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MARIAH MEYER LEFEBER

INTRODUCTION

Movement is a language. We all learned to relate on a nonverbal level before starting to communicate verbally. Thus, this nonverbal language of the body is especially powerful for children, who communicate, navigate relationships, and interact with their environment through movement. An early, healthy connection with their bodies enables children to develop a strong sense of self and dynamic sense of both their body image and physical boundaries. For all of these reasons, dance/movement therapy is a highly effective modality for working with children.

This chapter introduces the field of dance/movement therapy, specifically as it relates to working with children. An overview of the field is covered, as well as general goals for working with children and case studies that exemplify these goals. Children are a unique population for the work of a dance/movement therapist, because the limited verbal abilities of children may make it more difficult for them to reach out and express themselves. When words fail, dance/movement therapy fosters children's ability to relate, communicate, and connect on a nonverbal level. Dance/movement therapy utilizes body movement as both a method for assessment and a treatment modality.

DANCE/MOVEMENT THERAPY: PROCESS AND PROCEDURES

As defined by the American Dance Therapy Association (ADTA), dance/movement therapy is “the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual” (American Dance Therapy Association, 2008). Dance/movement therapy emerged as a discipline during the 1940s and is an effective treatment for people with developmental, medical, social, physical, and psychological impairments (Levy, 2005). This expressive form of therapy is a bridge linking creative expression and psychological theory (Kestenberg, Loman, Lewis, & Sossin, 1999).

When working with children, dance/movement therapy allows for an environment that is simultaneously structured and freeing. A loose structure provides the boundaries needed for children to feel safe, while the nature of the work—meeting children where they are and building each session in the present moment—allows for as much freedom as a client desires. Dance/movement therapy provides the space for children to explore and discover their bodies while unlocking their potential for creativity. Children are encouraged to find themselves in a supportive environment where there is no “right” way to express or create (Canner, 1968). This creates an affirming environment, where children feel “heard” on a kinesthetic level and are able to experience the value of belonging. Ultimately, dance/movement therapy provides both a bridge for contact and a medium for reciprocal communication (ADTA, 2008).

Research and Effectiveness

A growing body of research supports the power of the modality of dance/movement therapy as an effective vehicle for change and growth. Much of the research done in the field can be found in the *American Journal of Dance Therapy*. At the 2007 annual conference for dance/movement therapists, an international panel considered the crucial nature of early intervention for diagnosis and the prevention of future pathology by offering a panel of therapists working with children using dance/movement therapy. The panel included dance/movement therapists working with children in Israel, Spain, Canada, Germany, Japan, Korea,

Greece, Argentina, France, Finland, Egypt, Sierra Leone, India, and Haiti. Across the many countries and cultures, panelists reported that their research indicated common strengths for the use of dance/movement therapy regardless of location, including, “strengthening communication across cultures; bridging language differences; aiding in trauma recovery and treatment of severe mental disturbances and disabilities; rebuilding generational and societal systems; emphasizing and teaching good parenting” (Capello, 2008, p. 35).

A research study conducted by Enid Wolf-Schein, Gene Fisch, and Ira Cohen (1985) studied the use of nonverbal systems in children with autism and other developmental delays. The study concluded that “dance/movement therapy should be considered an intervention for persons with both autism and mental retardation since there are indications that deviations in nonverbal behaviors do contribute to the overall pathology of the individuals” (Wolf-Schein et al., 1985, p. 78).

More recently, Lily Thom utilized dance/movement therapy within a preschool curriculum in order to address socioemotional development. Thom asserted that through dance/movement therapy, the young students made connections between their bodily feelings and conscious appraisal of their emotions. Through the movement and emotion study inherent in the practice of dance/movement therapy, “the children developed the language, movement and collaboration skills to create an expressive representation of their ideas and impulses” (Thom, 2010, p. 110). This integration, in turn, fostered their personal senses of self and equipped them to deal with social, physical, and cognitive challenges.

Currently in the field of health and psychology, neuroscientists have been increasingly interested in the presence and impact of mirror neurons on mental health and relationships. Regarding this research, Cynthia Berrol notes, “a keystone of the therapeutic process of dance/movement therapy, the concept of mirroring is now the subject of neuroscience. The domains of mirror neurons currently under investigation span motoric, psychosocial and cognitive functions, including specific psychological issues” (Berrol, 2006, p. 303). Dance/movement therapy inherently engages this mirror neuron system in the brain, for both those moving and those witnessing the movement of others. Therefore, dance/movement therapy has the unique potential to unlock and develop some

deficient areas in an individual's mirror neuron system through the process of movement.

