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A Journey Through the Embodiment of Aggression

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A JOURNEY THROUGH THE EMBODIMENT OF AGGRESSION

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Abstract

The purpose of this research study was to understand what I could learn from my body as I experienced movements based on the observation of children's aggression. There were several research questions that guided this study: how could the embodiment of aggression prepare me in my journey of becoming a dance/movement therapist? What would develop for me on a body level when I embodied movement qualities I associated with aggression? How could I gain a greater sense of empathy for my patients who act out aggressively? And are there recuperative or preventative measures I could help my patients take, based on my learned body knowledge? The methodology was artistic inquiry, which guided the study and supported my creative process.

The research was focused on myself and I modeled my embodiment of aggression after the behavior of patients age 3-12 in a behavioral health hospital. The data was collected using video and journaling, and was analyzed through movement exploration, dance making, and creative synthesis. Embodiment provided an opportunity for a deeper understanding into the children's impulsive behavior and difficulty with recuperation. Concluding the research, I found based on the embodiment of movement qualities associated with childhood aggression, and my subsequent empathy for these children, I was able to develop new insights regarding intervention in order to help this particular population. In addition, I found my body's ability to regulate while experiencing the aggressive movements contributed to my ability to regulate while witnessing these movements. I feel these insights are transferrable to other populations dealing with aggression or experiencing crisis, which will contribute to my development as a dance/movement therapist. The project culminated in a dance performance of the experience and conveyed the results of the research.

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Chapter One: Introduction

From a very young age I was always more connected to the world in movement than I was in verbal language. At the age of two, before I began speaking, and before I was allowed to take formal dance lessons, I watched my older sister's dance classes and performed the moves alongside the students in the hallway. I have always been a dancer and a mover. When I was in kindergarten my gym teacher let me perform a dance in front of my class every week, earning me the nickname Dancin' Anson. As I grew and developed as a dancer I found myself being able to express deeply through movement. However, I always felt stunted when attempting to explain or discuss my feelings. My passion for movement and dance grew and has continued to grow throughout my life.

Despite my inclination toward movement, I never categorized myself as a creative or expressive person. In school, I did well in my math and science courses. I felt I had an analytical brain, which allowed me to understand numbers and formulas. While I still succeeded in English and language arts classes, I never found that I connected well with those subjects and had less motivation within them. I had difficulty expressing myself in writing and interpreting the meaning within books. However, I knew I was creative, but it was within my movement, not my words. As I progressed towards my career as a dance/movement therapist, I began to understand how to utilize my analytical and expressive movement sides, melded together to pursue and explore my passions.

As I began the thesis process, I felt that I was destined to complete quantitative research. I felt my left brain would naturally dominate and I would not be utilizing artistic expression within my study. However, I was left feeling frustrated and unfulfilled when exploring potential topics based within traditional quantitative research. With the help and the push from the

Research Coordinator at Columbia College Chicago, the possibility for me to complete qualitative research was illuminated. From this moment my methodology of artistic inquiry fell into place. I was able to envision, not only fulfilling my task of a thesis, but also allowing myself as an artist and a mover to express my research. It is within this methodology that my research began inspiring me and I felt motivated and excited about the prospects of the work.

During my graduate studies in dance/movement therapy (DMT), I completed an internship at an inpatient behavioral health hospital for children ages 3-17. It was during my time at the hospital that I gained inspiration for my thesis work. While I worked there, I became aware of the large population dealing with aggression; specifically, I was intrigued by the pediatric unit (ages 3-12). Furthermore, I began noticing my body's natural reaction to the aggression I witnessed in the hospital. My body held a tight, enclosed quality, where I felt restricted and felt an overall lack of confidence while witnessing the aggression within the children.

My first few encounters with aggression at the hospital were startling. I did not grow up in an environment where physical aggression was utilized, and witnessing it first hand was unfamiliar to me. I was not prepared to understand my body's reaction to the aggression I was observing. In my position as a DMT intern, I was managing my emotional reactions that surfaced as I witnessed an aggressive expression of a patient. Simultaneously, when I was in a group setting, I was also responsible for the rest of the children in the group. The first time there was a fight between two children in a DMT session, I experienced my body's natural reaction, which included an increased heart rate, sweaty palms, a feeling of condensing and the urge to escape to safety. While my body may have been giving me the signals to flee, I realized that there were still thirty minutes left in the session and I had to continue. This meant placing the patients first,

setting aside my emotions to process later, and not allowing my personal feelings interfere with their therapy.

As I continued with my internship, I became more invested in how I could better myself as an emerging dance/movement therapist. It was my job to help these aggressive individuals, and also increase my self-awareness in order to address my discomfort within my personal bodily reaction to the aggressive state. I wanted to be able to understand these aggressive individuals on a deeper level. Over my time spent at the hospital, I noticed my personal bodily reaction lessening. My body no longer held a great deal of tension and I felt more confident when witnessing aggression. In addition, I increased my abilities as a DMT intern to manage situations more effectively, which also contributed to more control over my automatic body reaction; but I wanted more. I felt that I could be a competent therapist who could handle a crisis, but I wanted to be a competent therapist who could handle a crisis with increased body knowledge and empathy for the aggressive child.

What I began observing about the children's aggression was that it lived largely in their bodies. I became interested in attempting to consciously embody the aggression that I was witnessing. Due to my background in dance and my strong connection to movement, I felt by physically exploring movements the children utilized while in an aggressive state, I might gain insight into their world. The movements I observed held a great deal of strength, and because of this observation, I predicted that embodying these movements outside of the hospital setting might help me harness a inner power, or confidence, which I was lacking as I witnessed the aggression. Also by finding the physicality of the aggression, I hoped to explore what the children's bodies were experiencing in that emotional state. I predicted that this would give me a greater sense of empathy and possibly a deeper understanding of what the patients experience on

a body level. In addition, I hoped my body would develop the ability to stay more naturally present and calm when witnessing aggression. With a calmer presence, and potential empathy from my embodiment of aggression, I hoped to be able to intervene with more confidence and more understanding of how to best help the child.

According to Lochman, Powell, Clanton, and McElroy (2006), aggression can be defined as "a behavioral act that results in harming or hurting others" (p. 115). In this study the term was expanded to not only include the harm of others, but also harm or danger to self. The aggression witnessed in this hospital originated from different emotions depending on the patient. It was when the emotional state built and the child was unable to cope, that he/she would enter an aggressive state. For many this happened very quickly, but often had deep roots and origins that began early in their life or from a traumatic experience.

The purpose of this study was to discover how the embodiment of aggression had the potential to prepare me as an emerging dance/movement therapist. I hoped to explore embodying aggression and use the embodiment to find a deeper confidence as I progress forward with my career in DMT. Through embodiment, I hoped to enhance my empathy with patients who deal with aggression. I also hoped to find accessible means of recuperation or ways to detect the oncoming aggression to prevent or stop the aggressive actions through movement interventions.

According to Koch and Fischman (2011), "embodiment refers to the bodily phenomena, in which the body as a living organism, its expressions, its movement, and interaction with the environment play central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations" (p. 60). The embodiment experiences for this study included observing patients and then physically reenacting their actions later in a studio space. I aimed to utilize my body and my movements to further understand the aggressive children's perceptions.

Through embodiment, my goal was to fully experience my bodily sensations and contribute the newfound awareness to help my patients with their aggression.

As I began my study, I had several research questions I hoped to answer or investigate: How can embodiment of aggression prepare me in my journey of becoming a dance/movement therapist? What would develop for me on a body level when I embodied movement qualities I associated with aggression? How could I gain a greater sense of empathy for my patients who act out aggressively? Are there recuperative or preventative measures I could help my patients take, based on my learned body knowledge?

I began this research with the knowledge that the study would be of great value to me as a novice dance/movement therapist. I hoped it would help me reflect upon a side of myself that I have rarely felt. Becoming aggressive was not my aim, but instead I aimed to find the knowledge that resides within the experience of embodying the physicality of aggression. I believed these experiences would improve my leadership, and increase my confidence and my empathy for aggressive patients. Furthermore, I hoped to discover my body's natural rhythm as it moved in and out of the physicality of an aggressive state; through these experiences of self-development, I anticipated discovering tools to help aggressive children in both prevention and recuperation.

Chapter Two: Literature Review

Childhood aggression has become a global problem today, (Mousazadeh & Asgharzadeh, 2012); which has impacted communities on many levels. Moeller (2001) explained physical aggression as "activities in which actual physical harm is intentionally done to a person, animal, or object" (p. 25). The intention behind the aggressive behavior can be hard to decipher, especially when working with children. Physical aggression in children can develop and be learned due to many contributing factors, all of which can contribute to, or affect, the biological, social, and psychological health of the child. Children who are physically aggressive often have challenging relationships with their peers, their teachers, and their parents. These relationships can help or hinder their wellbeing and influence the level of their aggressive tendencies.

This literature review will begin with exploring the aggressive child and continue to examine contributing factors to a child's aggression, including the exploration of relationships and social status among his/her peers. The chapter will continue to review the research in the field of dance/movement therapy focusing on aggression. Finally, the idea of embodiment and kinesthetic empathy will be explained, including how utilizing the body can provide information and play a leading role in research.

The Aggressive Child

Many researchers have questioned how aggression initially develops in children. Over time researchers have found there are a variety of factors including relationships (Brendgen et al., 2011; Bugental, Corpuz, & Schwartz, 2012; Salehi, Noah, Baba, & Wan Jaafar, 2013; Salvas, Vitaro, Brendgen, Lacourse, Boivin, & Tremblay, 2011), parental discipline (De Haan, Prinzie, & Deković, 2010; Sheehan & Watson, 2008; Valles & Knutson, 2008), social status (Nesdale and Duffy, 2011; Ostrov, 2010; Preddy & Fite, 2012; Salehi, Noah, Baba, & Wan Jaafar, 2013)

and environments (Arsenio, 2004; Moeller, 2001), which play crucial roles in the development and maintenance of physical aggression in children. My study did not focus on why the aggressive behaviors occur, but rather on how to help the child when he/she is in treatment for aggression. However, having a foundation of knowledge regarding how children become aggressive supports my research.

From a psychodynamic perspective, Hanish, Sallquist, DiDonato, Fabes, and Martin (2012) found that childhood aggression could be predetermined or predicted if the child is exhibiting behaviors that are centered around control and dominance. These controlling and dominant behaviors often lead to aggressive acts in childhood. Along with these behaviors of control and dominance, Moeller (2001) reflected on how Freud's defense mechanism, displacement, could play a large role in how aggression is displayed in children. A child may experience anger or emotion built up from one source, such as a parent, and expel the energy, or aggression, onto an object or person that could be considered a safer target. Exerting a sense of dominance over a safe target, such as a peer, animal, or any lesser object, may give the child a sense of control that they may not be able to experience in other aspects of his/her life (Hanish et al., 2012; Moeller, 2001).

Arsenio (2004) explored a group of children who displayed aggression at 24 months of age and followed their aggression level through the third grade. He found that children who displayed the highest levels of aggression at 24 months had a consistent level of aggression that continued into the third grade. Whereas all of the other children in the study, had significantly decreased aggression levels, including a group of children that displayed moderately high aggression at 24 months. It was observed that children who developed coping mechanisms and "emotion regulation skills" (p. 2) as a way to handle their emotions, did not have to resort to the

use of aggression. Arsenio found that the children who maintained high aggression levels had similarities, such as poor home environments, poor social skills, and struggled on an academic level. "Whereas aggression evident in toddlerhood that declined by school entry was not associated with problematic functioning in third grade" (p. vii). The analysis from this study found:

> Children with lower levels of aggressive behavior, on average over time, lived in families with higher incomes, lower levels of maternal depression, and higher levels of maternal sensitivity and stimulation in the home; they were likely to have a father in the household, to have higher cognitive scores, and to spend more hours per week in child care. (p. 94)

Overall, children who exhibited aggression at 24 months were more likely to maintain the same level of aggression when they had experienced "greater family adversity" (p. 115).

