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Dance/Movement and Drama Therapy Methods to Assess Resistance in Adolescents with Low

Sense of Identity and Self-Esteem: Development of a Method

Capstone Thesis

Lesley University

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Abstract

Drama and Dance/Movement based therapies have the ability unlock the psyche through the mind/body connection by gaining access to innate creativity that is prevalent in childhood and often begins to diminish in adolescence. For this thesis, adolescents from a low socio-economic background participated in an Expressive Arts Therapy processing and support group, aimed to build self-esteem, strengthen communication skills, alleviate social anxiety and become part of a community. Dance/movement and Drama therapy techniques were implemented, due to their social nature which promotes embodied self-expression and strengthens verbal problem-solving communication. These two particular modalities have proven to enable deep self-awareness and understanding. Through implementation of these directives with adolescents it was discovered that they often respond in a resistant manner. The purpose of this method was to observe and examine the factors that prevent adolescents from fully participating in dance/movement and drama therapy directives in an authentic manner. It was hypothesized that the structure of the group, which prevented deep creative exploration, the imbalance of co-facilitation and the identity crisis of adolescents' developmental stage contributed to the resistance of dance/movement and drama therapy directives.

Dance/Movement and Drama Therapy Methods to Assess Resistance in Adolescents with Low
Sense of Identity and Low Self-Esteem

Introduction

“People have an innate capacity for *spontaneity and creativity*, twin concepts referring to two positive human qualities that are essential for adapting life’s inevitable changes and challenges”

(Moreno as cited in Orkibi, Bar, & Eliakim 2014, p. 459).

Drama, dance and movement, similar not only for their performative aspects, but also in the foundation of the crossover between the mind, body and emotions from a psychological standpoint. Beginning in the early 20th century, both Drama Therapy (DT) and Dance/Movement Therapy (DMT) pioneers, such as Marian Chance and Levy Moreno, were finding connections between the body and emotions, and continued to delve deeper into the healing properties of dramatic engagement (Malchiodi, 2007 p.69). Over the past century the effectiveness of DT and DMT for treatment of depression, anxiety, trauma and social phobia have been found in abundance with a wide range of populations from infants, children and individuals with dementia or Alzheimer’s. Today DMT and DT have both developed with subbranches to target specific techniques, such as Laban Movement Theory, Developmental Transformations, Psychodrama, Role Theory, and Authentic Movement Approach. These subbranches involve a playful improvisational element that is often likened to that of child-like play. Yet, as the following literature will reveal, there is little research as to the specifics of why adolescents may find DMT or DT intimidating. The purpose of this thesis is to examine the implications of adolescent development upon their response to DT and DMT. It is speculated that the transition from childhood to adulthood, where identity is often being discovered and experimented with, causes insecurities leading to resistance of fully immersing oneself into DT and DMT play.

Literature Review

Adolescent Development

Adolescence is a life stage for developing a stronger sense of identity and bridging the gap between childhood and adulthood. Erikson's outline for identity formation involved three dimensions: subjective/psychological (ego), personal and social. Identity stability begins with the development of a social identity, which then in turn develops a sense of ego identity. All three components develop and come together during the identity stage of development; "when they do not... an identity crisis is evident" (Cote & Levine 2014, p.15).

Along with Erikson's theory, Hauser and Safyer (1994) examined the affiliations between ego development and emotion communication during adolescence. The researchers based their study on the principle that development is individualistic, and although many adolescents are faced with similar circumstances such as puberty, reduced dependency on parents, and transitioning into adulthood (which may cause emotional turbulence), all experiences are unique and subjective. The work outlined seven levels of ego development, presented as analogous to adolescent growth curves, and the progression within the curves were characterized with gradations (regressive, early, advanced, and dramatic progression). The main goal of the research was to analyze the stages and paths of ego development. In order to conduct the research 146 predominantly middle-class Caucasian male and female adolescents from public high schools and inpatient psychiatric hospitals were recruited to participate. The researchers suspected that adolescents from inpatient psychiatric hospitals would have developmentally impaired perception, interpersonal skills, awareness of surroundings and impulse control. Contrarily, high school adolescents were expected to have progressive and accelerated ego development. It was hypothesized that adolescents with higher levels of ego development communicated both