Theoretical Framework

A few basic principles form the guiding theory of dance/movement therapy. These overarching tenets of the field include the beliefs that (a) behavior is communicative; (b) personality is reflected through movement; (c) changes in movement eventually lead to changes in personality; and (d) the larger an individual's movement repertoire, the more options individuals have when it comes time for them to cope with the environment (Kestenberg et al., 1999; Meekums, 2002). When embodying these tenets while working with children, many find it helpful to work within the structure of Chacian-style dance/movement therapy.

Marian Chace was a pioneer in the development of the field and built a framework and theory for dance/movement therapists based on four major classifications:

- *Body action* focuses on the actual physical movement of the body and the utilization of this movement to increase an individual's body awareness (i.e., sense of where their body is in relation to space, or an awareness of the physical sensations they are experiencing in different parts of the body).
- *Symbolism* includes the ability of an individual to conceptualize, release, and build acceptance through the use of imagery, fantasy, recollection, and enactment.
- The *therapeutic movement relationship* is key to the work of a dance/movement therapist. The therapeutic movement relationship utilizes the movement between therapist and client to build communication and foster trust. A consistent, supportive, and accepting atmosphere is used to begin the process of relationship formation, along with the following: mirroring (reflecting rhythms, patterns, and vocalizations expressed by the client), empathic reflection (reflecting, or attuning to, the physical movement qualities and intensity expressed by an individual), eye contact, touch, vocalizations, props, and rhythmic body action (ADTA, 2008; Erfer, 1995). In particular, props can be helpful

when working with children because they are concrete and tangible, thus serving as a connecting medium between client and therapist.

- *Rhythmic group activity* is the process of utilizing rhythm to modify extreme behaviors, help regulate emotion, facilitate group cohesion, and support expression of thoughts and feelings in a controlled manner within a group (Chaiklin & Schmais, 1993; Levy, 2005).

In addition to these four classifications, Chace created a general group or session structure. The structure is broad and fluid, allowing therapists to adapt it according to the specific needs of each client. It is powerful because it provides a holding space for clients that is comforting yet loose enough to lend itself to the creativity of the moment (i.e., as opposed to being overly programmatic or stifling). This structure includes three parts: body warm-up, theme exploration and development, group closure and processing. Each of these sections allows clients to experience and process in different ways, contributing to a cohesive session as a whole.

During the body warm-up, the initial contact is made between therapist and client(s), and the emphasis is on body action, physically mobilizing individuals, and inviting them to build an awareness of what is happening in their bodies. Observing this process allows the dance/movement therapist to assess a client's present situation and needs, and also gives clues for what might need to be worked on during the theme exploration and development portion of the session. The actual practice of dance/movement therapy relies on the observation of movement behavior as it emerges in relationship, and this begins to unfold for the dance/movement therapist in the body warm-up section (Adler, 2003).

Chace believed that theme development is when the deep learning and processing occurs, as a therapist guides a client into symbolic movement and expands on themes presented in the body warm-up (Chaiklin & Schmais, 1993). Dance/movement therapists are trained to understand, reflect, and eventually expand on the nonverbal expression of their clients. This ability to take tangible movement experiences and guide them into deeper symbolic expression is a cornerstone of the field.

The group closure and processing section is imperative to a cohesive dance/movement therapy session. This time allows for a verbal reflection on the experiences within the session (for those clients who are able), a review of any skills acquired during the session, and some sort of closure or ending to the session. This time allows for temporary closure to the experiences of the session, which can be grounding for clients and secure a sense of safety (Chaiklin & Schmais, 1993).

When working with children, the use of Marian Chace's four classifications and the stability of the consistent group structure provide clients with a sense of comfort that allows their creativity and self-expression to thrive (Loman, 1995). By meeting them at this primary, nonverbal level, the dance/movement therapist is able to help expand and foster communication skills. The resulting improved ability to communicate, on both verbal and nonverbal levels, in turn increases children's self-awareness and ability to cope both with their environment and within relationships.

Goals

When considering the subject of dance/movement therapists working with children, there is an endless array of possibilities. Dance/movement therapists work with children in group and individual settings, in general and special education, in public and private schools, and in mental health settings. Dance/movement therapists' approach may be as diverse as the populations they work with and may include expressive movement, storytelling and role-playing, creative dance, and other movement experiences, both structured and improvised (ADTA, 2008). Because of the vastness of possibilities, my focus in this section is geared toward my personal experience in working with children with developmental delays. The goals and following case studies are suggested with this specific population in mind.