In another study, researchers Arsenault and Foster (2012) found that aggressive children exhibited a higher selective attention to aggression cues. In other words, the more aggressive children were more aware of situations that could possibly warrant aggressive behavior. Aggressive children have an enhanced memory of aggression cues, which can trigger acts of aggression. In a related study, Gambetti and Giusberti (2009) researched children with aggression and studied how their expression of anger influenced their decision-making. They concluded that the more a child outwardly expresses his/her anger, the more likely the child will be to make risky decisions. In risky situations, children who are more aggressive tend to perceive a lower threat level, therefore making risky choices or decisions. And as Arsenault and Foster found, the aggressive children are more aware of situations where aggression can be expressed, therefore the more aggression expressed, the more risky decisions are made.

How does a child learn what aggression is, and how does he/she begin to use it as a form of expression? Based on Freud's theory, "humans are born with a drive (called *Thanatos*)… [which] can be discharged toward others (resulting in aggression)" (Moeller, 2001, p. 26). Some children are able to channel this drive in productive activities such as sports, while other children are left with this expelling drive and nowhere to focus its energy. While this drive and energy may have some validity, social-learning theories show how aggression can be learned and engrained just like any other behavior.

Social-learning theories. As a child grows and develops there are many ways he/she learns. Children are constantly taking in information, processing this information, and creating an understanding of how the world works. All children learn through observation and in some cases this may contribute to the development of aggression. This is part of the observational learning theory developed by Bandura, which Moeller (2001) described in relation to the development of aggression. Through the practice of watching others, a child learns how to respond to certain stimuli, how to act in certain situations, and possibly, how to display physical aggression. Once a child sees an aggressive act, they view this as a viable interaction option (Moeller, 2001).

Another social-learning theory, which Moeller (2001) described, that can contribute to our understanding of the development of aggression is classical conditioning developed by Pavlov. According to this theory, aggression can form for a child "if a stimulus for an aggressive response repeatedly occurs at the same time and in the same place as some initially neutral environmental stimulus, that aggressive response will eventually begin to occur in the presence of the initially neutral stimulus" (Moeller, 2001, p. 29). For example, if a child has a sibling who often enters his/her room unannounced and begins aggressively fighting with the child, this child

would eventually associate anyone who enters his/her room unannounced as a threat and would feel the urge to become aggressive even if the situation did not warrant it.

A child can also develop aggression through operant conditioning. Moeller reflected on the operant conditioning theory and explained "aggressive responses that are reinforced will be strengthened and maintained" (p. 29). If a child receives a perceived benefit for an aggressive act, then the child has earned something from behaving in this way. The child then learns that this behavior results in meeting his/her need. For example, if a child wants to play a videogame, but his/her sibling is currently playing, the child may physically harm the sibling in order to have access to the game. The child acted aggressively to get what he/she wanted and was rewarded by being able to play the videogame. This physically aggressive behavior is therefore reinforced and will be used to a greater capacity in the future.

The aggressive behaviors are learned and, through operant and classical conditioning, they are strengthened and maintained. Shaffer (1994) described why aggression persists in children and is maintained through their life, until intervention:

- Aggressive children expect that their aggressive behavior will pay off for them.

- Aggressive children attach much value to their ability to dominate and control others, and they find that their aggressive behavior enhances this goal.

- Aggressive children's antisocial behavior is often socially sanctioned by their peers.

- Aggression may be intrinsically reinforcing for these children…they might exhibit a sense of pride in their ability to hurt others. (p. 36)

The maintenance of aggression affects the child in many ways, but the people closest to them have the ability to influence how the child develops as their aggression matures. These interpersonal relationships have the power to encourage or diminish the aggressive behaviors.

The Aggressive Child and Interpersonal Relationships

Children have relationships with many people as they develop, and these people have the ability to influence how they engage in the world. Many studies have been conducted to gain insight into the relationships of aggressive children and how their aggressive tendencies are influenced by the relationships in their lives (Brendgen et al., 2011; Bugental et al., 2012; De Haan et al., 2010; Salehi et al., 2013; Salvas et al., 2011; Sheehan & Watson, 2008; Valles & Knutson, 2008).

The aggressive child's teacher. The teacher is an important figure in a child's life. Beginning in elementary school, a child spends five days per week with his/her teacher. In a study completed by Brendgen et al. (2011), while observing aggressive children, they found that a positive relationship between the child and the teacher can offset a child's aggressive tendencies, but a poor relationship can encourage the aggression. The researchers studied children who had genetic influences on their aggressive behavior and found that these genetic influences were "exacerbated when the teacher-child relationship was characterized by high conflict and a lack of closeness" (p. 2032). They also found the opposite to be true: "genetic influences on aggression were reduced in children whose relationship with the teacher involved a high level of closeness and little conflict" (p. 2032). A teacher's role can be crucial when interacting with an aggressive child. The teacher's ability or inability to foster the relationship can influence the child's behaviors in either a positive or negative way, respectively.

Salehi et al. (2013) also found the importance of the teacher-child relationship concerning aggressive children. Their study focused on children with conduct disorder, a disorder in which children often display their emotions aggressively. They found teachers of children diagnosed with conduct disorder often considered these children as noncompliant in all classroom activities. The researchers indicated there was a tendency for teachers to label the child, consciously or subconsciously, because of the child's diagnosis. If this is the case it is likely that the teacher-child relationship is not being adequately fostered and can then, as Brendgen et al. (2011) found, encourage the poor behavior.

The aggressive child's friends. Salvas et al. (2011) found that a peer relationship can also have an influence on aggressive behaviors. "Fostering a positive relationship between friends in the early school years may decrease physical aggression even if the friends are aggressive" (p. 645). These researchers also concluded that just as a positive relationship reduces aggression levels, a poor quality relationship with another aggressive peer gives way to significant increases in the level of aggression. "In line with the social bonding perspective, good friendship quality played both a compensatory and protective role, by, respectively, reducing children's initial level of physical aggression and by mitigating the associations between friends' and children's physical aggression" (p. 645).

The aggressive child's parents. Parents are key figures in a child's life and they are the primary role models for their children. The way parents discipline, behave, and interact with their children influences how the child learns and develops. Bugental et al. (2012) conducted a study that had similar results to the aforementioned study by Arsenio (2004). Bugental et al. assessed the mother's emotional availability in relation to the child's aggression level. It was found that the higher the maternal unavailability, the higher the level of aggression within the

child. However, within this study they found if there was early intervention to assist with the mother's depression or unavailability, the mother became more available and stepped into a stronger caregiver role subsequently decreasing the child's aggression.

Research by De Haan et al. (2010) revealed that aspects of a child's personality could be strong indicators of his/her potential for explosive behavior. In addition, the study also revealed that certain personality characteristics contribute to the development of aggression, and these personality traits can be developed because of the parents. "The child's personality characteristics are potentially critical protective factors that buffer adverse effects of dysfunctional parenting" (p.731). These characteristics become inadequate defense mechanisms for the child that counteract the poor parenting, in which the child often resorts to more explosive behavior.

In addition to developing inadequate defense mechanisms because of dysfunctional parenting, parents can also influence a child's aggression level by the way they utilize discipline in the home. How parents discipline their child impacts how the child learns about his/her behaviors. It was found in a study conducted by Sheehan and Watson (2008) that aggressive children were often disciplined in ways that mirrored their poor behaviors. "When the parent uses aggressive discipline, it tends to lead to an increase in child aggression, compounding the original problem" (p. 253). This study focused on identifying these at risk children early and using interventions with the parents about how discipline techniques can either hinder or help positive behaviors.

Similarly, Valles and Knutson (2008) found concurrent results. This study showed that when a child expressed aggression in a physical way, often times the parent disciplined the child in a physically aggressive way, such as hitting or spanking. Whereas, if the child used more

indirect aggression, for example sending a mean note, or speaking disrespectfully to peers or authorities, then the parents usually stayed more indirect using verbal reprimands to discipline. Equivalent to the results found by Sheehan and Watson (2008), Valles and Knutson saw that the amount of physical discipline related to the increase in physical aggression displayed by the child. While relationships with teachers, friends, and parents are all important and impactful, a child's social status can also have a large influence on his/her aggression level, specifically towards peers.

Aggression and Social Status Among Peers

Often, children's peer groups are their main source of socialization and children learn social skills from one another. Often there is a hierarchy among the children placing them in different groups and on different levels. Many studies focused on how aggressive children function within their peers groups. Within these studies there seems to be the common theme of rejection and victimization, both having a negative effect on the level of aggression in aggressive children. This rejection from their peers lowers their social status and often leaves them with a higher level of aggression (Nesdale and Duffy, 2011; Ostrov, 2010; Preddy & Fite, 2012; Salehi et al., 2013).

Salehi et al. (2013) found a cyclical pattern regarding level of aggression and the treatment of an aggressive child by his/her peers. A physically aggressive child is often disliked and rejected by his/her peers and reacts to his/her unpopular status with physical aggression, which exacerbates the poor interpersonal relationship. The researchers suggested that without intervention this cycle will continue and the aggressive child will spiral downward into uncontrollable aggressive behaviors. Aside from the physical behaviors, the researchers also found that "rejected children often have negative self-perception" (p. 135). Having a negative

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self-perception can lower an aggressive child's self-esteem, which can further fuel his/her aggression.

Similarly, in a study by Ostrov (2010), it was also shown that there is a link between the level of aggression and how an aggressive child is treated by his/her peers. However, he found that it was not only rejection of the aggressive individual that could cause elevated levels of aggression. Ostrov stated, "it is not just that these children are rejected by their peers, which directly leads to changes in aggressive behavior; rather, the current findings suggest that experiencing victimization is a unique predictor of increases in aggression" (p. 1674). This physical victimization fuels the child to either rebel against or regain a higher social status through increased physical aggression. And as Salehi et al.'s (2013) study also showed, there is a cycle that leads to a downward spiral of aggression for these children.

While the aggressive child may experience rejection or victimization as a result of his/her physical expressions, Preddy and Fite (2012) found that not only does this peer conflict increase the aggression, but it "may also lead to greater maladjustment" (p. 189) Preddy and Fite examined how children with aggression have difficulty socially. This poor psychosocial adjustment affects their schoolwork in a negative way and their overall ability to socialize with their peers. This may affect them as they develop into adolescents and adults.

Valles and Knutson (2008) found similar conclusions as Salehi et al. (2013), Ostrov (2010), and Preddy and Fite (2012), in that being physically aggressive can "lead to rejection from nonaggressive peers" (p. 508). Additional research completed by Brendgen et al (2011) and Nesdale and Duffy (2011) also supports the theory that aggressive children are victimized or rejected and this peer rejection leads to greater physical aggressive acts. Nesdale and Duffy also found that this aggression in response to the victimization is often displaced onto another group

of peers, not necessarily the ones who rejected the aggressive individual. He/she will show aggression towards another group in hopes of gaining a higher status within the original friend group.

Valles and Knutson (2008) discovered that aggressive children tend to make friends with other aggressive children. So while these children are rejected or victimized by nonaggressive peers, the aggressive children become friends, which normalizes their aggressive behavior patterns and causes increased use of aggression. In addition, when children and their mothers were asked to report how the child's aggression affects him/her socially, both believed "aggression was not associated with peer status" (p. 508), which conflicts with Valles and Knutson's other findings. This gives insight into how aggressive children and their families sometimes do not realize the irregularity of the aggressive behavior compared to the general public.

Children with aggression are up against many challenging factors; they may have poor relationships, and they may be living in a poor environment with many risk factors against them. These factors can contribute to a child's inability to regulate their emotions, which in turn can heighten their aggression levels (Siegel, 1999). A child develops coping skills as a means to regulate emotions, but without coping skills the child is limited in their ability to manage their feelings.

The Aggressive Child and Self-Regulation

DeWall, Finkel, and Denson (2011) identified lack of self-control as the key cause of most acts of aggression. These researchers explained a child's aggression towards an innocent bystander as a result of minimal self-control of the child. Without the ability to control one's emotions, a person is unable to positively resolute their emotional energy. "Self-control is a

costly process. It requires time, demands effort, and consumes metabolic energy" (p. 468).