positive and conflicting emotions when recollecting interpersonal relationships and monumental experiences. Emotions such as enthusiasm, affection, anxiety and neutrality were in direct alignment with higher stages of ego development; while sadness and anger indicated the opposite. The adolescents functioning at high levels of ego development were more aware of alternative perspectives among individuals in their interpersonal relationships. The researchers concluded that greater awareness of complexities and “the unknown” of the future caused adolescents with higher levels of ego development anxiety. The research concluded that adolescents are a diverse group that should not be generalized in describing all adolescents to experience similar emotional states.

Identity

On the topic of adolescent identity, Becht, Nelemans, Branje, Vollebergh, Koot, Denissen, and Meeus (2016) conducted a five-year study to examine the differences between certainty and uncertainty of daily identity formation to determine the normal amount of uncertainty within 494 Dutch adolescent participants. More specifically educational and interpersonal aspects of certainty and uncertainty were focused upon. The writers proposed that identity uncertainty, was a component of the identity commitment process, where adolescents experiment and “try on identities” (Brecht et al. 2016, p. 2011). Adolescents do not enter this stage with a “blank slate”, instead their baseline identity formation stems from parental values and norms. Adolescents manage identity formation commitments by experimenting with potential commitments and reconsidering choices. The uncertainty experienced during this stage was described by the researchers as not negative, but rather a way to develop stronger identity over time.

The concepts of perceived support of best friend was lower than the researchers expected within educational and interpersonal. Overall there was a high percentage of adolescents that revealed high levels of identity certainty from the ages of 13-18, with a similar amount displaying signs of identity crisis within their daily life. The adolescents presenting with the most crisis-like patterns were from early to late adolescence, 15-17 years of age. In conclusion, it was found that while there was a portion of the sample presenting as certain about their identity, there was also a large portion that did not feel strong or stable within their identity experimentation, discoveries and decisions.

Self Esteem

When it comes to self-esteem among adolescents, Seema and Venkatesh Kumar (2017) assessed the contributing factors between relationship and gender against self-esteem and social anxiety. Self-esteem and self-competence were described to be primary contributing factors to the adolescent development stage, which builds identity and personality. Self-esteem was viewed as a subjective appraisal of one's own self-worth that contributes to an individual's well-being. The researchers believed that awareness of competencies and feedback from one's surroundings develop these feelings of self-worth. The researchers reported that individuals suffering from social anxiety experience a reduced quality of life, disrupted social interactions and unsatisfactory daily living. Social situations caused intense anxiety, that were disproportionate to the actual threat, due to fear of embarrassment or being viewed in a negative connotation. It was hypothesized that there would be no correlation between self-esteem and social anxiety, and gender differences would not play a role. Participants included 200 adolescents, equally distributed between genders, and aged 16-18 years. Three instruments were utilized to gather information that was then analyzed: 1. Personal information data; 2. Rosenberg's self-esteem

scale; and 3. Social Phobia inventory. Results concluded that substantial negative findings were present between self-esteem and social anxiety, and males showed no lesser or greater signs of self-esteem than females.

Gender can play a role in self-esteem as researched by Shukla and Kang (2017), who studied how male and female adolescents level of self-esteem compared to residing in rural and urban areas. Participants included 300 adolescents between the ages of 16-18 of both male/female and urban/rural were selected of equal proportions. Researchers utilized the Self Esteem Inventory assessment, in adult form; which consisted of 25 items rated on a two-point scale. The data was gathered and analyzed by percentage, chi- square and t-test. The chi- square value indicated a significant difference between gender and self-esteem of the participants, confirmed the previous research which indicated that gender plays a part in an individual's level of self-esteem; females presented as primarily lower than males. It was reported that attitude towards gender roles, gender discrimination, and concerns of appearance perpetuated lower self-esteem in females. Due to conditions such as inadequate finances, poor living conditions, lack of social and recreational activities, and below average education rural areas faced lower self-esteem than urban adolescents.