Before working on any specific goals, and akin to Chace's emphasis on the therapeutic movement relationship, the initial and overarching goal for dance/movement therapists is to reach out and meet a child at his or her functioning level. Once this relationship has been established, it serves as a consistent guiding principle behind the work and emerges in the balance between the physical and relational. In the dance/

movement therapy setting, relationships occur as a byproduct of the body in action, and physical movement flourishes because of the trust built within the therapeutic relationship. When the physical and relational aspects of the work are in balance, movement truly can serve as a language for universal communication.

With this relationship in mind, we consider some specific goals and examples. Although each individual child presents with unique needs and challenges, a handful of goals are generally applicable. The first goal is to *increase sensorimotor and perceptual motor development*, directly targeting the motor deficits often faced by children with developmental delays (ADTA, 2008; Erfer, 1995). By working from a standpoint that is both expressive and functional, dance/movement therapists can use simple vocabulary and movement to stimulate perceptual, gross, and fine motor skills. An example of this is teaching children the perceptual concept of “in and out” by having them physically move inside of a space (e.g., a hula hoop) and then outside of that same space. Through the gross motor movement (which can be expressive and of their own choosing), the children experientially learn the concept, which can then be generalized to other areas.

The second goal for dance/movement therapists working with this population is to help clients *improve their socialization and communication skills*. As the therapeutic relationship discussed earlier grows, clients increase their ability to interact as part of a group and communicate (verbally or nonverbally) within that group. Steps toward meeting these goals include increasing eye contact, participating in shared rhythmic activities with engagement (and independently whenever possible), recognizing and responding to group members, increasing proximity to the group, decreasing a need for interpersonal distance, developing trust, and forming an understanding of self as opposed to the others outside of the self (ADTA, 2008).

Although these social and communication goals can be met through several modalities, dance/movement therapy is unique because the steps toward these goals can all be experienced on a kinesthetic level. For example, in group rhythmic activity, group members move together with similar rhythms, intensities, and physical tensions. This extension of movement throughout the body helps clients to integrate what may

be a fragmented sense of self (Levy, 2005). Building small movements into total body activity helps build cohesiveness and a sense of grounding not only for people as individuals, but also for their identity as group members. The similar rhythmic and movement patterns allow all clients to feel that they belong on a nonverbal level. This sense of belonging can be especially powerful for children who struggle to communicate on a regular basis. Although they may find it difficult to communicate their experiences verbally, when they create a rhythm in their bodies (e.g., stomping, clapping, or drumming) that is then followed and matched by the therapist and/or group members, they experience a sense of being heard and accepted on the nonverbal level.

Thirdly, building off of the growing understanding of self versus others, dance/movement therapy works to *foster body awareness and nurture a client's individual self-concept*. By reflecting a child's movement nonverbally and then translating what is seen into simple language, the dance/movement therapist positively verbalizes how the child appears, inherently improving his or her body awareness or body image. For example, when warming up, a therapist might say to a child, "Oh, I see you moving your shoulders up and down," which allows the child to begin connecting the felt experience of the movement with the verbal, conscious awareness of what is occurring in time and space. The simple verbalizations, or the noticing of what is going on, also help structure the experience for the participant (Loman, 1995). As an added benefit, this verbalization of action naturally increases the movement repertoire of clients (applicable to goal one), as they are exposed to not only the conscious experience of their own movement but also that of the others in the room.

Body awareness and a positive body image are imperative, as the two combined form a foundation for a basic understanding of the self. Not only does the development of body awareness parallel sensorimotor development, but the movement experience also helps children to orient to their space, their own bodies, and the others in the room. This orientation occurs on both an internal (self-to-self) and external (self-and-others) level. Because body image is formed from input from the vestibular, kinesthetic, proprioceptive, visual, and tactile systems, movement is an all-encompassing medium for the development of an individual's self-concept (Erfer, 1995).