However, the act of aggression is a more costly process.

A child develops the ability to regulate his/her emotions as he/she grows and develops

over time. In line with the social learning theories, a child can learn the ability to self-regulate by

observation and reinforcement by adults. Siegel (1999) described Susan Caulkin's ideas as to

how one learns emotional regulation. Pathways to emotional regulation depend on internal and

external sources:

> Internal features include constitutional aspects of neuroregulatory structures, behavioral
>
> traits (such as attentiveness, adaptability, reactivity, soothability, and sociability), and
>
> cognitive components (including social referencing, beliefs and expectations, awareness
>
> of need for regulation, and ability to apply strategies). External features include
>
> interactive care giving patterns (responsiveness, cooperation, reciprocity, accessibility,
>
> support, and acceptance) and explicit training (including modeling, reinforcement, and
>
> discipline). (p. 156)

All of these internal and external factors contribute to the child's ability to self-regulate. Without

some of these internal and external factors the child may be left with poor coping skills and the

inability to regulate his/her emotions in a positive way.

When a child is not taught how to regulate his/her emotions, or when his/her external

environment encourages poor self-regulation, the pattern of resolving his/her emotion through

aggression will develop for the child. Each time a child acts aggressively as a means to regulate

his/her emotion, the pathway in the brain will become stronger and eventually the individual has

no control in resolving his/her emotions in a different way. "Repeated senses of being out of

control—experiencing emotions without a sense of others helping to calm them down—can lead

such persons to be unable to soothe themselves as they develop" (Siegel, 1999, p. 256).

Without the ability to positively self-soothe, the child is left with aggression dominating

his/her regulation of the body. Within the DMT world, some researchers have begun studying

aggression and how interventions may aid aggressive individuals in finding other ways to

express him/herself. Dance/movement therapists and researchers in other fields have noticed

DMT's positive impact on individuals with aggression, as DMT works with the body and

aggression is manifested in the body.

Dance/Movement Therapy and Aggression

Smeijsters and Cleven (2006), both of whom have studied arts therapies and forensic

psychology, focused their research on how arts therapies help treat aggression. The researchers

developed a qualitative inquiry where they explored how dance/movement therapists might help

aggressive children through DMT. The researchers saw that "aggressive behaviors have strong

body and movement characteristics" (p. 49), which is why they felt DMT was a strong

component of treatment for patients dealing with aggression. The researchers discussed how

movement is a main component of aggression and through DMT the patients worked with

control through movement and explored how to express their aggressive emotions in a safe

controlled manner.

Twemlow, Sacco, and Fonagy (2008) also saw the benefit of movement when working

with aggressive children. These psychologists were interested in studying the effects of utilizing

yoga and martial arts with violent children. They believed movement served as a "container" (p.

1) for children to relate back to early pre-attachment when they were nonverbal and may have

experienced trauma. The trauma and the built up aggression then lived in the body and through focused movement the children were able to experience a release.

This limited current research on movement shows that aggressive children may have past trauma that is being dealt with through aggressive bodily outbursts (Twemlow et al., 2008), and that children with aggression tend to see greater opportunity for moments of aggression (Arsenault & Foster, 2012) as well as having a higher likelihood of making risky decisions (Gambetti & Giusberti, 2009). The research also shows that DMT has been shown effective in control of aggression and controlled release of anger (Smeijsters & Cleven, 2006).

There have been relatively few studies in the DMT field that have focused on aggressive children. Among the studies that have been completed, there are no studies focusing on how embodiment can enhance body knowledge to inform intervention with aggressive children. Within my study, I focused on myself in order to strengthen my skills as a therapist to help these children. I did this by embodying aggressive children's movements in order to examine possible techniques and interventions to use with aggressive patients all based off of my increased body knowledge.

Embodiment Supported by Kinesthetic Empathy and Body Knowledge

This section of the literature review will explore body knowledge, mirror neurons, and kinesthetic empathy regarding how they support research on embodiment. The ability to learn from others because of body knowledge, mirror neurons, and kinesthetic empathy, contribute to the ability to embody, or replicate, other's movement in one's own body to gain further knowledge. In DMT practice, the information gathered from initial kinesthetic empathy is part of the process of the embodiment, as it provides a level of knowing what another person is feeling.

Body knowledge. According to Moore (2012), body knowledge is an "understanding of movement behavior" (p. 50). Developmental psychologists Slaughter et al. (2004) conducted a study on body knowledge and how one develops and learns about one's body. The researchers stated, "the human body is special because it, unlike any other object, is known from both the inside and from without, from first- and third-person perspectives" (p. 1). This compound point of view is unique and allows one to take in a large scope of information just by living in one's body. In addition, "[the body] serves as a vehicle for conveying information about other individuals, including their transient mental states such as direction of attention and emotion, personal identity specified by an individual's characteristic body postures and movement patterns" (p. 1). This information gives insight into how I was able to take information from the aggressive children's movements and use a body felt sense to attempt an embodiment, or a recreation of that person's movement in my body.

Mirror neurons. The mirror neuron system allows one to perceive "functional intention" (Moore, 2012, p.45) behind others movements and even empathize "with the emotional tone of gestures and motions" (Moore, 2012, p.45). This neuronal system allows one to experience kinesthetic empathy. Kinesthetic empathy is an "interrelation between different senses" (Reynolds and Reason, 2012, p. 19), where seeing something can make you feel an emotion. Mirror neurons in the brain are responsible for the ability to take in an individual's movements and understand his/her actions (Fogassi & Ferrari, 2007).

Winters (2008), a dance/movement therapist, conducted a study exploring how embodying and observing an emotion differs or does not differ based on the research of mirror neurons. She found that mirror neurons, and resulting kinesthetic empathy, allowed the observer to experience similar feelings as the person who embodied the emotion. The same neurological

processes are at work when embodying an action as when watching someone embody the action. For example, the person who embodied sadness, felt sad, and when a person observed the sadness, the observer felt sad. This supports the significance of mirror neurons and kinesthetic empathy where one can feel another's emotion through observation. However, Winters also concluded that the emotion of anger was felt more explicitly for the person embodying anger than the observer watching the anger. Indicating there may be more information within the emotion of anger that is not understood until it is embodied. This research highlights the potential for my thesis work to fill a gap within the literature. I utilized my kinesthetic empathy to inform my embodiment sessions, in which I was able to gather more in depth knowledge regarding the population of children with aggression.

Kinesthetic empathy. According to Reynolds and Reason (2012) "kinesthesia can be understood to refer to sensations of movement" (p. 18). The senses of the body also have the ability to observe and take in *another's* movement and process the movement on a body level. "When perception of another's action is also experienced as one's own movement sensation, this process becomes empathic" (Reynolds, 2012b, p. 124). This empathy experienced in the body can lead to "an understanding of another person's situation, feelings, and motives" (Fogtmann, 2012, p. 305). With this information, I was able to base my thesis study on the ability to replicate the aggressive movements I was witnessing with additional insight supplied by my kinesthetic empathy.

Reynolds and Reason (2012), professors in the dance and theatre fields at a collegiate level, explained how audiences react to witnessing a dancer perform: the body experiences an "inner mimicry of a dancer's movement, [which allows] direct access to dancers' feelings" (p. 19). This occurs when a person witnesses a movement; there is an embodied reaction. Much like

a performance, witnessing an aggressive child's physical movements stirs and enlivens a bodily response. This information can then be used in the act of embodiment, or recreation of the movement. "Seeing a movement being performed by others, our body has some capacity to know that movement from the inside, through the subtle motor activity that can occur in our own body as it watches another person's movements" (Fogtmann, 2012, p. 306).

However, while there is deep insight available by listening to one's body as one observes movement, at times the effect may not be pleasant. "The [mover's] affect is transmitted body-to-body and if sufficiently intense, can produce a – sometimes uncomfortable – shock, which induces reflexivity and catalyses reflection. Through these processes, [movement] can impact on how and what we think" (Reynolds, 2012a, p. 89). Relating to witnessing aggression, this could result in startling kinesthetic empathy for a therapist, or for a child witnessing aggression by his/her parents. It was through kinesthetic empathy that I had sufficient knowledge about the movement, where I was able to embody those movements to explore what the children's bodies may experience in an aggressive state.

Reynolds (2012a) acknowledged that while researchers wander through the possible "implications of embodiments for empathic and intersubjective experience" (p. 87), what is

> crucial… is the idea that subjectivity is embodied and that this embodiment grounds our experience of the world and each other. It follows, therefore, that changes in embodied experience have the capacity to transform both subjective consciousness and relationships between subjects (p. 87)

Using embodiment as a research method requires the recognition that what is experienced is subjective. While the information is valid, one person may have a different experience than another person due to the subjective nature of an embodiment and the subjectivity that occurs

initially within the kinesthetic empathy.

Finally, while it seems that researchers agree that through kinesthetic empathy a great deal can be learned about a mover's thoughts and feelings, Reason (2012b) felt it was important to question,

> does the communication of movement itself equate to kinesthetic empathy or is it important to acknowledge a difference between cognitive movement knowledge and a more experiential response that might be described as emotional or sensorial and which is often embodied rather than cognitive (p. 247)

Meaning, while observation of another's movement provides great insight solely based on the experience of kinesthetic empathy, actually embodying a movement can be more beneficial as one can experience and learn from the movement on a body level.

Conclusion

There is a plethora of resources regarding aggression in children. However, the literature seems to be lacking research focused on aggression and how this action can be understood on an interpersonal body level. In addition, resources involving body-based interventions are limited. My thesis study begins to fill a gap in literature. I have yet to discover research exploring the embodiment of aggression and how an individual can grow and develop from the experience, as well as help patients deal with aggression based on his/her personal learned experience.

With the literature providing a strong foundation, I was confident that I would enter my study with a strong purpose and the anticipation of positive results that could further me as a dance/movement therapist. I knew through my mirror neuron system and kinesthetic empathy I was able to observe and begin to understand aggressive children's feelings; and through

embodying their movement qualities I hoped to gain even more information. From this learned

experience I hoped to empathize and create new interventions for this population.

Chapter Three: Methods

Methodology

For the purposes of this thesis research, the methodology of artistic inquiry was used. Artistic inquiry is from the constructivist paradigm and values subjectivity, yields qualitative data, and tends to be explorative (Hervey, 2000). Hervey (2000) discussed the three components that make up an artistic inquiry: art making, creativity, and aesthetics of the researcher. "The particular forms of knowing that can be generated through arts practice are those of embodied, tacit and material knowledge, where discovery happens through the action of arts making, and in reflection in and upon that action" (Reason, 2012a, p. 195). This discovery through the act of art making made my thesis study unique to me and my process. I was then able to apply my gained knowledge from the study to relate to the field as a whole.

I was able to employ my background in dance to help collect, analyze, and present the data yielded from this study. All the while, I was using my creative process to support the research. This qualitative research allows access to different forms of knowledge, opposed to the traditional quantitative research. While the qualitative research is not the traditional form of research, using art and my body to inform the study was greatly beneficial. Reason (2012b) discussed arts based qualitative research stating "within practice-based research an artist's working process—that is the iterative structures of planning, doing and reflecting that inform how they go about making and remaking a work—are comparable to the methodological process of more traditional research" (p. 240).

Hervey (2000) outlined six phases that are a part of the creative process that exist within an artistic inquiry: inception, perception, inner dialogue, illumination, expression/formation, and outer dialogue. Inception sparks the research; the initial question that results from a new

awareness or curiosity. The perception phase includes the researcher satisfying the curiosity, regarding the initial question, by gathering data and immersing him/herself within "the desired stimuli" (p. 61). The inner dialogue phase is where the researcher begins to analyze the data. "All the parts of the artist/researcher are, in a way, conversing: the body, intellect, emotions, intuitions, and spirit are working together" (p. 63). From this inner dialogue, the artist enters illumination, where the data begins to illuminate key points or new ideas that emerge from the new information. Expression/formation is the phase where the artist makes sense of the data and begins to "[express] it in some communicable form". The last phase of the creative process, which reflects the process of an artistic inquiry, is the outer dialogue. "The ultimate purpose of research… is to communicate a new vision or understanding of a phenomenon. So, once this vision is given form, the product is then placed in an environment within which it can be intentionally perceived by others" (p. 64). These six phases were part of my study, as I let my creative process guide my research.

