

DANCE MOVEMENT THERAPY PROCESSES AND INTERVENTIONS IN THE TREATMENT OF CHILDREN WITH ANXIETY DISORDERS DERIVED FROM TREATMENT THERAPY LOGS

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Abstract

Dance movement therapy (DMT) offers children a space to encounter strengths and experience a sense of vitality in order to increase their sense of confidence and self-awareness, thereby easing their anxiety and/or helping them achieve more adaptive emotion regulation. While previous studies indicate that DMT effectively reduces anxiety symptoms, such as stress, scant research focuses on the nature of the therapeutic interventions and how they assist in treating anxiety.

This study examined DMT techniques and interventions through their documentation in therapy logs tracking eight long-term treatments of children aged 8–11 coping with anxiety symptoms. Four intervention axes were identified: (1) action-promoting interventions (2) separation-promoting interventions; (3) interventions for strengthening the sense of self; and (4) integration-promoting interventions.

Based on the findings, a therapeutic model is proposed drawing on various “mirroring” interventions as the basis for forming the therapeutic relationship and additional therapeutic interventions involving movement. The model enables the child to explore their experience of the relationship, understand themselves in a new way, and create meaning.

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1. Introduction

Anxiety disorders affect one-quarter of the population, with general and social anxiety disorder being among its the most common forms (American Psychiatric Association, 2013), and during the past year while the pandemic enters our life the numbers are raising. Anxiety disorders can develop in early childhood, and without treatment, they may impair social, emotional and cognitive development in adult life (Taylor et al., 2019). In addition to cognitive, behavioral and psychodynamic therapy methods, arts therapies, including dance movement therapy, invite the child to encounter vital forces and emotions designed to enhance their confidence and self-awareness, thereby relieving the sense of anxiety. Although, previous findings do indicate the effectiveness of DMT for reducing symptoms of anxiety (e.g., stress reduction), there is a dearth of focused research on the nature and process of therapeutic interventions and how they help treat anxiety.

DMT combines movement and attention to physical sensations using a dynamic approach (Chaiklin & Wengrower, 2015) in order to improve emotional and social functioning by integrating body movements, emotional responses, and self-expression (Pylvanainen, 2010). In DMT for children, the therapist uses guided or spontaneous relaxation, imagery, play, and dance, using their body to reflect the patient’s movements and adapt themselves to the child (e.g., by referring to the child’s facial expressions, muscle tension, posture, breathing, and voice) (Weitz & Opre, 2019). DMT, then, is unique in integrating the body’s movements and sensations, emotions, and thoughts. It creates a space for expression, regulation, and empowerment, thus assisting patients in situations of anxiety.

2. Design

DMT integrates various therapeutic disciplines and makes use of multiple therapeutic techniques and interventions throughout the therapeutic process. This calls for qualitative research based on a methodology that facilitates a broad and holistic perspective of the nature of these interventions and their effects (Koch et al., 2014).

The current study is a participant observation study (Spradley, 1979) in which the therapist is also one of the researchers. The study examined actions taken by the therapist and her patients as well as reciprocal actions that took place within the shared space, as documented in treatment therapy logs during 2013–2018. Combined with the phenomenological hermeneutics qualitative paradigm, which refers to written text, dance, and art as expressing the wealth of human experience (Tzabar-Ben Yehoshua, 2016), it is commonly used in studies dealing with consulting psychology and psychotherapy (Hill & Hess, 2012) and is based on phenomenological elements from multiple case studies (Yin, 2013). Data analysis in the current study is based on the consensual qualitative research (CQR) method (Hill et al., 1997).

3. Objectives

This study's goal is to identify and map DMT therapeutic interventions and processes for children with anxiety disorders upon which to propose an initial model for using DMT in treating children coping with anxiety disorders.