Movement Analysis

Not only is dance/movement therapy unique because the primary modality for treatment is movement, but observation and assessment based on movement parameters are also key to the work of the field. Movement analysis is a broad and extremely complex field that allows dance/movement therapists to complete holistic movement observations of an individual's entire way of interacting with the world through movement. Dance/movement therapists use movement analysis to determine how people are relating, expressing, and experiencing on a nonverbal level, exemplifying Irmgard Bartenieff's theory that "inner connectivity breeds outer expressivity" (Hackney, 2002, p. 34). Dance/movement therapists also use movement analysis to plan and guide their therapeutic interventions, consequently increasing emotional connectedness for individuals who struggle to unify their inner and outer selves. Additionally, dance/movement therapists may also use movement analysis to identify movement deficits in order to improve functional movement skills.

There are several different systems for movement assessment, but one widely used system is Laban Movement Analysis. In the early 1900s, Rudolf Laban began laying the groundwork for what would eventually become the comprehensive system of Laban Movement Analysis (Levy, 2005; Newlove & Dalby, 2004). In the 1950s, Laban's work was incorporated for therapeutic use by English dance therapists. Once integrated, the system provided a language for therapists who were looking to describe patient movement in an accessible format (Levy, 2005).

As it is known today, Laban Movement Analysis (LMA) is a complex system used to observe, describe, notate, and understand movement patterns. This is a complex, multifaceted system that allows an observer to understand the subtle characteristics and intention that define a movement. Because of its complexity, we only discuss a few elements of the system in this chapter. The first is Laban's Basic Efforts. The Basic Efforts have four categories, each defined by two polarities. These eight different elements allow us to understand a person's attitude toward each of the four main qualitative elements: *space* (directing or indirecting), *weight* (strong weight/increasing pressure or light weight/decreasing

pressure), *time* (quickness or sustainment), and *flow* (binding or freeing). In addition to the Basic Efforts, the categories of space, weight, and time combine to form Action Drives, descriptively named *float*, *punch*, *glide*, *slash*, *dab*, *wring*, *flick*, and *press* (Newlove & Dalby, 2004).

Another element of the system is Body, emphasizing the patterns and tendencies of a person's body in motion. In this area especially, Irmgard Bartenieff made great contributions in the application of LMA to the field of dance/movement therapy (Bartenieff & Lewis, 1980; Levy, 2005). Bartenieff, a dancer and physical therapist, combined concepts from both LMA and physical therapy to create her own approach to movement. Bartenieff stressed the importance of viewing movement as a complex, interrelated whole, and she implored clinicians to look at an individual's total movement profile while emphasizing their potential movement expression. She also cautioned therapists away from pointing out a client's movement deficits, but rather engaging the client nonverbally in activities that would draw out any diminished movement (Levy, 2005). As Bartenieff saw it, the therapist was responsible for "finding the correct activities that supported the development of specific muscle systems, which, in turn, affected certain emotional attitudes" (as cited in Levy, 2005, p. 115).

Out of Bartenieff's movement system (Bartenieff Fundamentals) and the ongoing work of certified movement analysts evolved the Patterns of Total Body Connectivity, which "form the basis for our patterns of relationship and connection as we live our embodied lives; they provide models for our connectedness" (Hackney, 2002, p. 13). Each Pattern of Total Body Connectivity represents a specific level of human development and experience, in addition to a relational component. The six patterns progress developmentally, beginning with Breath and Progressing toward the final *Cross-Lateral* connectivity. The goal in the realization of all six Patterns of Total Body Connectivity is that through them individuals will experience lively interplay between their inner and outer selves, with "inner connectivity breeding outer expressivity" (Hackney, 2002, p. 34). In other words, increasing people's functional movement skills will eventually allow them a greater range for and capability of personal expressivity.

Assumptions about the underlying tenets of movement rest at the foundation of the body connectivities. The first tenet is the understanding that as we move we change, and change is thus fundamental. The second understanding is that relationship and connection are also fundamental—by moving and changing in relationship to others, we experience our embodied selves. Third is the underlying assumption that a patterning of body connections is fundamental; people will develop certain preferences and patterns that dictate how they move and thus relate to the world (Hackney, 2002).

I have found that these six developmental movement patterns are essential to my work with children, as they are naturally integrating and accessible for clients. The first pattern is *Breath*, which provides the foundation and grounding for all patterns that follow. Breath can be observed and brought to conscious awareness using a variety of breathing techniques and activities. When working with children, imagery plays a large role in building breath support. Examples of this may include providing a visual of a balloon and then practicing blowing up that balloon, pretending to blow out candles on a birthday cake, or flapping one's arms to fly while inhaling (arms up) and exhaling (arms down) in connection with the flapping motions.