Prabhu and Shekhar (2017) proposed that socio-economic status plays a significant role in the physical and mental health of an adolescent. Self-esteem was described as one's own positive view and acceptance of the self, including self-worth and importance. Resilience was depicted as the ability to manage, cope and adapt when challenged with substantial stress or trauma. Participants included 809 Indian adolescents within grades 8-10 from Mangaluru South. Mangaluru South was randomly selected. Adolescents that could speak both English and Kannada and were not intellectually disabled were selected. Two instruments were utilized,

Connor Davidson Resilience Scale-2, and the Rosenberg Self-Esteem Scale. For both instruments, the higher the score indicated higher resiliency and self-esteem. In result, a difference was found between mean scores of low socio-economic status (LSES), and high socio-economic status (HSES), the differences were not substantial. Resilience and self-esteem of adolescents from LSES and HSES were found to be average. This went against the original hypothesis of the writers, which suggested that adolescents from HSES would have higher resilience and self-esteem.

Expressive Arts Therapies

Expressive Therapies Continuum

Hinz (2015) presented a case study to support the effectiveness of the Expressive Therapies Continuum (ETC) in the therapeutic space to meet clients where they were at emotionally, mentally and physically. Through the researcher's investigations it was discovered that more time was spent targeting effective healing for the individual's unique needs and less time was spent on a method for that particular individual. The ETC was formulated by Kagin and Lusebrink, and functions as a fundamental theory within Expressive Arts Therapies. The continuum lay out the ground work for the parallels between an individual's processing of information with their interaction with art materials. Hinz described the continuum as a parallel scale that can be climbed up or descended. It was hypothesized that the left side of the scale (Cognitive, Perceptual, Kinesthetic) corresponds with the left hemisphere of the brain; while the right side of the scale corresponds with the right hemisphere of the brain (Symbolic, Affective, Sensory). The left-brain hemisphere regulates language and logic and the right-brain hemisphere regulates emotions, intuition and visual-spatial.

Kinesthetic/Sensory was described as the first level on the ETC, focusing on vigorous movements and sensory input. The kinesthetic component allows motor movements to break inhibiting barriers, for clients to let go of control and experiment with “acting out”.

Perceptual/Affective was the second level described within the ETC, involving perceptual awareness and affective emotions. The Affective side of the scale allows individuals to identify, express and soothe emotions. Horizontally oppositional, the Perceptual side of the scale, description focused on structure which allows for setting boundaries and taking another person’s perspective. Cognitive/Symbolic was the final level described from the ETC, and Hinz (2015) identified it as the most sophisticated type of processing, involving both abstract and calculating thoughts. Symbolic, horizontally opposite cognitive, was described as involving recognition of universal symbolic meaning, which promotes a deeper sense of psychological growth and understanding of self. The symbolic level allows individuals to find peace with ambiguity within their life.

Hinz speculated that individuals seeking therapy have blocked, overused or disconnected components on the ETC. Although, when clients do embark on a creative path within the ETC, “aha” experiences might occur, signifying self-realization. Even further, individuals may even experience moments of “flow”; which Hinz described as an individual having “focused attention, an altered sense of time, moments of peak joy and long-lasting periods of well-being” (Csikszentmihalyi, 1998). Hinz continued to suggest that clients should be given the option to select their preferred method within the ETC. It was believed to create lower levels of client resistance to unfamiliar processes and raise the probability of therapeutic success. In conclusion, Hinz (2015) supported that following an ETC model and allowing clients to discover their own

entry point minimizes the trial and error phase of treatment, where the client and therapist attempt to discover effective interventions.