Mertz (2002) stated, "I have always thought of dance as a language: a language that speaks through the human body" (p. 3). This statement relates to why artistic inquiry seemed to be an ideal methodology to employ for my research. I felt my movement justified my thoughts more clearly than my words. As Hervey (2004) explained, "when information is felt deeply and known tacitly in the body, it may not always be possible to articulate fully in words, but it can still be useful information to therapy and to an artistic inquiry" (p. 185). Through my performance I was able to express my process more thoroughly and more completely than I would ever be able to express with words alone. This reasoning is why artistic inquiry supported my research.

The experiences I had with the children in the hospital, were moments that I felt within my body. These types of empathic exchanges are "experienced fleetingly" (Gray, 2012, p. 215), which makes them more felt and are more difficult to articulate with language. Through the embodiment sessions, and returning to my body to explore the topic through research, I gained great insight; more than I would have achieved through a different methodology.

Participants

I was the main subject for this research. I am a 25-year-old Caucasian woman, who grew up in an upper middle class household. My parents are still married and living together, and I have an older sister and a younger brother. In my household there were strict rules. I was expected to stay active, be productive, and receive high grades. I was very supported as a growing individual, but pushed to constantly do more and set goals for myself. Entering this study, I was aware that my background differed from most of the patients I was embodying. I was aware that ultimately, due to the difference in background, I could not truly experience what the children were facing on a regular basis.

My embodiment of aggression was modeled after aggressive children ages 3-12, with whom I worked with at the inpatient children's behavioral health hospital during my eight-month DMT internship. The children that entered the facility were admitted following crisis events that required hospitalization in order to stabilize the individual. The average stay for a patient was about two weeks. Diagnoses that were common at the hospital were oppositional defiant disorder, intermittent explosive disorder, depression, bipolar disorder, psychosis, and attention deficit hyperactivity disorder, among others. Many of the children were coming from unstable home environments where their family faced "greater adversity" (Arsenio, 2004, p. 115) and/or had suffered some aspect of trauma.

My goal during the embodiment sessions was to embody my perception of typical movement characteristics of the population as a whole. I observed many aggressive patients to create an image for myself of what aggression physically looked like for this group of individuals. I was interested in observing patients who had poor coping skills and an inability to self-regulate. In observation, this often appeared as a child letting their emotional state build, resulting in throwing objects, hitting others, slamming doors, and/or threatening the safety of self or others. It was from these observations that I was able to generalize how the aggression appeared on a body level so I could attempt to recreate and embody those movements later in my study.

Procedure

Research began with my initial clinical observations of the children at the behavioral health hospital, which I made on a regular basis as part of my responsibilities as a DMT intern. It was during my internship that I entered the inception phase of my study. The aggressive movements of the children intrigued me, and I wanted to learn more. Through my observations at the hospital, I documented the aggression on a Movement Assessment Coding Sheet (MACS). By going about my research in this way, I ended up with a MACS (see appendix B) for the whole age group (ages 3-12) that gave an overall sense of how the age group expressed aggression in their bodies, within the demographic that existed at the hospital.

Assessment tool. The MACS that I created and employed for this research focused on key aspects of Body, Effort, Space, and Shape based on Laban Movement Analysis. When filling out my MACS, I reflected on all of my observations of the children. This reflection led me to conclude what movement qualities were the most salient within the population that I was observing. I recorded the most significant movement qualities and from this record I aimed to

embody what the MACS indicated. I was able to validate my movements by referencing the typical movement qualities recorded, as I aimed to embody the same salient movement qualities.

Data collection. I spent approximately two months in my perception stage of my creative process, collecting data through seven different sessions of embodiment. I embodied the aggression alone, in a dance studio, and each session was filmed. I experienced the embodiment sessions alone in order allow myself more freedom and to avoid censoring my experience. I felt if anyone were to witness my movements, it would impair my authenticity and I would be unable to explore the movement qualities freely. I began each embodiment session by referencing the MACS I created for the children and tried to embody what this MACS dictated. I then filmed my movements and, upon review of the film, filled out a new MACS, which showed my movements explored within the embodiment session. I was then able to compare the MACS that resembled the typical movements of the population, to the one I created for myself. This served as a validation measure, in assuring that I was achieving the same movement qualities as I had observed in the children. I also collected data through journaling after each embodiment. Through the journaling I explored written word, as well as visual art utilizing oil pastels.

Throughout the research, it was important to consider my own emotional and physical safety. While I was involved in the embodiment sessions, I attended individual therapy to process any feelings that arose during my study. I added to my journal about any significant topics or new insights discovered during my therapy session. I also used props, such as foam blocks, pilates mats, and small rugs in my embodiment sessions to direct any hitting, kicking, punching, etcetera, that was experienced during the session. Before I began my research, I decided that if at any moment I had reached a point where my physical or emotional safety was threatened, I would discontinue the embodiment portion of my study. My goal was to keep

myself safe as I ventured into a scary and harsh embodiment, which had the potential to teach me a great deal about others and myself.

Challenges in the studio. I completed my embodiment sessions in a dance studio located in The Dance Center at Columbia College Chicago. When I initially sought out a space I looked for a room that was not attached to classrooms in hopes of having additional privacy. I wanted privacy as I was concerned with censoring my movements and I felt the more private the studio was, the more comfortable I would be to move freely. Due to lack of options, I was granted a space that was not ideal for my research. While the studio was large and spacious, and was not next to any classrooms, the environment of the studio infringed my experience. Regularly, I would have to ask other students to leave the studio, as they were using the space without proper permission. It made me feel uncomfortable to ask people to leave, even though I had the right to the space. In addition, groups of students enjoyed convening outside of the room during the time I was allotted the space. The students outside the room were very talkative and loud. Furthermore, there was not a lock on the door and often people would enter the space to borrow pilates and yoga mats, which were stored in the room. In addition, there was a modern dance class directly above the studio where there was a live drummer, and the drumming rhythms echoed through my studio interrupting my focus and concentration. At times I craved a stereo to play music to help drown out some of the distractions, but there was no audio system in the room and my computer or other devices were not very loud. All of these unfortunate circumstances put a stress on my research and my data collection.

I thought a great deal about other locations where I could explore my embodiment of aggression, as this location was not as ideal as I had hoped. However, I realized no matter where I went, there are always people around that will keep me from truly letting go and experiencing

the embodiment, especially in the city of Chicago. I came to the conclusion that any venue or new location I could think of was not a solution to my problem. I felt I was trying to avoid the public hearing me, as I was worried of other's reaction to my embodiment. I was trying to keep this reaction from occurring, but it was simply a part of my research; which little did I know, was going to provide great insight. I did realize that there was an interesting juxtaposition, as I was trying to hide the experience and have privacy, whereas the children often experience their aggressive outbursts with witnesses present.

In addition, my own personal experiences within the dance studio were an obstacle. Entering a dance studio carries a heaviness for me. Growing up as a dancer, a dance studio contains a great deal of nostalgia filled with positive, but also painful memories. As I pursued a career in professional dance, my potential vocation was cut short by injuries and chronic pain. Due to my personal experiences within a dance studio I created a ritual for myself upon entering the studio space I utilized for my research. I was fortunate that the space had curtains to cover the mirrors, which helped me remove the label of "dance studio" and helped me mold it into my "embodiment studio". I closed the curtains and turned on a few small lamps that were available in the room. This allowed me to not have to utilize the overhead lighting, which were fluorescent and felt sterile. From there I would begin warming up my body and becoming more present; I did this through movement improvisation and deep breathing. I focused on my senses to bring me to the present moment: rubbing my hands together to create heat and pressure, smelling the surrounding air, and seeing and noticing what was in the room around me. This process prepared me for my embodiment of aggression and my data collection. Every time I went to the studio this ritual was a way to center myself and to remind my body what world I was entering.

Data analysis methods. After I completed my embodiment sessions, I spent an

additional two months attending the studio weekly to analyze the data I had collected. Conducting data analysis in this studio environment felt more comfortable than embodying aggression. I had already gathered the data, and was farther in my DMT studies, so there may have been a variety of factors at play that influenced my greater sense of ease in the analysis portion of my study. However, the most significant factor was that I felt as though I had stepped into my dancer and artist shoes, which allowed me to feel less vulnerable in the room.

I analyzed my journal by color-coding significant words and finding deeper meaning and connection amongst my written data. I read through journal entries and watch my filmed embodiment sessions before I engaged in movement exploration. Through movement exploration, I was able to create a dialogue amongst my data. My movement was inspired by the data that was collected. I used the color-coded words and my visual artwork as motivators for my improvisation of movement. Through the movement of the data, I was able to understand multiple aspects of my data at once and understood it more deeply making connections within the data that I had not made previously. The movement served as my analysis and also as the beginning stages for my choreography that would become my final performance. Within my creative process, this was the stage where I explored my inner dialogue, which led to illumination of new ideas and answers to my research questions.

Through making movement and dance, I was able to creatively synthesize my data into results from the study. Entering the expression/formation phase of my research, I began solidifying movements that felt pertinent and videotaped me moving, which I then reviewed and reflected upon. Afterwards, I watched the film and edited out all of the pieces of the film I felt were not representing the data fully, so I had an even clearer sense of my results from the study. The edited film served as the skeleton that became my final performance. The film held

significant moments I knew I needed to include in my piece that represented the data and what I had experienced. I then choreographed the full dance and solidified the movements, all based off the film and my movement exploration. The findings of this research were presented through a dance performance, which represented the last stage of my creative process: outer dialogue. The performance took place in May 2013 during Manifest Urban Arts Festival at Columbia College Chicago.

Conclusion

The methodology of artistic inquiry was supportive to my creative process and to me as an artist, while still allowing for structure to guide my research. Synthesizing the data within my movement, by simple movement exploration that resulted in choreography, was very effective for me. I grew up in a dance world and always felt I could express myself more completely through movement than through speech. Movement provides a deeper level and a whole additional vocabulary that assists in processing the information. Hervey (2000) explains, "the purpose of artistic inquiry is not to create findings, but to create a form that is able to reveal and express the essential qualities of the findings" (p. 71). It is through the expression of essential qualities that I have developed as an artist, a researcher, and a therapist.

Chapter Four: Results

When I began this study I had several research questions: How can the embodiment of aggression prepare me in my journey of becoming a dance/movement therapist? What would develop for me on a body level when I embodied movement qualities I associated with aggression? How could I gain a greater sense of empathy for my patients who act out aggressively? Are there recuperative or preventative measures I could help my patients take, based on my learned body knowledge? Through my process I feel I have concluded with some answers. Through each embodiment I learned more and recoded my results after each session. I began this chapter by describing the movement qualities I aimed to embody within each embodiment. I went on to explain each embodiment session and the data collected within the session. I concluded the chapter by explaining how the data was analyzed and how it evolved into my choreographed piece that represented the results of my study.

MACS Analysis

The MACS I created for this thesis study was focused towards this population specifically, in an attempt to capture the most pertinent and salient movement qualities of this population when they experience aggression. I utilized my Graduate Laban-Certificate in Movement Analysis to aid in my precision and accuracy of the recording and observation of the movements for the population as a whole. In terms of effort qualities, the children largely utilized increasing pressure and acceleration and were often in rhythm state. When the children became more effortful they would enter passion drive where they were not attuned to space. I observed a lack of breath and felt the children's scapulae were often disconnected, and there was a lack of core support and overall body connection. The children often used two-dimensional movements and rarely utilized all three dimensions as witnessed by a lack of carving. The

children used large reach space at a mid to low level or a small reach space at a low level. I aimed to explore these different movement qualities in my body during my embodiment sessions in order to begin to learn and understand what the children's physical bodies might experience in a state of aggression.