The second pattern is the *Core-Distal* connectivity, described psychologically by Hackney (2002): "Before I can confidently move on my own in the world, I need to have a sense of my own center" (p. 67). This pattern of connectivity begins at the center, or core, of the body and radiates all the way out to the distal ends of the extremities. Movement from distal to core implies an ability to process and internalize the self in relationship to a newly discovered other, or outer (Hackney, 2002). Psychologically, Core-Distal is symbolic of an individual's ability to individuate and integrate, bringing his or her many moveable parts back to the core.

Moving on, the next pattern is the *Head-Tail* connectivity. This is an important connection because our head and tail are in ever-changing, constant relationship through the connection of our spine. People with strong Head-Tail connectivities feel confident in how to carry and move their bodies in the world, proclaiming a sense of "this is who I am."

When individuals move on to develop their *Upper-Lower* connectivity, they are beginning to differentiate in their bodies, understanding that some parts of the body fulfill certain functions and others fulfill different functions (e.g., walking with my lower body and writing with my upper body). Some psychological implications of understanding the Upper-Lower connection include knowing how to support ourselves, the ability to push away and set boundaries, standing on our own two feet, and claiming personal power (Hackney, 2002).

Next comes the *Body-Half* connectivity, where the Upper-Lower connection unites and instead the body splits into sidedness—right and left sides. This splitting into right and left underlies our brain patterning in sidedness or handedness. Functionally speaking, one side of the body practices stability and the other mobility, while psychologically this splitting is related to our ability to clarify, evaluate, and make decisions.

The final connectivity, *Cross-Lateral* connectivity, is the last to develop and the most complex pattern. The Cross-Lateral connectivity looks at the body in quadrants and examines the diagonal connection of the body (e.g., the connection between the right upper body and left lower body). Hackney (2002) refers to this final phase of differentiation as the “zenith of early childhood movement skills” (p. 198). When children learn to crawl, they begin in a Body-Half “army crawl” (right arm moving with right leg) and then develop to crawling Cross-Laterally (right arm and left leg forward). The achievement of the Cross-Lateral connection symbolizes integration, connecting the whole body with all parts in relationship (Hackney, 2002).

This basic understanding of Laban Movement Analysis and the Patterns of Total Body Connectivity will be helpful as we move on to the case studies, where these assessment tools are discussed, along with the previously covered tenets of dance/movement therapy and general goals for working with children with developmental delays.

CASE STUDIES

Individual

Lila is a young girl with autism spectrum disorder. I met Lila at the age of 2 years and 4 months, shortly following her initial diagnosis. At this

point, Lila was entirely nonverbal and was learning to communicate using a few signs. She lacked imaginative and functional play skills and was easily distressed. Lila preferred to be with a few particular adults/therapists, and she did not care for interacting with other children. She would begin crying at the onset of a day, and she would not be able to recover from this distress without long and recurrent periods of swinging.

Lila went through a lengthy period of adjustment at the onset of her intensive therapy (both group and individual) where she experienced distress and anxiety, evidenced by a great deal of crying and inability to remain with peers in the group setting. After working through this period, it became obvious that Lila loved movement and music. Lila was especially skilled at imitating movement, even when her imitation skills lacked in other areas (e.g., imitating ways to functionally play with an object or toy). Six months after she started treatment, I began doing group and individual dance/movement therapy with Lila. At this point, I also conducted a movement analysis on her. This analysis displayed Lila's preferential movement signature, and from this assessment, I was able to create specific movement goals for her.

At the time of the initial assessment, I observed that Lila's Core-Distal connection stood out the most when watching her movement, in particular her interesting and strong awareness of her distal ends (i.e., being fascinated by sign language song actions or watching her feet move by tapping her toes) while lacking the full connection between her distal parts and her core. Thus, Lila seemed to have a strong understanding of her distal parts—both hands and feet—without any awareness of or ability to connect these parts back into her core and the center of her body and self.

In addition to the relationship between her distal and core parts, Lila also lacked an Upper-Lower body connection. This was possibly most evident through her lack of homologous body awareness and motor skills. By her third birthday, Lila had not yet achieved the gross motor skills of either running or jumping with two feet, typically beginning to develop by the age of 24 months and fully developed by 36 months (World Health Organization, 2008). She would carefully observe peers jumping and try to mimic their movement with little ability to motor plan and yield-push her body into the floor in order to reach and pull her body into a jump.