Along similar lines, Csikszentmihalyi (2018) reviewed the notion that creativity is associated with “giftedness and talent” (p.215). The optimization of flow theory was evaluated, believing that the foundation of flow is within a consistency of being challenged to build skill or to acquire new skills. Csikszentmihalyi quotes his previous work on flow theory, describing it to be ‘an almost automatic, effortless, yet highly focused state of consciousness’ (Csikszentmihalyi 2018, p. 216). The development of flow was highlighted due to the influence it has on individual development. The researcher suggested that in order to develop a greater sense of flow individuals should set goals, balance challenge and skill, absorb feedback without offense to assist in the development of a complex individual who can express on a multi-dimensional level.

Dance Movement and Drama Therapies

Tsachor and Shafir (2017) evaluated the components of Laban movement that enhance and are associated with emotions and the effects they have on emotional resiliency with intentional choice of one’s movements. Movement and emotion are connected bidirectionally - meaning emotions can be affected by altering posture and movement. Laban Movement Analysis is divided into four main categories: 1. Body; 2. Effort; 3. Space; and 4. Shape. These categories refer to qualities and types of movement and make it easier to organize observations and notate. It utilizes easy to follow descriptive language to classify movement such as light, strong, quick, sustained, sink or retreat. The writers suggested gaining understanding of the relationship between movement and emotion through movement therapy then intentionally incorporating the discoveries into everyday life. This was speculated to afford new perspectives and possibilities for the individual, and contrarily diminish movements associates with unfavorable emotions,

potentially promoting self-regulation. Shifts between movement components were recommended in a gradual sense, by continuing some aspect of the previous movement to stabilize the experience; this was labeled a Space Harmony pattern in Laban Movement Analysis. Gradual small shifts supported this pattern, which occurred when the individual was authentically ready. It could have taken one session or several, the important factor was that it was done in the individual's own time to support self-efficacy and self-regulation. This method was suggested to allow individuals to expand beyond their habitual movement patterns, so they may find more positive and satisfying emotional states.

Young and Wood (2014) co-facilitated a study to explore the benefits of utilizing dance/movement therapy (DMT) alongside drama therapy (DT). Attention to the bilateral correlation between external movement and internal emotions, a fundamental of Laban theory, was focused upon. Young and Wood (2014) highlighted Yat Malmgren's adaptation of the Laban/Jung correlation for actor training, which emphasized that a character's personality was revealed through movement. An important aspect of the Laban-Malmgren theory was inspired by the Jungian teaching, drawing attention to Inner States/Attitudes, connecting the emotional and psychological component to movement.

Drama therapist, Robert Landy and his drama therapy Role Theory technique, was explained in detail by Young and Wood (2014), in order to preface the 'role method' utilized for their case study. Role theory was founded in the idea that individuals take on and play roles within everyday life to better understand themselves and their surroundings. Throughout everyday life an individual continually shifts from one role to another, affording them greater flexibility and opportunities; but infrequency and difficulty with shifting between roles causes inflexibility, confusion and psychological limitations. The case example was set in a large

Midwestern city, led by Young & Wood (2014), dance/movement therapist and drama therapist. The therapists posted archetypal roles on the walls, where participants randomly selected one to explore through movement. The DMT and DT worked in conjunction, each took turns prompting the participants to explore their choice through Laban Movement Analysis (LMA) and the Role Model steps. After exploring through the space, the participants were asked to choose a pose or “static sculpt” to embody their movement discoveries. The DMT asked participants to evaluate their posture via LMA. The DT then asked participants to pretend the role could only communicate through body movements, then invited them to give the role a name. At this time the DMT mirrored the participants movements when they shared their characters name with the group. The same process was followed with an individual from the group, except this time the DT interacted with the imaginary role the individual created by the participant - first as an unidentified imaginative person, then as the therapist - guiding the participant to exaggerate movements discovered. The results were a more genuine and internal response from the character. Young and Wood (2014) co-facilitated this case example by melding Drama Therapy’s Role Theory Method with Dance/Movement Therapy’s Laban Movement Analysis to bridge the gap between modalities encompassing similar qualities and goals. The incorporation of Laban Movement Analysis within this case demonstrated the method’s ability to deepen the authenticity of role development. It allowed for the individual to create more balanced movement choices, instead of using the same movement patterns and creating the same role repetitively.