4. Methods

4.1. Participants

For the purpose of the study, we examined eight therapy logs tracking the treatment of eight (three boys and five girls) children aged eight to 11 coping with typical symptoms of anxiety. At the recommendation of the school psychologist, the children were referred to and treated by the first author during 2013–2018 for a minimum of 25 therapeutic sessions, with the average course of treatment lasting 25–40 sessions. At the time of the study, the researcher, a certified DMT therapist, had over ten years of experience and was being guided by a senior instructor with over 30 years of experience as a DMT therapist and psychotherapist. The therapeutic processes documented included 45-minute one-on-one sessions with the children and parent training once a month. The sessions took place in the school in a space that was adapted for DMT, with mattresses, balls of different sizes and textures, fabrics, veils, elastic bands, hoops, sticks, and balancing beams.

4.2. Research Tools

The treatment therapy logs were analyzed based on the Milner Method (Halton-Hernandez, 2020) for subjective autobiographical writing and psychoanalytical self-exploration. In her diary, among other things, Milner documented four decades of children's case studies and her training sessions with Melanie Klein (Haughton, 2014). With the help of Winnicott, Milner established the study of personal therapy logs as a reflective tool that assists in methodical construction (Halton-Hernandez, 2020). A large-scale study (n=120) found that writing a diary enhanced self-reflection processes (Yu & Chiu, 2019). This is a reflective process to examine the significance of the action taken and its implications for the various people involved (Shlesky, 2006) in order to produce methodological knowledge that supports and improves the clinical work (Yin, 2013). The therapy logs document verbal and physical dialogues, the patient's physical expressions and how they moved, as well as the therapist's primal sensations, emotions, and physical sensations emerging during the sessions as part of transference and countertransference processes. The materials appearing in the therapy logs were written immediately after the sessions and were expanded upon throughout the week, as part of the reflective processes of observing the sessions. The therapy logs document verbal and physical dialogues, the patient's physical expressions and how they moved, as well as the therapist's primal sensations, emotions, and physical sensations emerging during the sessions as part of transference and countertransference processes. The materials appearing in the therapy logs were written immediately after the sessions and were expanded upon throughout the week, as part of the reflective processes of observing the sessions.

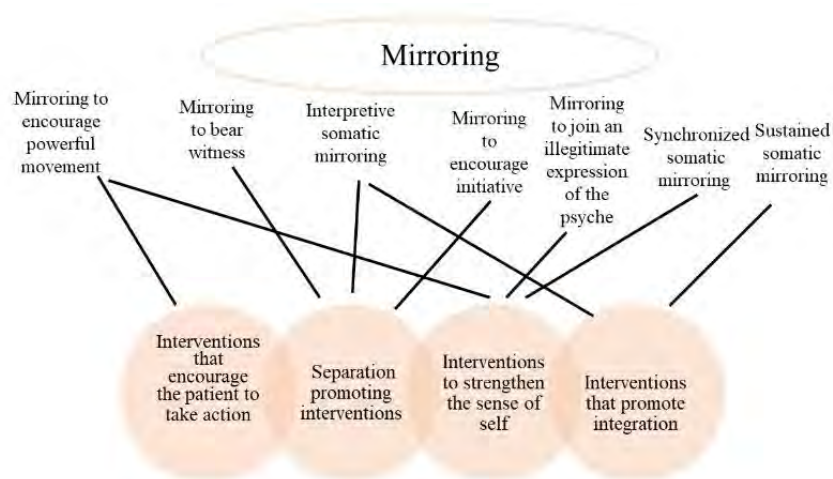
5. Findings

In the current study, which focused on therapeutic interventions, four main axes were identified: (1) interventions that encourage the patient to take action (n=8), designed to help the patient move from avoidance patterns toward self-efficacy; (2) separation promoting interventions (n=7) to encourage the

construction of an identity and the establishment of the self around content related to closeness/distance relations and dependency patterns; (3) interventions to strengthen the sense of self (n=7), intended to build a sense of confidence and autonomy; and (4) interventions that promote self integration (n=7), which emphasize the connection between various aspects of the self. For each of these axes we identified the following four clinical interventions: “mirroring”; “witnessing”; “movement sequences between poles”; and “focusing to heighten awareness.”