At this point, Lila's inability to jump was possibly connected to the lack of time she spent exploring the weight efforts of light and strong weight (part of Laban's Basic Efforts). Lila had a preference for the space effort and would spend a great deal of her time observing others using space efforts, both indirecting and directing. Although she was found to be mostly residing in and focusing on her relationship to space, Lila spent little time paying attention to her relationship with weight (e.g., her ability to use her own weight to press into and then off of the floor in a jump). Additionally, Lila advanced forward in space by leading from her torso or midsection, with what looked like little awareness for the functionality of using her lower body in order to mobilize (part of her lacking understanding of her Upper-Lower connection).

With these observations and others in mind, movement goals were created for Lila. Her initial goals focused on increasing her awareness of both the Core-Distal connection (specifically her core) and the homologous movement related to the Upper-Lower connectivity. Following the first observation, Lila participated in group dance/movement therapy two times per week for one-hour increments. During these sessions, a variety of interventions and modalities encouraged Lila to explore movement in her goal areas.

In her dance/movement therapy groups, as part of the initial body warm-up, Lila completed a warm-up that was structured using animal movements that activated the six Patterns of Total Body Connectivity in a developmental progression. The warm-up moved through the six connectivities, from Breath to Cross-Lateral, assigning an animal to each connectivity—doing the movement for each animal allowed the group members (including Lila) to locate and experience each of the connections (e.g., making a giant starfish for the Core-Distal connection and swimming like a fish on her belly, first arms then legs and then both together to experience the Upper-Lower connection).

Helping Lila to build her body awareness also led to her further integration and development. Utilizing Marian Chace's emphasis on and concept around *body action*, Lila increased her own body awareness. Each day in dance/movement therapy she would first "find" and touch her knees, and then practice bending her knees, eventually leading to a full body bounce. At first this was done with some assistance from me, but

eventually Lila was able to locate and move her body on her own. With this new awareness and ability to activate her lower body, Lila was able to conceptualize and then physicalize the motor planning necessary to bend her knees to yield into the ground and then push off into either a run or jump.

Lastly, Lila grew to love yoga, and the integration of yoga poses into her dance/movement therapy routine allowed her to visualize and integrate diversified movement concepts. This allowed Lila to increase and diversify her movement repertoire. Lila, who was both visually and kinesthetically astute, was able to look at a picture of a yoga pose and then manipulate her body into that pose independently. Poses such as “cow” and “cat” in an oscillating pattern helped Lila to locate and activate the core of her body.

Six months after the initial assessment, a second movement observation was conducted. The analysis showed that Lila had made significant strides in these movement goal areas. By month 3 she was running and jumping, first with physical support (i.e., holding hands to run or hands on the knees to show her where to bend before a jump) and then entirely independently. By month 6 Lila was integrating yielding movement throughout her whole body. In learning to yield into the ground, Lila was increasing her relationship to the weight effort, and her ability to yield was beginning to give her freedom of movement in her hips, which had been bound (or tight) before and hindered her ability to explore her Upper-Lower connectivity. Lila’s twisting and free-flow movement, as well as connection to her breath support, indicated her growing sense of contentment with her environment. In addition to these movement developments, Lila progressed quickly in many other areas during the 6-month period. Most notably, she went from being almost entirely nonverbal to blossoming and communicating primarily through verbalizations. Thus, Lila’s communication development exemplified Bartenieff’s theory that inner connectivity breeds outer expressivity (Bartenieff & Lewis, 1980).

Girls’ Group

In the previous case study, my goal was to explain how a dance/movement therapist sets and carries out movement goals for an individual. In

contrast, this group example focuses less on movement analysis and goal setting and more on the structure of a dance/movement therapy group following the Chacian format.

The session described as follows was the 12th in a series of 18 sessions held at an outpatient clinic. The group described was a voluntary group that met on a weekly basis. The group was designed for teen girls, and on this particular week was composed of four females between the ages of 12 and 15 years old, myself, and a mental health co-therapist. The participants were all diagnosed with some form of autism spectrum disorder, and each had at least one other diagnosis in addition (including reactive attachment disorder, posttraumatic stress disorder from preadoptive trauma, and Down syndrome).

