for the group leader:
_____
_____
_____

*Thank you so much for taking the time to express your thoughts on the group. Your thoughts and suggestions will be taken seriously and will help in improving groups in the future!

Appendix D

What is this Dance Movement Group?! Why should I join?!

High self-esteem and positive body image can be such a challenge for teenage girls to gain. There are many ways high self-esteem can be reached as well many ways high self-esteem can be crushed. Self-esteem has been defined and measured in a variety of ways, however questioning parents or teachers and questioning children themselves still struggle with how to help youth. The most common laboratory measurement of self esteem is the Rosenberg Self-Esteem Scale. Researchers investigating children's self-esteem in each of these procedures have demonstrated that to some degree of low self-esteem is related to age, gender, and social norms.

There are three objectives of the current study: 1) To explore the effectiveness of dance and movement therapy in a school setting; 2) To examine the effects of dance and movement therapy on ones self-esteem and body image; and 3) To examine the relationship between dance and movement, self-esteem, and growth in father/daughter relationships.

Parents, students (minors), and subjects are to return the consent forms indicating potential interest in having their child or themselves voluntarily participate in this study.

After all the consent forms are collected all eight sessions will only involve the students and facilitator. At the first session the participants will begin to explore what dance and movement therapy is and how it works. They will also participate in some group building and ice breaker activities as well as taking a pre-test.

All eight sessions will explore the positives of dance and movement therapy. For each of the sessions with the child will proceed to the West Gymnasium at the end of the school day. The group will take place during activity period after school.

Sessions two through eight will be conducted using the procedures used in dance and movement therapy. Students will be encouraged to focus on connecting the mind and body through interpretative dance. There will be improvising, relaxation, poetry and movement techniques used. Each 45 minute group will be started with an affirmation and followed by a round table discussion on how the week has gone lasting 10 minutes. They will be asked to express this without using words. The remainder 35 minutes will be utilized by dance and movement.

On the last session the girls will go through a similar group as the previous six sessions except at the end they will be asked to fill out a post-test for the group.

Appendix E

What is Dance Movement Therapy?

Dance/Movement Therapy is the psychotherapeutic use of movement to promote emotional, cognitive, physical, and social integration of individuals.

Dance/Movement Therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings, and in nursing homes, day care centers, disease prevention, and health promotion programs.

The dance/movement therapist focuses on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are used for group and individual treatment.

Body movement as the core component of dance simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy.

*Dance is the most fundamental of the arts, involving direct expression through the body. Thus, it is an intimate and powerful medium for therapy.

*Dance as therapy came into existence in the 1940s, especially through the pioneering efforts of Marian Chace. Psychiatrists in Washington, D.C., found that their patients were deriving benefits from attending Chace's unique dance classes. As a result, Chace was asked to work on the back wards of St. Elizabeths Hospital with patients who had been considered too disturbed to participate in regular group activities. A non-verbal group approach was needed and dance/movement therapy met that need.

*Today, in addition to those with severe emotional disorders, people of all ages and varying conditions receive dance/movement therapy. Examples of these are individuals with eating disorders, adult survivors of violence, sexually and physically abused children, dysfunctional families, the homeless, autistic children, the frail elderly, and substance abusers.

*An evolving area of specialization is using dance/movement therapy in disease prevention and health promotion programs and with those who have chronic medical conditions. Many innovative programs provide dance/movement therapy for people with cardiovascular disease, hypertension, chronic pain, or breast cancer.

*Research has been undertaken on the effects of dance/movement therapy in special settings (such as prisons and centers for the homeless) and with specific populations including the learning disabled, frail elderly, emotionally disturbed, depressed and suicidal, mentally retarded, substance abusers, visually and hearing impaired, psychotic, and autistic. Those with physical problems (such as amputations, traumatic brain injury, stroke, and chronic pain) and with chronic illnesses (such as anorexia and bulimia, cancer, Alzheimer's disease, cystic fibrosis, heart disease, diabetes, asthma, AIDS, and arthritis) have also been studied.
*According to www.ADTA.com