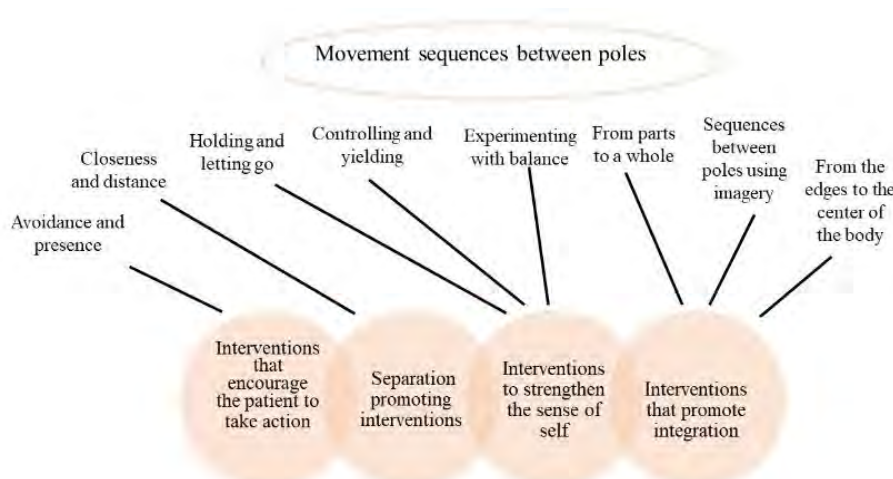
The interventions identified were classified in reference to the therapeutic axes. We identified seven types of “mirroring” interventions: (1) synchronized somatic mirroring; (2) lingering somatic mirroring; (3) interpretive somatic mirroring; (4) mirroring to encourage initiative; (5) mirroring to bear witness; (6) mirroring to join an illegitimate expression of the psyche; and (7) mirroring to encourage powerful movement (see Diagram 1).

Diagram 1.



We identified eight types of “movement sequences between poles” interventions: (1) from parts to a whole; (2) sequences between poles using imagery; (3) from the edges to the center of the body; (4) avoidance and presence; (5) closeness and distance; (6) holding and letting go; (7) control and surrender; and (8) experimenting with balance. The choice of using any one of these depends on identifying the content the patient brings to the session and their needs (see Diagram 2).

Diagram 2.