Each member of the group had a specialized treatment plan. In addition to individual goals, overarching group goals influenced the guiding interventions in each session. The first goal was that group members would *increase their sense of self by fostering body awareness and nurturing their individual self-concept*. The teens in this group appeared to lack a solid sense of self. This was evident in movement by concave postures, an inability to access sinking and rising in their vertical planes (if present, this is psychologically indicative of a strong sense of self), and lack of physical (and emotional) boundaries. Thus, this group was meant as a safe place for group members to explore and foster their personal sense of self while in an accepting environment. This often happened in the group through movement exploration and affirmation (e.g., excitedly cheering each other on in vertical posture and with energized movement).

Secondly, group members were challenged to *increase interpersonal communication skills*. Specifically, group members were asked to negotiate conflicts in a prosocial manner within the group setting. In the dance/movement therapy setting, the group members learned about and practiced skills related to reading nonverbal cues (e.g., facial expression or posture), a skill that is often very difficult for adolescents with autism spectrum disorders. They also participated in group rhythmic activity/movement, practiced moving using direct space (to kinesthetically experience both asking questions and stating comments directly), and developed their use of eye contact and safe spatial boundaries (not too close

but near enough to get someone's attention) when relating to others in the group.

Lastly, group members worked to *increase their ability to relate to and understand the feelings and experiences of others*. In this particular grouping, all of the group members struggled with empathy—they were highly aware of and sensitive to actions by others that hurt their own feelings, but they lacked the ability to comprehend the impact of their actions on others. In verbal interactions, the impact made by other's comments is physically evident in the full-bodied postural responses to both negative and positive feedback from peers. Thus, we regularly practiced reflecting and mirroring the movement of peers in order to begin the process of kinesthetically attuning to others.

With these goals in mind, following is the outline of one specific session. The group typically began by sitting in a circle (marked with colored rubber spots on the floor) for a brief check-in followed by body warm-up. One group member struggled with needing her own space and typically requested to remove her colored sitting spot away from the circle in order to have more personal space (a skill in itself that we worked on mastering for nearly one year). On this day, this member was the first to arrive, and she followed her weekly ritual of moving her favorite red spot away from the circle and toward the wall. Once she was seated, the second and third members entered the room. For the first time, the two members independently noticed and asked the peer if they could move the entire circle toward her spot at the wall, which she agreed to. At this point, group members began laughing and making silly jokes together, and the fourth member entered the group. Meeting them at this place, I suggested one minute of complete silliness before moving on to the warm-up. Group members accepted this proposal and seemed to enjoy the chance to be silly and laugh in each other's company. At the end of the minute, the girls were able to shift their focus following a prompt (when working with this particular group, prompts and foreshadows, e.g., stating "We have one minute" were extremely helpful for creating smooth transitions).

Following this minute, the group stood up, the music was started, and members began moving. Because the energy that day appeared to be silly, I began by continuing their exploration of silly through movement. Then one group member requested a chance to lead a movement

and have the others follow (something we did often in order to increase opportunities for mirroring). Other group members also requested chances to lead or dance on their own. As a response to this apparent interest in having a chance to shine, as well as a natural transition for the group from the body warm-up to the theme development and exploration portion of the session, I suggested making a stage space out of our colored floor spots and giving each member 1 minute to dance and perform for the others. The group responded with unanimous favor to this idea (evident by vertical postural movement and fervent head nodding), and followed through with the idea, supporting each other by clapping in synchrony and cheering during their peers' turns (naturally creating rhythmic group activity). This was followed by a brief verbal check-in regarding their personal feelings and preferences to lead/perform or follow/watch within the group.

Next, a different group member requested making the stage into a room-length runway, a similar activity we had done in the past in which each member could dance down the runway with group members on either side watching and cheering on. In an attempt to expand on this idea, I suggested that instead of a single-person runway, we would begin this week by dancing the runway in pairs (another opportunity to practice communication through movement). This concept developed thematically with several purposeful movement interventions. First, the group practiced reflecting and matching their partners while moving down the runway simultaneously and finding ways to dance together. Next, I gave an intervention to move in slow motion, knowing that moving in sustained, or slow, time was typically difficult for this group of clients. Third, the group followed an intervention to move while staying close to the floor/using low space (an attempt to expand their use of kinespheric reach space and general dimension of orientation). Lastly, I suggested moving down the runway pretending to be feathers (accessing light weight and free flow, from Laban's Basic Efforts). In this final intervention, one pair was struggling with the movement concept, and I suggested that the first pair serve as wind for the feathers. This prompt helped bring attention to their breathing and also motivated the reluctant pair. The intervention resulted in all group members moving in synchrony until it was time for the group to end. The group ended with minimal verbal processing, but

group members participated in an ending good-bye ritual before putting on their shoes and leaving the group room.