Group Therapy

Orkibi, Naama and Eliakim (2014) examined the effects of drama-based group therapy on self-esteem and self-stigma of individuals with mental illness, as well as the public stigma of individuals without mental illness. Five participants between the ages of 22-60 with high

functioning mental illnesses, such as Bipolar Disorder, Borderline Personality Disorder and Schizoaffective Disorder were selected to participate. All participants were part of the same group that met one time a week for two hours for 20 weeks. The group was structured into three sections, 1. Warmup; 2. Drama related intervention; and 3. Closure.

Orkibi and colleagues discovered that individuals with mental illness experienced an increase in self-esteem and decrease in internalized self-stigma, while student participants without mental illness presented a decrease in public stigma – both were in accordance with the proposed hypotheses. The joining of individuals with mental illness and those without in a drama-based therapeutic setting increased awareness and self-image, which allowed a decrease in public stigma to emerge. Elements of dramatic play that the researchers believe played a role in decreasing self-stigma and increasing self-esteem were, “playfulness, spontaneity, and creativity” (p. 464). These attributes afforded participants a greater ability to relate to others and “create a new response to unknown situations, namely, mental illness” (Orkibi et al. 2014, p. 464). This ability to create new responses was speculated to also allow alternate perspective taking “that people who have mental illness are as intelligent as people who do not” (Link et al. 1991 as cited in Orkibi et al. 2014, p. 464).

The type of drama-based therapeutic environment was formulated to allow for more positive encounters and experiences. It created parameters to allow interactions between members of different abilities to be equal, to allow individuals without mental illness to see beyond the stereotypes. Small groups and pairs were utilized to create intimate interactions that created a sense of togetherness through “joint dramatic creation” (Orkibi et al. 2014, p. 464). Witnessing also played a valuable role with the drama-based therapeutic intervention. Orkibi et al. reported that witnessing in the dramatic realm caused self-stigma to decrease and self-esteem

to increase, due to the validating and supportive nature of witnessing. Personal insight was another attribute built by witnessing because “participants can undertake the roles of observer and participant at the same time, thus furthering emotional and perceptual change” (Orkibi et al. 2014, p. 464). Most importantly witnessing allowed participants to fortify their ability to relate to a shared experience – benefitting the individuals with mental illness who often feel isolated.

Another form of expressive therapy involves narrative and writing, as presented by Looyeh, Kamali, Ghasemi and Tonawanik (2014), who explored the use of narrative therapy within a group setting to diminish symptoms of social phobia. In order to research the topic, twenty-four fourth grade boys from eight different elementary schools from several districts of the Tehran/Iran region were recruited. Twenty-four boys between the ages of 10-11 were selected after meeting criteria of being diagnosed with social phobia and with no prior treatment or medication. A combination of play therapy and narrative therapy interventions were constructed for this study. They included telling stories about specific emotions, attaching a particular meaning to a specific verbal communication, creating a story based off of a specific word associated with social phobias, creating a story about an individual experiencing social difficulties, and finding solutions to stories of individuals troubled with social difficulties.

The interventions strove to assist the participants with identifying emotions, perceptions of the self, and alternative social interaction solutions in relation to positive consequences. Results alluded to the decline in symptoms just one week after the completion of the group and sustained over a thirty-day period, both at home and at school. Looyeh et al. reported that this type of intervention involving improvisational story-telling allowed participants to build self-efficacy, enhancing their “behavior flexibility leading to a reduction in social phobia symptoms” (p.19). The story-telling interventions were presented in a safely contained and confidential

environment, that make participants feel comfortable enough to explore creatively. Therefore, the externalization of issues and struggles were able to emerge and be identified by the participants and therapists.