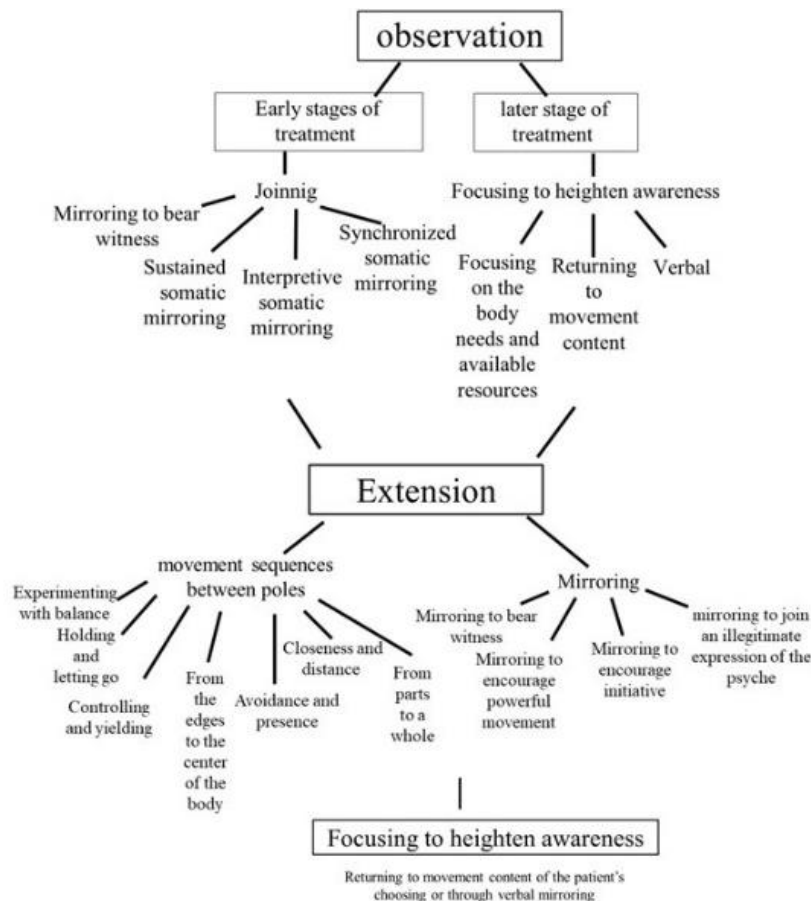
6. Discussion

The goal of the current research was to identify and map methods of DMT intervention for treating children with anxiety disorders and ultimately identify a therapeutic model, based on the analysis of therapy logs tracking the treatment of eight children aged 8–11 coping with various symptoms of anxiety.

The possibility of encountering and experiencing the emotional patterns described in the study corresponds with the principle of immediacy, which encourages a focus on the experience as it occurs during the therapeutic encounter, allowing the patient and therapist to experience and explore patterns that arise in the relationship (Clemence et al., 2012). Theories of self refer to sensations and experiences as change agents in the therapeutic process. These include attention to physical sensations, visual imagery, the choice of words used in conversation during the session, and nonverbal aspects of the relationship, based on the assumption that the creation of a new experience within a relationship is a therapeutic process (Curtis, 2012). In this sense, the “movement sequences between poles” technique appears to combine the two main approaches to treating anxiety in children, dynamic play therapy (Baggerly, 2009) and CBT, which includes gradual exposure to anxiety-inducing situations and sensations (Matweychuk, 2014). This indicates that DMT combines various therapeutic disciplines, as it involves thinking about anxiety patterns and motivations, leading the therapist to use symbolic and play-related interventions characteristic of the dynamic approach, in addition to focusing on the unfolding experience and the therapeutic relationship as change agents that promote awareness. In addition, DMT interventions allow patients to experience anxiety-inducing content in a safe environment, which is a type of intervention characteristic of CBT.

Based on an examination of the study’s findings in reference to the timeline, we designed an intervention model that can serve as a referential anchor for the therapeutic process. At the core of the interventions are identification, joining the content brought by the patient through various types of mirroring, expanding it through “witnessing” or by using “movement sequences between poles,” and by using colors, sounds, and conversation to promote “focusing to increase awareness.” All of these are used and adapted based on the patient’s needs and stage of treatment. In the early stages of treatment, various types of mirroring are required in order to establish the relationship and the language of movement as a therapeutic language used in the room. These constitute the basis for deepening the therapeutic interventions through “movement sequences between poles” at a later stage of the treatment. The course of treatment develops in a spiral, nonlinear progression, as space is created for the therapist and patient’s creativity to emerge. Between primal levels of sensory expressions through movement and higher levels of perceptual or cognitive-symbolic emotional expressions, this type of movement can facilitate an integrative experience of the self (see Diagram 3).

Diagram 3.



The model we propose corresponds with the “Expressive Therapies Continuum” model (Kagin & Lusebrink, 1978; Lusebrink, 2004), an intervention model from the field of art therapy that proposes working at various levels of processing while moving along axes. Thus, for example, working with materials that encourage sensory movement can help patients connect with unconscious parts of the self and expand their ability to tolerate and observe difficult sensations and emotions. This movement toward formalistic work that concretizes the emotional experience can help patients gain awareness, a deeper understanding of their inner world, and a connection to themselves (Hinz, 2015).

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