This example demonstrates the use of the broad structure of the group, including a body warm-up, theme development and exploration, and verbal processing and closure. In addition, this example further demonstrates the integration of movement analysis and movement-based goals and interventions, resulting in a full-length group in which movement was the primary modality.

CONCLUSION

As this chapter concludes, my hope is that the background information, theory, techniques, and case studies have given you some insight into the unique field of dance/movement therapy. Moreover, I hope that beyond the theory and practice, you have been given examples that illustrate the power of movement as both a language and a therapeutic vehicle. This chapter has only skimmed the possibilities available when bringing movement into the lives of children. Reading the movements, or nonverbal language, of each individual child enables therapists to better understand and attune to the child's emotions and needs. Beyond dance/movement therapy, an awareness of children's movement informs *any* therapist working with children. The movement has the power to speak for itself.

SPECIALIZED TRAINING AND RESOURCES

Training and Certification

In order to practice as dance/movement therapists, individuals must have obtained Master's-level training in an approved program of the American Dance Therapy Association. The approved dance/movement therapy programs cover a range of information, including training in both counseling and dance/movement therapy, in addition to 700 hours of clinical fieldwork and internships. Upon graduating from an approved program, dance/movement therapists receive the level of Registered Dance/Movement Therapist (R-DMT). Achieving the second level of

competence for the field, Board Certified Dance/Movement Therapist (BC-DMT), indicates that an individual has been approved for this second level by the BC-DMT credentialing board following several years of work in the field, supervision, and a rigorous application process. BC-DMTs are prepared to provide supervision and training in the field, as well as to work in private practice. For more information on the education and training requirements for dance/movement therapists, consult the national organization website at www.adta.org

Professional Organization

The American Dance Therapy Association (ADTA) was founded in 1966 and is the only professional organization in the United States for dance/movement therapists. In its dedication to the profession, the ADTA holds an annual conference for education and training, and also supports the efforts of state and regional chapters in these areas. The ADTA also publishes the *American Journal of Dance Therapy* and a national newsletter, in addition to promoting the field through other avenues of social media. Thirdly, the ADTA advocates for the development and expansion of the field of dance/movement therapy on both national and international levels. To learn more about the ADTA, visit their website at www.adta.org

Ethics

The ADTA has a Code of Ethics to which members and credentialed dance/movement therapist are required to adhere. The Code defines rules of conduct for dance/movement therapists, as well as responsible, professional behavior for those working in the field. In addition to the Code of Ethics, dance/movement therapists adhere to the ADTA Standards of Ethical Practice, or specific guidelines that serve as a model for dance/movement therapists in practice.

Further Resources

If you are interested in learning more about the field of dance/movement therapy, consider subscribing to the *American Journal of Dance Therapy*, which is published biannually. In addition, a wealth of resources are

available on the national organization website at www.adta.org where you can watch videos and view slideshows of dance/movement therapy in action. The website has links to general articles about the field, and resources are broken down by population and illness, for those who are looking for something in particular.

List of Terms

Attunement A dance/movement therapy technique used to build a sense of empathy between therapist and client. Attunement is achieved by sharing qualities of muscle tension when relating on a nonverbal level (Loman, 1995).

Dance/Movement Therapy As defined by the American Dance Therapy Association, dance/movement therapy is the “psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive and physical integration of the individual” (American Dance Therapy Association, 2008). Dance/movement therapists examine both the experience of moving and the significance of that experience for the mover. The dance/movement therapist is specially trained to observe the client’s movement patterns as “expressions of the intrapsychic, interpersonal, intersubjective and cultural realms of experiencing” (Mason, unpublished paper, p. 7).

Laban Movement Analysis Laban Movement Analysis (LMA) is a complex system used to observe, describe, notate, and understand movement patterns. The system was devised by Rudolf Laban and is widely used, especially in the field of dance/movement therapy (Newlove & Dalby, 2004).

Patterns of Total Body Connectivity The concept of the six connectivities was originally introduced by Rudolf Laban and later further developed by both Irmgard Bartenieff and Peggy Hackney. These connectivities consist of breath, core-distal, head-tail, upper-lower, body-half, and cross-lateral. When working together in an integrated fashion, the six connectivities are believed to indicate both internal and external harmony. This harmony is also contingent on the belief that a sense of stability is necessary for mobility, and mobility is needed in order to achieve stability (Hackney, 2002).

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