Creative Techniques in Therapy

Chapman (2014) aimed to discover the usefulness of imagination through group drama therapy in the treatment of depression. The goal of the study was to discover the appropriateness of imaginative interventions with individuals experiencing depressive symptoms. In order to explore this topic, three drama therapists were selected and interviewed. Four categories were focused upon: 1. Therapist background; 2. Imagination and approaches; 3. Client type; 4. Knowledge and Understanding of Depression. Three major themes emerged from the interview were, using dramatic reality to target depressive symptoms, the value of dramatic reality in treating depression, and realm of the imagination (Chapman 2014, p. 137).

In dramatic reality, also known as the imaginary realm, individuals were able to encounter dreams, fantasies, areas of difficulty, and troubling events that may not be able to or choose not to experience in reality. Future reality was described by the writer as visions or expectations of one's future based off of their past experiences. It was speculated that by challenging one's future reality through dramatic reality new possibilities and perspective would be adapted; more specifically altering the autobiographical memory of oneself to create a more positive mindset in depressed individuals. The person-centered nature of Drama Therapy was discussed to promote self-esteem, self-awareness, empathy and assist in alleviating social anxiety.

The theme *dramatic reality to target depressive symptoms* began by supporting the beneficial nature of Drama Therapy in a group setting for individuals experiencing symptoms of

depression, who often feel socially isolated. Group sessions were described by the writer to be socially integrate opportunities for individuals to relate to group members of likeminded and similar experiences. The Drama Therapists within the study reported that they witnessed a marked difference in positive mood/affect within participants when they entered a dramatic reality. Chapman (2014) documented that Drama Therapists observed participants becoming open to new experiences, which is contrary to individuals with depression who experience loss of interest, adversity to new experiences and low energy. Chapman (2014) hypothesizes that with regular occurrence of positive experiences, motivation and self-esteem would build and create new links within the brain to override previous negative autobiographical memories and allow for a more positive future memory. A realization of possibilities that can be experienced through the imaginative realm allowed participants and drama therapists to gain insight and understanding of the origin of symptoms, instead of focusing on the stigma of a diagnosis of depression.

The value of dramatic reality in treating depression, the second theme discussed by Chapman (2014), began by focusing on the origin of symptomology and moving away from the stigma of a diagnosis. *Realm of the imagination*, the final theme explored, discussed that depressed individuals can feel 'lost' and be in direct correlation with their inability to explore their imagination. By practicing within the imaginary realm, exercising the imagination would strengthen one's voice, build confidence and self-esteem.

In conclusion, Chapman found that building imaginative freedom was a slow process and utilization of the imagination outside of therapy benefited the participants and allowed them to apply the discovery of new possibilities.

Punkanen, Saarikallio and Luck (2014) aimed to evaluate the effectiveness of short-term group therapy utilizing Dance/Movement Therapy interventions for the benefit of reducing depressive symptom. The method devised by the scholars was rooted in their belief that body movement is directly correlated with “perception and production of emotion” (2014 p.494). A three-part research project, titled Emotions in Motion, was conducted by Punkanen et al. (2014); this study being the second part. Twenty-One Finnish outpatients, from the Central Finland Health Care District’s psychiatric health center, were evaluated and included within the study, 18 females and 3 males, between the ages of 18-60 years of age, and used throughout all three parts of the study. Participants primary diagnosis was depression, with 72% of the participants also diagnosed with anxiety. A background of dance, movement or music was not required to qualify for the study, and participants did not engage with other therapies while involved within the study. The groups were structured in three parts, warm-up, thematic intervention, and closure. Techniques and methods included but were not limited to body awareness, interactions in pairs, improvisation, interaction as a group, visual art, writing and verbal processing. Themes were chosen by the therapists based on previous discussion with group members, surrounding topics such as boundary setting, emotional comfortability, safety & touch, mindfulness, and body awareness.