Embodiment Sessions

Embodiment session #1: Worrying. My movement for this session began with a gradual increase of pressure in my hands and a rising of my shoulders. I stood upright in the vertical dimension and streamed my energy inward creating bound flow. I recuperated by relaxing and then impulsively began stamping my feet. I needed a great deal of recuperation in this first embodiment session. This session served as an initial attempt to try on and figure out the logistics of this type of movement. Quickly I discovered I was not able to complete the movement as authentically or ideally as I wished. I went to punch the wall and stopped myself before hitting it, as I did not want to hurt myself and did not want to hurt the wall. This was my first awareness of the factor of safety and my modification to the movement. I began using a yoga rug as a soft tool to aid in the safety of the embodiment. I threw the rug to the floor and then across the room. These movements ended with me on my knees punching the balled up rug. During this embodiment session I tended to recuperate through use of time. I began decelerating as I became fatigued and then quickly accelerated as I regained energy or motivation to continue.

During this first session I was very dizzy. I questioned in my journal what my dizziness was a result of. I wrote in my journal, "I am a flighter, not a fighter". I felt my dizziness was my body telling me to flee the actions. This was an important piece of information, however, throughout most of the first session's journal entry I simply worried. I wrote about being worried that I had not utilized vocalizations that day, worried that someone might hear me, worried I may

hurt myself, worried I would never use full force, worried I was holding back, worried the research may not have any positive results, and worried that I was not capable of completing this project. Amongst the worry, I also was left questioning how the children's extremities felt after an aggressive episode. I wondered if there was any care shown towards the child's body parts that were utilized in the physical aggression. This initial recognition of care towards the body was a theme that I would see throughout my embodiment sessions.


Lost in a Spiral of Worry

Visual piece drawn after embodiment session #1

Embodiment session #2: Why? Holding back. My second embodiment session began where I worked with a small yoga rug and increased my pressure into the rug; I then attempted to tear it apart. I came down to my knees and practiced a more subtle aggression focused on the self, where I began scratching my arms slowly. Of course I did not increase my pressure to a level where I was truly hurting myself, here again, not being able to actually feel what a child might be feeling when they complete a physically aggressive act. I took some time to recuperate by walking around the room and utilizing indirect space. I then refocused and began directly kicking the rug across the room. I kicked with a great deal of force, but then scaled back the speed and pressure because the rug warranted much less force for kicking the object than my

body wanted to experience. I then transitioned to a series of posture-gesture mergers, where I spread my chest, advanced, and accelerated with increasing pressure, displaying a punching action as my arms indirectly flew to the sides. I began to attempt to vocalize, mouthing the words "hit me" as I postured forward. After several attempts these two words escaped my mouth with the slightest force. In the reviewed film, when turned up full volume it is still hard to decipher what I am saying. I ended this embodiment with trying to play music to encourage more authenticity and to encourage more vocalization. I put on heavy punk rock music, however with the only music system in the room being my computer, the speakers would not drown out my voice as I had hoped. I spent about 30 seconds punching the rug and mouthed the words "I hate you", but once again, my voice was inaudible.

Journaling after this embodiment I wrote "STILL HOLDING BACK". I felt the environment of the studio was not ideal for the research, but could not find a better option for myself. I questioned, why I felt I needed more safety to scream, writing, "children never have safety and they scream willingly". Then I asked, "Do they scream at their lack of safety?" This session began the question of *why?* Why do the children act this way? Is it their parents? Is it abuse? Is it lack of support? My only conclusion on this particular day was that it made me very sad. I felt the sadness fueled, but also plagued, this embodiment session. I was disappointed about the studio space and was disheartened by the material. This left me wondering how the rest of the research would progress.
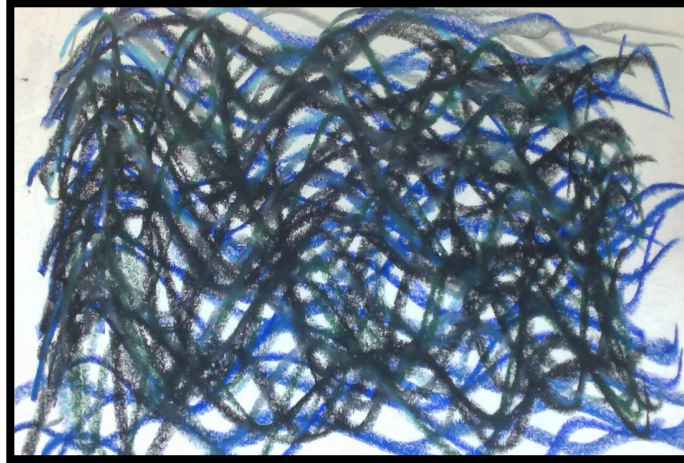
Sadness Engulfing My Space

Visual piece drawn after embodiment session #2

Embodiment session #3: Helpless fear. During this third session I experienced an intense dizzy spell. I struggled to embody much of anything during this session, as I had such a severe headache from the dizziness. Every time I began to intensify my movements my headache intensified. It was making me feel nauseous as well and I eventually had to stop. While I was moving, I mostly explored stomping and banging my head and hands against a wall; I used a yoga rug for cushion. Even with this safety precaution, the thought of the children hurting their hands and feet seemed relevant to me again during this session. The pain would linger in my body parts that made contact with the inanimate surfaces. This stuck out as something major within my research.

I began talking to the camera during my embodiment of the aggression for the first time and found this was a nice and easy way to give direct feedback from my experiences, opposed to writing it later in my journal. While I spoke with the camera I spoke about my uneasy feeling regarding people outside of the room. In addition, during this session I had an interruption with someone entering the space to borrow a yoga mat that was stored in the room. I also spoke about the fear of an aggressive child. I questioned whether they have any fear in their aggressive state,

even when these actions may be fueled by fear in their life, but once again, do they know what fear is? Have they ever not been in fear of something, to know what having no fear is? While I found speaking with the camera helpful, I also still wrote in my journal afterwards to gather my salient ideas. I wrote, "my voice gets lost in the room, I even struggle to just speak. Yelling seems out of the question and it all seems so private to me, why?" I wrote about and spoke about helplessness that day. I was feeling helpless in terms of factors contributing to the project. I then related this to the helplessness of the aggressive children. I saw this as a potential shared theme between my experience and the children's experience.
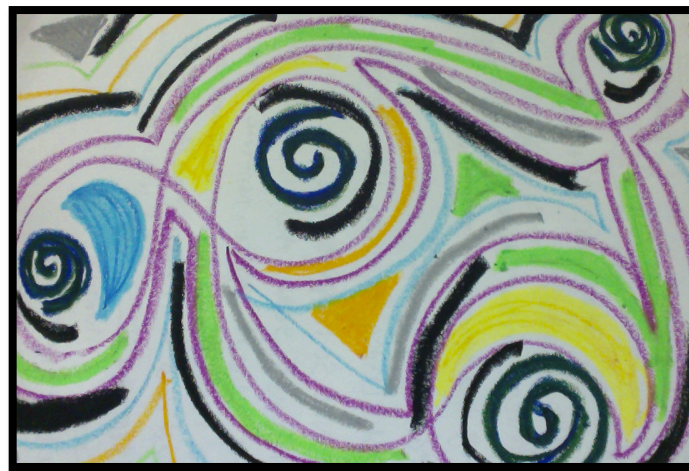
Swirling into Fear

Visual piece drawn after embodiment session #3

Embodiment session #4: First vocalization. I began this fourth session by talking with the camera. I used this as an opportunity to get a feeling for my voice within the room and to become more comfortable vocalizing. I spoke about my recent session with my dance/movement therapist and how I felt within my process thus far. I was feeling stuck and I was unhappy with my most recent therapy session. I wanted a push to move forward as I had not progressed as far as I had been hoping. I felt as though my therapist, while she was supportive, was not providing

adequate feedback to push me further in the process. I realized that the study was focused on myself and it was up to me to push forward.

The embodiment began with the use of foam yoga blocks; I began by simply throwing them. The throws had a very indirect quality and were impulsive. I then began punching the blocks, as they were firmer than the rugs that I had been previously hit, but still soft enough to avoid injury. The impact was jolting, but I still yearned for more. I progressed to taking about ten blocks, stacking them up and the knocking them all down. I had seen this sort of action many times at the children's hospital and I wondered as children knock down items and make a mess, opposed to hurting someone or something, what is the intention in this? I felt this was a move that could be utilized as one more thing to anger the adult, or the person in charge. To create a mess seems like a less aggressive, but still effective way to get their point across.

This was the first session I had any kind of power within my voice. I spoke the words "go away" and "stop", however, after these two vocalizations I became very self-conscious and had difficulty saying any other words with volume. I attempted to say "no", but it came out soft and vibrating, appearing weak and unsure. The session concluded with me folding my arms and creating facial expressions where my face enclosed and scrunched up. My whole body became a small ball becoming tighter and tighter as I increased my pressure and bound my flow.

This embodiment session was somewhat of a breakthrough within my data collection. I vocalized with a sense of power and I did not experience dizziness. In my journal I wrote, "I felt strength in my voice". I continued to write about how I hoped to sustain it longer and to feel more confident in it. I also felt as though the sound was coming from my throat opposed to my diaphragm. I hoped to find more increasing pressure within my voice, predicting it would

provide me with a deeper sense of confidence. However, overall, I was very happy and excited about the new level I had reached within the embodiment session.
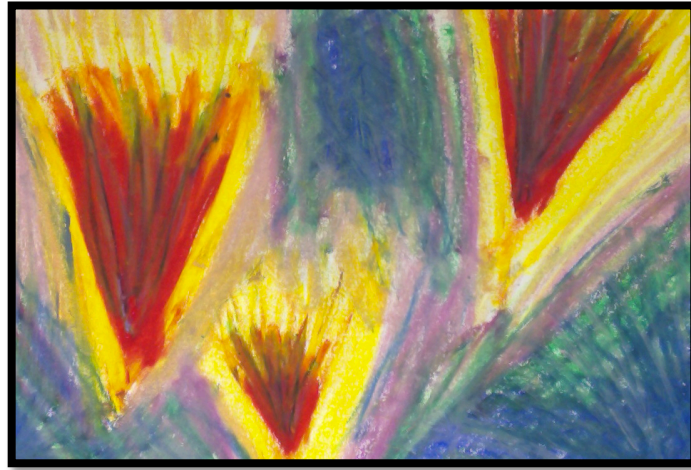
Bursts of Intention

Visual piece drawn after embodiment session #4

Embodiment session #5: The child's norm. The movements in the fifth embodiment session involved more free flow and increasing pressure. The movements were impulsive and indirect overall. I spent some time working on just vocalizing. After say a few words such as, "no", "so what", and "I don't care", I suddenly became very reserved and a great fear came over me. I was not fully embodying these words, but my body was holding me back from vocalizing deeper. I was hearing people talking outside of the room and I felt they could hear me, which made me feel extremely uncomfortable.

While journaling, the topic of safety for the children surfaced yet again. I asked the questions, "what is their knowledge of safety? What is their norm? Where is their baseline? How large is their window of tolerance?" Meaning, how large is their ability to stay in control of their emotions? How easy is it for these children to stay regulated? Are they ever regulated? Are they regulated within their disregulation? In this session, I felt positive that I, once again, did not experience dizziness and that I felt new insights emerging regarding what is considered the

children's normative life and reflecting on their regulation. However, during this embodiment session, several people entered the room either because they did not know anyone was in the room, or to borrow a yoga mat. This continuing problem frustrated me and made me feel unsafe in the space.

Window of Tolerance

Visual piece drawn after embodiment session #5

Embodiment session #6: The interruption. During this embodiment, I was working in the studio and I felt I was doing well. I knew I was nearing the end of my embodiment sessions and finally decided and committed to trying to push myself farther than I had ever pushed myself before. I wanted to test how long I could stay in the embodiment, as staying in the embodiment had been challenging for me. I spoke at the beginning of the session about feeling "stuck". I felt that with the safety limitations and me being uncomfortable vocalizing in the room, my embodiment sessions began feeling stagnant.