The researchers supported their study on the notion that individuals suffering from depression find difficulty “identifying, expressing and regulating emotions, especially negative emotions, such as anger” (Punkanen et al., 2014 p. 493). Results revealed notable decline in depression at the end of the case study. Not only did this study prove that short-term dance/movement groups aid in the reduction of depressive symptoms, participants evaluation

scores revealed decreased emotional instability, increased extraversion, healthier attachment styles, overall increased satisfaction with life, and heightened ability to identify emotions.

Resistance in Therapy

Orkibi, Azoulay, Regev, and Snir (2017) organized and facilitate a psychodrama group for adolescents to examine the relationship between clients' dramatic engagement, behavior and client-therapist bond while in-session. The investigators of this pilot study stated that resistance was present in clients that were unwilling to participate in the production or engage in activities within session (Orkibi et al., 2017 p. 50). This resistance prevented the client from "warming-up" for the action and stunted spontaneity within the moment. Three hypotheses were tested: 1. Participant involvement and dramatic engagement would increase; 2. A direct correlation between dramatic engagement and therapeutic bond would be present; 3. Increased dramatic engagement would enhance the likelihood of productive behaviors and decrease resistance. The group took place one time a week for 90 minutes, with about 16-22 sessions over the course of one school year, involving 16 adolescents between the ages of 13-16 (4 girls & 12 boys). The therapists formulated the psychodrama interventions based on client needs instead of a preset protocol and documented findings after each week.

Dramatic engagement and client involvement showed significant positive trends over the course of treatment, supporting the hypothesis first proposed. Only therapeutic perceived bonding correlated with dramatic engagement and positive change, while participant perceived bonding did not show a significant difference, which only partially supported the second hypothesis. Finally, dramatic engagement decreased resistance and improved in-session productivity, including aspects such as "change, insight, emotional exploration and resistance" (p. 50), supporting the third hypothesis. In conclusion, the researchers of this study believed that

the resistance to the spontaneity of improvisation involved in psychodramatic interventions may be due in part to high levels of anxiety. The researchers continued to discuss the origin of adolescent's resistance, by first stating that they are often referred by adults, regardless of their interest. More specifically, Emunah & Kellerman outlined the contributing factors of high levels of anxiety in adolescents in-session involvement of drama therapy as,

“lack of sufficient emotional or mental warm-up, viewing role-playing as childish or silly, embarrassment when being the center of attention, [performance anxiety], and because acting like or being someone else essentially conflicts with teens' search for self-identity, which characterizes the developmental period of adolescence” (as cited in Orkibi et al., 2017 p. 51).

Moreno suggested using symbolic roles and situations to promote dramatic “distancing”, so clients feel as if they are not playing themselves in order to reduce adolescent dramatic intervention resistance (as cited in Orkibi et al., 2017p. 51).

Engelhard (2014) based the foundation of this study on the notion that adolescent's development from childhood to adulthood rooted in the psyche (mind) and soma (body). Adolescent emotional reactions were investigated through reenactment of movement patterns during adolescence. Attention was given to adolescents' hyper focus on their body and how that uniquely informed dance/movement therapy. Engelhard reviewed psycho-somatic feedback from 20 DMT students. They danced to music that reminded them of their adolescence, moving in a similar way to how they would have danced as an adolescent. The researcher believed the usage of familiar music would produce a recall of movement patterns from their past. Each participant individually presented their dance to the group, which was then followed the group mirroring their movement.

The first theme that emerged, ‘movement as expression’, allowed them to safely express feelings that may have been difficult to verbalize or gone unnoticed. The second theme that emerged, ‘movement as threat’, felt a desire to express themselves yet felt anxiety and fear of exposure, conflicting internal and physical sensations, and performance anxiety of being in front of other people. Engelhard (2014) later concluded that adolescents’ resistance to free movement was a result of a perspective of movement as a threat.