In this session, I wanted to challenge myself to go deeper than I had ever been before. I wanted to set my fears aside and really delve into the experience. In this session, I used a Pilates mat, which I found had more weight making some movements feel more authentic. I threw the mat down to the floor and a couple times against a wall. I kicked the mat, and kept moving with

acceleration and increasing pressure until I could no longer continue. However, my fears regarding my space were justified because as I reached the height of my aggressive embodiment a male faculty member entered the room abruptly with no warning. I heard him strongly question, "what are you doing?" My body jolted out of the movements and I held my hand to my rapidly beating heart. He seemed annoyed and angry; he said I was being disruptive and "practically knocking things off of a wall" in the next room over. His presence scared me because I was in a vulnerable state and I felt violated. I became embarrassed and tried to explain my research, and he looked at me puzzled and told me to stop what I was doing. This session, up to that point, had felt like the most authentic embodiment. It was one of the first times I felt completely focused and forgot about people outside of the room. I was committed and finally letting go, but as the male entered the room my body froze; I felt it strongly in my chest. Once the male left, I began crying. I think I had been in a place where my body was leading and I was pulled out of it so quickly by the interruption that it jolted my system.

Afterwards, I processed out loud on film and spoke about the theme of embarrassment and my realization that I caused a disturbance to others and their reaction was negative. In my journal I wrote, "I feel like he sabotaged my process…he looked at me like I was crazy. I felt crazy. I hated it. I couldn't continue. Being jolted out of a deep felt experience is unsettling. I felt so unsettled." I concluded the session for myself with some movement improvisation, just for fun. It was not about the research, it was about genuine recuperation for myself, and to also feel safe again in my body and in my movements.
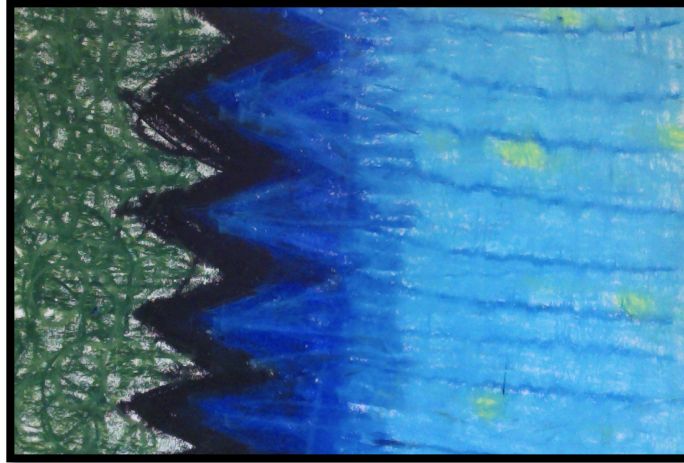
A Broken Process

Visual piece drawn after embodiment session #6

Embodiment session #7: Disconnected. After the sixth embodiment session, I was

weary to complete any more embodiment sessions. I felt unsafe in the studio and was scared that

anyone could enter the room at any moment. I spent a very short amount of time attempting the

embodiment. However, I felt so preoccupied by my thoughts I did not feel present and I did not

feel I was fulfilling my task. I seemed to lack a full-bodied experience. There seemed to be a

disconnect from my mind and body and they were not working as one. In my journal, I came

back to the word "helplessness" and felt sadness toward the whole topic of physical aggression

in children. I left myself wondering, "will this sadness and despair lead to repair?" In total I

dedicated seven sessions towards embodiment, which ultimately came to an end after I felt I had

explored as much as I could within in the environment that I was utilizing to complete my

research.
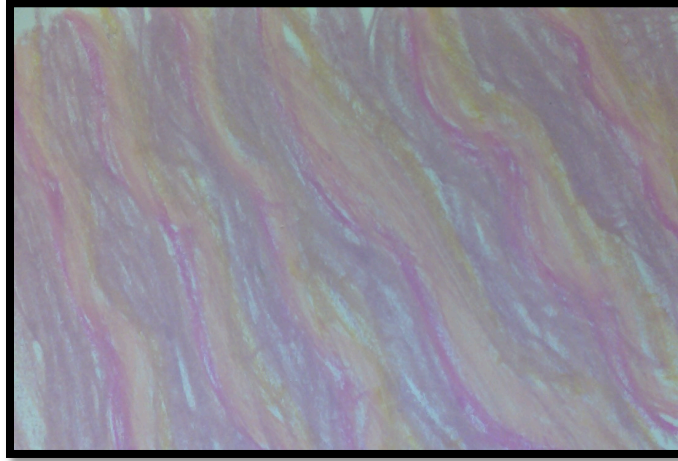
Despair Leading to Repair

Visual piece drawn after embodiment session #7

Choreography Process

After my seven embodiment sessions I began the process of analyzing and choreographing a piece for my final performance, which presented the results of my study. I continued to utilize the same studio space that I had used for my embodiment sessions. I began my choreography process by moving without music to begin the dialogue between my data. This movement served as a vehicle for organizing my thoughts and making sense of the data within my body. The movements became my language to describe my experience. I spent an additional eight sessions, taking place over two months where I worked on processing my data and eventually choreographing my piece. I filmed all of my movement, which I was able to watch and determine what movements truly resembled the feeling of my data. I began playing with different movement choices by listening to different ambient music pieces retrieved from an internet radio station. I had decided I wanted something subtle because the movements had a great deal of power and the music just needed to provide a background. I ended with two song pieces that I overlapped and then edited in a few additional sounds. I added slamming of doors, thunder, footsteps, and also adjusted the volume. My intention was to add the feeling of

impulsivity, fear, and uneasiness, which were all strong themes in my performance. The end result was a choreographed piece, where within each section I allowed for some subtle improvisation.

The Performance

The performance took place on May 16, 2013 during Columbia College Chicago's Manifest Urban Arts Festival. I performed in the Dance/Movement Therapy and Counseling Program's performance entitled "Shift Happens". Originally, I felt the performance was the end product of the study, but it was actually a continuation of the process. There were many experiences that occurred within the actual performance that were important to the research as a whole.

On the day of the performance, I was extremely nervous. As I waited my turn to perform, I sat slightly shaking and I felt short of breath. My anxiety was building with the anticipation of the performance. This was the first time I performed a piece that was not just dance for a performance; it was evidence. It was my thesis findings; and it was vulnerable work. I spoke a few short words explaining my study before I began, hoping to give the audience an initial understanding of my thesis work. I stood, reading from a piece of paper, my voice vibrating and my hands shaking. I focused on my breath and my inner voice told me to be calm.

As I began the piece I realized that there were so many people in the room, and they were very close in proximity to me. I could see close friends, family, and stranger's facial responses to the movements my body created. I was concerned with my sudden distraction of trying to think what they were thinking. I felt myself re-center and try to stay present. I remember not wanting to look at certain individuals to avoid being pulled out of my process. I focused my intention to

look through the audience and gaze past the walls of the room, which allowed me to look beyond the people and also gave the sense of taking up more space in the small room.

The performance piece was created with movements inspired from my experiences of the embodiment of aggression. I felt the spirit of aggressive children existed within this performance. I moved, explaining both the hardship and turmoil of the children and my personal feelings towards and within the subject. Due to the various hurdles that existed within my data collection on both a personal and an environmental level, I experienced much personal growth and felt that this growth and struggle fueled the creation of my performance piece.

About a minute into the performance I felt myself fulfilling my inner dancer. The researcher part of me was present, but seemed to take an observing role within the performance. The dancer within me took over. By being my dancer self, I was able to more deeply fulfill the meaning of my work; more than I had ever experienced in rehearsal, where I was focused solely on research. Even though my dance was not meant to portray the embodiment of aggression, but rather what I learned from the embodiment of aggression, there were moments in the performance where I felt I reached an even deeper sense of true embodiment. I think it was my dancer mentality of knowing that this was the one performance and I had to give all of the energy I had. In addition, I felt I had mediated the split between my mind and body. I was not thinking about what it all meant, I was letting my body lead and tell the story of my research. No words were needed; no thoughts were needed. Just movements.

During rehearsals for the performance, there were some movements that I never experienced with the full amount of energy. I would walk through those sections, knowing that on the day of the performance I would complete the movements with as much effort as I could. Because of this, there were very real moments that were providing new information for me. In

the moment, I remember slamming my hand on the ground and being surprised by the intense stinging pain. And then I told myself, *do it again*. So I did. My hand stung with pain and a sense of numbness. The numb feeling subsided quickly and then pain bled into my whole arm with a vibrating sensation. In this part of the performance, I felt I was experiencing the physicality of hitting in a more true form than I had when I was in rehearsal. While there was still an element of safety prohibiting me from going further, I felt a sense of the pain and numbness that one can experience when intentionally hitting a solid surface repeatedly. The feeling to me was somewhat overwhelming, but also satisfying.

Another aspect of the piece that stood out for me was during a section where I spun many times while gazing at the ceiling. During rehearsals, I included this part because it felt like I was spinning out of control. When I stopped, the world continued spinning and I experienced dizziness, instability, and the feeling of being lost in the present moment. When I completed this part of the dance at the performance, there was the added feeling of fear. Fear that I might fall, fear that I might run into someone, and fear there was not enough space. The attendance for this performance was extremely high and the audience sat in the round. I had people sitting on the floor watching from every direction. It felt as though they were closing in as I tried to take up more space. Having the audience so close gave me more insight into what I was trying to achieve with this movement. I felt out of control with no stability within my body to help regulate and control my actions. The aggressive children have so much happening around them with little ability to cope and regulate in order control their body in the moment. I felt my body was out of control and I was no longer able to contain my movements until I regained a sense of clarity and calm that allowed me to stabilize my body.

As the piece concluded, there was a moment of hesitation in the audience before the applause. The energy in the room felt tight and stifled. One of my educators who was officiating the performance encouraged the audience to take a deep breath to help foster their recuperation after witnessing my study's results. There was so much intensity within my performance I needed recuperation after the piece. I found myself wanting to regroup and did not want to talk to or touch anyone for a few minutes. I needed to regulate my breath, my nerves, and my overall sense of heightened emotions. In that moment, I was in my own space and was not willing to let anyone in right away. This feeling and need for space was a reminder to me that children have the same need for recuperation. By allowing the children to have space, gradually engaging them in discussion, and attuning to their recuperation process the therapist can create an environment that could be conducive to their physical and emotional comfort.

Conclusion

Specific themes that existed within the creation and performance of my dance were instability, uncertainty, impulsivity, moments of clarity, loss, being let down, searching, lack of trust, building relationships, hopelessness, fear, and inner to outer expressivity. Understanding these themes helped me see how my main research questions were answered. I found, based on the embodiment of movement qualities associated with childhood aggression, and my subsequent empathy for these children, that I was able to develop new insights concerning interventions for this particular population. In addition, I found my body's ability to regulate while experiencing the aggressive movements contributed to my ability to regulate while witnessing aggressive patients doing these movements. I feel these insights are transferrable to work with other populations dealing with aggression or experiencing crisis, which will contribute to my development as a dance/movement therapist.

Chapter Five: Discussion

Throughout my study, I discovered a great deal about this population of children and myself. I felt the theme of norms and what social normative behavior is to be pertinent, regarding the children, me, and the rest of society. Throughout the embodiment sessions, I felt I enhanced my empathy, which led to greater understanding of the child's world and his/her reality. With this information I was able to make informed decisions regarding interventions to use with these children. Throughout the process, I encountered several factors that either limited my research or were part of the process of becoming adaptable to fit the needs of the study and of myself.

Social Normative Behavior

Many of the questions that arose throughout my study were challenging the idea of norms: comparing the aggressive child's norm versus the societal norm. Within the current literature there are findings that suggest that aggressive children have similarities concerning their poor home environment, having poor social skills, and struggling academically (Arsenio, 2004). In addition, research showed that children with lower levels of aggression tend to live in families with higher income, more parental support, and higher academic levels (Arsenio, 2004). As children grow, based on their norm, they develop coping mechanisms and emotional regulation skills that help them resolve and handle their emotions as they arise (Arensio, 2004). When a child does not have these skills they may resort to aggression. During my study, I was aware that the environment I grew up within, or my norm, was different than the norm of the children I was embodying. This knowledge impacted how I experienced the movement and also my perspective as to how others viewed the movement that I was embodying. I attributed my hesitation in the embodiment sessions to my perspective of the social normative behaviors that exist in our society.

Some of the challenges I dealt with in the studio when I embodied aggression were reflective of how I anticipated aggressive acts being viewed among society. Based on my background, it is a societal norm to not express aggression, especially for women. As I began the study, my fear was that if bystanders heard me, either slamming the floor or engaging in an angered scream, they would come to see what was happening and try to interfere. I associated a societal pressure and a negative connotation with the aggression I was embodying, which contributed to my inhibitions. My fear was realized when the faculty member interrupted me during an embodiment and told me to stop what I was doing. This confirmed how I perceived others might react to my actions. However, this also made me question whether the children expect that reaction, want that reaction, or perhaps do not receive a reaction depending on their norm.

In my experience at the behavioral health hospital, staff members often yelled in order to stop or interrupt the child's aggressive behavior. In more serious situations, physical holds or quiet rooms were utilized to contain the individual. These consequences for the children contributed to my idea that there was a natural reaction to stop or cut off the action quickly. I felt this method of dealing with a child experiencing aggression was jarring and harsh. While it is necessary to discuss the aggressive act and let the child understand repercussions for their actions, my results implied that it is more important to change the ongoing aggressive cycle by intervening in a more empathic way. In studies completed by Sheehan and Watson (2008) and Valles and Knutson (2008), they found that aggressive discipline leads to more aggression within the child. There seemed to be a norm I was experiencing in the hospital where an aggressive act was met with an aggressive yell or physical hold, and while it may be well intentioned, it could exacerbate the aggression within the child.

One question that kept surfacing for me throughout the study was whether the children understood or realized that some of their environments were abnormal. Often these children have developed this aggression from an early age and have not yet been shown how to redirect their emotions in a more productive manner. Children learn through observation and through experience (Moeller, 2001). If the child witnesses aggression in the home, or learns that by being aggressive he/she will have his/her needs met, then the aggression will become the child's coping mechanism. By growing up in a home environment that has greater adversity, these aggressive children are often left with poor social skills and low academic levels (Arsenio, 2004). With this knowledge, and the instability and impulsivity I felt in my body during the embodiment sessions, I began to wonder what the baseline is for these children. Do their bodies live in what the general population believes is a safe and stable place? Everyone lives within a window of tolerance. One's ability to stay within his/her window increases as one develops coping skills and the ability to regulate his/her emotions. Certain situations can cause one to leave his/her window and become either hyper or hypo regulated. "Outside the window of tolerance, excessive sympathetic branch activity can lead to increased energy-consuming processes, manifested as increases in heart rate and respiration and a pounding sensation in the head" (Siegel, 1999, p. 254). Children growing up in unstable environments could have an inability to stabilize themselves. Without the learned experience of how to develop coping skills and regulate their emotions, the children are left to express their emotions the only way they know how: by using aggression.

Repeated senses of being out of control—experiencing emotions without a sense of others helping to calm them down—can lead such persons to be unable to soothe themselves as they develop. This lack of self-soothing can lead directly to a narrow

window of tolerance. When such a person breaks through that window, the result is a

very disorganizing, 'out-of-control' sensation, which in itself creates further state of

distress." (Siegel, 1999, p. 256)

Due to the aggressive children developing the inability to self-soothe, I questioned whether these

children know what real stability, and control is. My guess was that the real meaning of these

words is unavailable to the population, as so many are growing up in environments that are

seemingly unstable.

Empathy and Understanding Leading to Interventions

My embodiment of aggression and the awareness of different societal group's norms

made me consider my life experience versus these children's life experiences. The

acknowledgement and recognition that my experience differed from the children's experience,

led to my increased empathy for the aggressive children. While I began this study with the

awareness that we came from different backgrounds, by letting myself go to a physical level of

the aggressive act brought about new insight and further confirmed that I have had a very

different life experience.

During my embodiment sessions, I was able to collect data and learn from my body. The

body provides unique insight, as "it is known from both inside and from without" (Slaughter et

al., 2004, p. 1), and the body is able to feel the movement more deeply than simply observing

movement allows (Reason, 2012b). Within my first three embodiment sessions I dealt with

dizziness. I am prone to dizziness, however this was a different sensation and was unexpected. I

would enter the embodiment session feeling fine, but as soon as I began my process I became

very dizzy. This discomfort would then linger for the remainder of the day. I interpreted that my

dizziness was my natural sympathetic nervous system telling me to stop and to flee, not to fight.

Sustaining the fighting physicality left my body stunned and disregulated. In order to resolve my dizzy spells I spoke about it with my therapist, eventually linking it to my vulnerability. The dizziness eventually dissipated and I did not experience it again in my embodiment sessions. I felt the recognition of the issue was key, and once I realized the problem I became more comfortable in my vulnerability.

My feelings of vulnerability led me to wonder what sort of visceral reaction the children experience as a result of their aggressive movements, if any. I was vulnerable within the aggressive movements because they were unfamiliar patterns in my body; perhaps the children feel vulnerable when they are asked to resolve their emotions in a new way. If becoming aggressive is natural to them, as a way to resolve their emotions, what might happen when they change the pattern resolving their emotions? This was a pattern that has been engrained and reinforced through peer groups (Nesdale and Duffy, 2011; Ostrov, 2010; Preddy & Fite, 2012; Salehi et al., 2013), parents (Sheehan & Watson, 2008; Valles & Knutson, 2008), and has served as a means for the child to meet his/her needs (Moeller, 2001).

Repatterning behaviors can increase vulnerability, and vulnerability can be felt within the body. The learning process to redirect the aggressive tendencies may affect how the child feels on a body level due to this vulnerability, which could result in body felt sensations, such as dizziness. Being more aware of the impact of repatterning for the children can be an important factor when working with them to decrease their aggression. This realization within my study indicated how embodiment could lead to deeper empathy for the patients, which helped me refine my selection of intervention when working with this population.

During my sixth embodiment session, I experienced what it felt like to be pulled out of physically aggressive movements without warning or opportunity for gradual recuperation. This

occurred when a male faculty member entered the room unannounced. Relating to my discussion of the societal norms towards aggression, this experience made me consider society's tendency to stop or interrupt physical aggression. When this abrupt directive occurs, children cannot use graduality, making recuperation from the physically intense state difficult. Based on my experience, I found that when taken out of the physically aggressive state this way, I was triggered, which resulted in an emotional response. In my case, my emotional response included crying and the feelings of shame and embarrassment. When dealing with children, we want to keep them and others safe. However, my results implied that fostering a gradual recuperation for a child might result in more productive processing and limit the aggressive act, instead of triggering it further. Based on this realization, it would be more beneficial to give more positive directives to the children. From my experiences in the hospital and my experiences in my embodiment sessions I heard the words "no" and "stop". I would suggest that eliminating these negative words, and replacing them with a task for the child to focus on, will help re-center the child and give him/her an alternative to the aggressive behavior. For example, tell the child *come here, take a walk, inhale*, *focus on breath,* or *punch this pillow.* These positive directives may give the child a new movement to engage in, opposed to simply stopping the energy of the aggressive act in which they are involved.

During my embodiment of physical aggression, I also found that my hands and feet hurt a great deal when they were the main communicator of the physical act, e.g. hitting, stomping, kicking, punching, etcetera. I became interested in how physical pain is or is not addressed by clinicians when processing the incident with the child. By addressing their physical pain in their hand or foot, I wonder if I could use this information to engage the children in discussion about their aggressive act. Asking the children about their physical feelings shows initial concern for

the well being of the individual, rather than jumping to reprimand or delving into the emotional content. By starting on a body level, my results indicate that the children may be able to enliven their senses which can bring them to the present moment and begin a dialogue that is tactile and on a less emotional level. If the child is outside of their window of tolerance during their aggressive act, he/she will experience disregulation. The child would be in a heightened state and would likely not be present enough to have an in depth conversation about his/her actions. Once outside of the window of tolerance "function becomes impaired" (Siegel, 1999, p. 254). The basic conversation focusing on a part of the body could enhance a rapport that could create a foundation to eventually address deeper issues about the aggressive act once the child has reentered their window of tolerance and is more regulated. Then having a discussion regarding the aggression, such as discussing what the trigger was, how it felt in their body, and how he/she could better respond in the future might be more productive. The child is not initially present enough to really hear or understand the meanings of the discipline immediately after or during the aggressive behavior. My suggestion with this intervention is to bring awareness to the body in a physical way, which may reactivate the mind-body connection, which seems to be absent during an aggressive state. In addition, if a child insists that he/she do not feel pain when he/she used his/her body as the communicator of the aggression, it would be important to let the child know that the way he/she treated his/her body *should* hurt. This is a way to show the child that it is acceptable that he/she is hurt, or that treating one's body in that manner should hurt and we should provide more care towards ourselves.

Performance implications. During the performance of my results, I felt I expressed the meaning of the movement more fully than I had been able to do alone in rehearsal. I felt this paralleled what may happen to a child when they are in an aggressive state. Each aggressive act

is like a performance. There is no rehearsal for the child; the child utilizes his/her full energy and potential, and lets his/her inability to regulate his/her emotions overflow into the dynamic performance. With this in mind, I reflected on how children generally act out when there is an audience present. At the hospital, where I was a DMT intern, I witnessed many aggressive episodes. These acts of aggression always occurred when there were people around to witness the behavior. The aggression is a behavior that has been solidified overtime as a way to cope with feelings and to meet needs (Moeller, 2001). Rarely is the child acting out alone, seeking privacy, like the privacy I was so desperately seeking during my study. However, I realized once I performed my work in front of an audience the authenticity that emerged within the movement was unique and original to the moment.

After my performance, I experienced the need for personal recuperation. That was my first experience of embodying the results in front of others, and I did not plan my need for recuperation after the performance. Due to the nature of the show, the audience sat in the round in a small classroom and once a performer completed her piece she would join the audience. My experience of realizing I needed personal space to recuperate could parallel the recuperation needs of aggressive children. Based on my experience, as they transition out of their aggressive state they need space and very short simple questions. This relates to my suggestion to create conversation that is on a less emotional level initially in order to let the child regain regulation. I predict that by giving the children space and letting them slowly come to the present moment will be more impactful than attempting to deal with what happened and trying to solve matters quickly.

Limitations and the Inability to Embody Aggression

Within this study, it was crucial for me to be adaptable. I realized that whether the results ultimately answered my research questions, or not, I was collecting pertinent and substantial information. I experienced many distractions and personal struggles including my inability to vocalize and not fully physically embodying the aggression. Despite these, I had to let the process be and know that in the end I would conclude with more knowledge than when I began. The experience of being adaptable and trusting the process can directly relate to working as a dance/movement therapist. As a dance/movement therapist everyday is unpredictable. One cannot predetermine how a client will be or react to certain situations. Being adaptable and learning how to flow within a process can be a vital tool.

When I began this study, I was interested in what would emerge for me on a body level when I embodied children's aggressive movement qualities. While I felt I embodied qualities of the aggression, I ultimately did not fulfill my goal completely. Due to many logistics such as environment, concern for safety, and concern for property, I was never able to complete many of the actions that may have made the embodiment more authentic. In the ideal study, I would have had a fully padded room and been able to experience throwing a chair across the room at full force, as I had seen many times at the hospital. This sort of act was not possible for my surroundings or any location I had available to me. I used foam blocks and mats to throw as hard as I could, but I knew I was not experiencing the weight of the object, or the true force behind the throw. Nor was I experiencing the sound, clash, or impact of the object colliding with the wall or the floor. I knew without the accurate physicality I was prohibiting myself from the true experience, but I could begin to make informed assumptions based on the embodiment sessions.

I realized that these children put themselves at risk when they were involved in aggressive acts. I was not willing to take such a large risk for the sake of the study. What would

have perhaps caused broken bones, or ramifications for damaged property, I decided to refrain from the authentic action. This made me contemplate the children and their idea of personal safety and also the context of their normative world. In the child's emotional state he/she does not worry about making a hole in the wall or breaking a bone. These were concerns of mine.

Personal obstacles. Throughout this research there were some limitations. Due to the focus on myself within this artistic inquiry, I became aware of many parts of myself that interfered, or affected the research in some way. These parts of me contributed to the molding of my research experience. Different obstacles arose for me on a personal level and I had to either meet the obstacle, adjust it to better suit me, or some I just had to accept as limitations.

My personal hindrances contributed to my inability to fully embody the aggression. I like to follow rules and I attempt to display myself in the best possible light, at times to a fault. There is a piece of me that does not want to disrupt or interfere, but to fit into a mold that one would need me to fit into. Therefore breaking the mold and expressing an aggressive physicality seemed out of the question. This mental framework comes from my normative environment that I grew up in. However, as I have mentioned previously, the children, who's movements I was attempting to experience come from a different normative environment. This caused me to question what it would be like to not have the inhibitions that I was experiencing. It was hard for me to imagine not having the barrier of my social standards that keep me from expressing myself aggressively. The children likely do not have a part of them that does not want to disrupt or disturb, because that is not how their environment has bred them. My concern for what others may think I am doing or who I am as a person plagued my study. It was an aspect of myself that I had to let go of, but I struggled, especially with the trials I encountered of people entering the embodiment space unannounced.

My preoccupation with what others thought about me was a topic that I focused on in my therapy sessions and it was also one of the main reasons I decided to explore this research. I knew it had the potential to push me out of my comfort zone, or my window of tolerance, and really learn something about myself, while learning about my clients. I felt uncomfortable in this space with people I do not know, perhaps judging me. This, I feel, directly related to the children's experiences. When admitted to the hospital, the children are taken away from their families and friends. Whether their home was a stable environment or not, it is what that child knows and is familiar with. In the hospital, the child experiences many new faces and unfamiliar authorities telling him/her what to do and what not to do. The child is encouraged to no longer express him/herself in an aggressive way, which may be all he/she knows. As I entered my research, exploring a new experience in an unfamiliar world, I imagined that the children too, are exposed to new experiences in an unfamiliar world: trying to regulate in a world that may cause disregulation, simply because it is unfamiliar.

Also, on a body level, it was challenging to enter the mindset that I felt I needed in order to embody the aggressive movements. In this research, I aimed to really take on the physical movements, knowing that the emotional components within the body actions are more complex. I may not know exactly how a child feels, but because I witnessed their aggression, through kinesthetic empathy I may begin to understand the child's thoughts and feelings. "When perception of another's action is also experienced as one's own movement sensation, this process becomes empathic" (Reynolds & Reason, 2012, p. 124). This empathy experienced in the body can lead to "an understanding of another person's situation, feelings, and motives" (Reynolds & Reason, p. 305). To begin an embodiment, I usually thought of some of the children's stories,

melding them together to get an overall sense or feeling of the population's reality. I was able to use this knowledge and channel it into the embodiment of the physical aggression.

Within my embodiment of aggression, I also had difficulty with vocalizations. I completed my first two embodiment sessions with no actual sound escaping me. In general, I have difficulty speaking up unless it is fully formed and I have difficulty screaming and/or yelling unless it is a natural reaction to something or I am not thinking about it. I was very aware of this inhibition and it nearly kept me from pursuing this research. With the support of my peers and my educators I realized this research had the potential to be a growing moment for me in terms of my voice and my inhibitions surrounding vocalization. I spoke a great deal with my therapist about this issue and it is still an area I am exploring at the time of this writing.

When I was younger I enjoyed performing whether it was a dance performance or a theatrical play. I always knew I was not a strong singer or vocalist, but I enjoyed it. At some point in high school, I began restricting my speech. I am not sure of the cause or when I initially began this restriction. I became upset, embarrassed, and feared performing vocally in front of others whether it was a speech or singing. Because of this, I had a great deal of difficulty completing vocalizations with my embodiment sessions. Each week I strived to do more, but I was scared of others hearing me and making assumptions. I knew this was my personal insecurity and thought about what this meant in connection to the research I was completing. The children act out to receive attention or display a sense of control and dominance (Hanish, Sallquist, DiDonato, Fabes, & Martin, 2012), where as I was nervous to draw attention to myself. By vocalizing and physically acting out, the children are used to getting their needs met (Moeller, 2001). I have never in my life had to express myself in that manner to have my needs met. Even as a young child, by attempting to have my way through a temper tantrum, I was

never rewarded for my poor behavior because my parents encouraged me to learn how to meet my needs in a more effective way.

During my data collection, I viewed many of my personal inhibitions as limitations within the study. However, because of the manner that this artistic inquiry delved into the subject of childhood aggression, one of the main foci was myself. Within myself, I explored how my body experienced the aggression, what I learned from the aggression, and how it can help me in the future. I realized that the parts of me that I believed limited my research actually provided me with deeper information about myself and the children.

Challenges with the physical space and limitations intrinsic to my personality, in fact contributed to the unique nature of my data collection. All of the challenges I experienced I attempted to meet in a way that could help enhance the study. I challenged myself to question how this could relate to what the children experience or how these social norms that I was up against might influence how they express themselves.

Conclusion

As a student on the path to become a dance/movement therapist, I hoped to use embodiment and artistic inquiry to aid me on this journey. During my research an abundance of information was revealed to me on both a cognitive and on a body level. While I focused on a specific population for my study, the information, especially that felt on a body level, can be transferred to other populations. I feel the knowledge I gained will be especially beneficial when working with aggressive patients in the future, however I feel I will be able to generalize my knowledge to work with all of future clients, especially those in crisis. One way I feel this research has prepared me for my work as a dance/movement therapist was by informing me about tuning into my natural bodily reaction to aggression. It is natural for a body to have a

physical response to different crises. However, being aware and in tune with my bodily response to a crisis will be imperative as I enter the DMT world.

Through this experience and research I ultimately wanted to learn and contribute to my skills as a dance/movement therapist. I feel my newfound insight into the physicality of movements inspired by childhood aggression has increased my empathy for my patients and has given me interventions that have come from a body-centered origin. I feel on a body level, I was able to experience my research and convey the results through my most comfortable and effective means: movement.

<div align="center">**References**</div>

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Definitions of Terms

Aggression

According to Lochman, Powell, Clanton, and McElroy (2006), aggression can be defined as "a behavioral act that results in harming or hurting others" (p. 115). In this research study the term will be expanded to not only include the harm of others, but also harm or danger to self.

Body Knowledge

According to Moore (2012) body knowledge is our "understanding of movement behavior" (p. 50). Our own physical experiences in the world help us discern different movements we observe.

Embodiment

According to Koch and Fischman (2011), "embodiment refers to the bodily phenomena, in which the body as a living organism, its expressions, its movement, and interaction with the environment play central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations" (p. 60).

Kinesthetic Empathy

According to Reynolds and Reason (2012) "kinesthesia can be understood to refer to sensations of movement" (p. 18). The senses of the body also have the ability to observe and take in *another's* movement and process the movement on a body level. "When perception of another's action is also experienced as one's own movement sensation, this process becomes empathic" (Reynolds, 2012b, p. 124). This empathy experienced in the body can lead to "an understanding of another person's situation, feelings, and motives" (Fogtmann, 2012, p. 305).

Laban Movement Analysis

Laban Movement Analysis is a way of describing and analyzing human movement that enables one to understand and improve one's own expressivity in everyday life. General principles of Laban Movement Analysis include mind body connectivity, human movement is intentional and satisfies a need, movement can be functional or expressive, movement is a universal process of change with that change is patterned and orderly, basic elements of movement can be articulated and studied, and movement must be approached at multiple levels in order to be understood (Hackney, 1998).

Body: What? What part of the body is moving and how is it moving in relation to other body parts?

Effort: How? Deals with dynamic quality, reflects on inner attitude towards investing in four basic factors: flow, weight, time, and space. "Flow is the effort exerted to control movement. Weight is the effort exerted to apply the right amount of pressure. Time is the effort exerted to pace movement adroitly. Space is the effort exerted to aim and orient movement" (Moore, 2010, p.55).

Space: Where? Where am I in space? Level of movement and how much space one utilizes within his/her kinesphere. The size of a person's kinesphere is how far as one can reach without taking a step.

Shape: Why? Why am I moving? What shape the body is making and what the relationship is to self and environment. What is the major quality or element which is influencing its process of change?
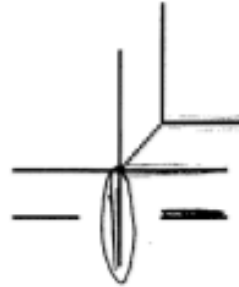
Movement Assessment Coding Sheet

Client Name:_____

Diagnosis/impairment:_____

Location:_____

Date:_____

Movement Assessment Coding Sheet

Prepared by Anson Relick

Effort

Space	Indirect	Direct
Time	Decelerating	Accelerating
Weight	Decreasing Pressure	Increasing Pressure
Flow	Free	Bound

States

Mobile	Stable
Time and Flow	Weight and Space
Awake	**Dream**
Time and Space	Weight and Flow
Remote	**Rhythm**
Space and Flow	Weight and Time

Drives

Vision	Space	Time	Flow	NO weight
Spell	Weight	Space	Flow	NO time
Passion	Weight	Time	Flow	NO space
Action	Weight	Space	Time	NO flow

Body

Fundamental Patterns of Total Body Connectivity

Breath	Core Distal
0 1 2 3 4 5	0 1 2 3 4 5
Head Tail	**Upper Lower**
0 1 2 3 4 5	0 1 2 3 4 5
Body Half	**Cross Lateral**
0 1 2 3 4 5	0 1 2 3 4 5

Held

Tension

lack of core

Shape

Shape Qualities

Rising	Sinking
┈┈┈┼┼┈┈┈┈┈┈┈┈┼┼┈┈┈	
Enclosing	Spreading
┈┈┈┈┼┼┈┈┈┈┈┈┈┼┼┼┈┈┈	
Retreating	Advancing
┈┈┈┈┈┼┈┈┈┈┈┈┈┼┼┈┈┈┈	

Modes of Shape Change

Shape Flow	\ \ \
Directional Spoke-like	\ \ \ \
Directional Arc-like	\ \
Carving	)

Space

Size of Kinesphere	Level of Kinesphere
Small	Low level
Medium	(Mid level)
(Large)	High level
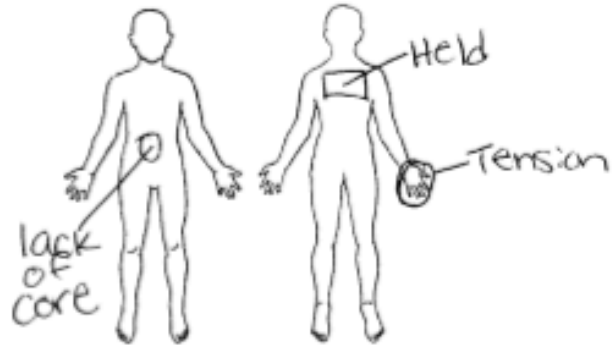
Appendix C

Note about filmed performance

I focused my written thesis on my experience of my first performance of my piece at Columbia College Chicago's Urban Manifest in May of 2013. My performance unfortunately was not filmed during the May performance. I performed the piece a second time in November of 2013, about six months later, after the majority of my thesis was written. Performing the piece twice resulted two different performances, but overall the sections and feelings within them stayed the same. The film of the piece accompanying this thesis is of the second performance.