Engelhard’s (2014) review of adolescent development covered their inability to be comfortable with their sexuality, unpredictability of development timing, and difficulty accepting physical maturity leading to aggressive tendencies. Although, Johnson and Eicher found that groups including adolescents with behavioral problems presented with more resistance to participation in dance/movement interventions (as cited in Engelhard 2014, p.499). Spontaneous or imaginary movement and play were avoided due to adolescents’ perception of being childish and feelings of regression manifesting. Most importantly Engelhard (2014) emphasized the importance of certainty, a safe structured environment that was sensitive and attuned to the adolescent’s body, through relating of movements, emotions, thoughts and fantasies.

Porter (2003) explored the Drama Therapy concept of impasse and the implication it had on impending transformation within the individual. The term *death* was utilized in a metaphoric manner to signify the *death transformation*. Impasse was defined as the point at which a client finds difficulty moving to the next stage of development, which would indicate they are on the edge of transition. In order for change to take place, removal of used and old patterns must take place to make room for new. Developmental Transformations (DvT) pioneer, Johnson, stated that it is meant to allow individuals ease of “access to and tolerance of internal states that have for various reasons been cast aside, labeled as unacceptable, or are seen as threatening” (as cited

in Porter 2003, p.102). Eventually, the spontaneous play becomes more engrained and expanded into everyday life, which allowed, more fitting relationships and life choices. Impasse presented itself within improvisation when the client and therapist sensed an awkwardness or difficulty, usually presented as sudden low energy, resistance, excessive laughter, uncontrollable anxiety and distractions. These are defined as fundamental transition periods that should not be avoided, for they are essential to the developmental process of an individual's psyche. Porter (2003) reported that resistance was normal with regards to dramatic improvisation, for this type of play is not always comfortable but can cause frightening and painful stimulation. Therefore, resistance should be expected and respected by the therapist.

Method

Participants

Participants involved in this thesis research included seven females between the ages of 14-17, who were of a low socio-economic background. All participants were required to attend individual therapy in addition to group, provided by the clinic or another outpatient facility. Participants were selected by the senior therapist, to ensure a balanced group dynamic, after individuals underwent an intake questionnaire to assess appropriateness, symptomology and diagnosis. Members of the group had a DSM-5 diagnosis of anxiety, depression, low self-esteem, social anxiety, and/or PTSD.

Studio and Materials

The participants worked in a group which took place in a large room that was divided into three sections. There was a large open space with an area rug, where dance/movement directives and warm-ups were conducted. The second area held a couch, chairs and coffee table. The third area had two large folding tables with chairs dedicated to making visual art. The

limited materials for the DT directives were small stripes of paper containing hypothetical situations for the partner DT intervention. There were no materials used for the DMT warm-ups.

Protocol

The group occurred every Monday between 5:30-6:30PM from August through December. The procedure involved the following steps. First, a warm up began with Sound & Movement (S&M). Members individually displayed a movement paired with a sound or word. Other group members witnessed the movement and sound, then mirrored it back. Weekly progression of the S&M warm-up were as follows: 1. Create a movement to represent your name, speak your name with the movement, witness and mirror back; 2. Create a movement with a sound or word to represent how you are feeling, what you need from the group, or what you are offering/bringing to the group, witness and mirror back.

Second, an activity called Mirror Transformation (MT) was facilitated. Create a sound and movement then slightly transform the movements made by the previous participant. The MT protocol prompted as follows: Create a movement, witness, then mirror back, pass this movement to the next person in the circle. Transform the movement passed by the previous member. Repeat until all members have participated.

Third, a partner drama therapy role play directive was facilitated. Participants break up into pairs and use a hypothetical scenario on the paper provided. Create a dramatic scene with your partner to best solve the hypothetical issue.

Fourth, a group Drama Therapy directive was implemented based on a conflict presented by a group member the previous week. The scenario was explained to the group members. Each member was given a role to play, such as parents, teachers, principal, and guidance counselor. The member who's conflict the scenario was based upon played herself. Participants were asked

to create a scene surrounding the conflict and to explore possible conflicts and solutions within that hypothetical scenario.

Results

Results from Movement Warm-ups

The group members responded to the dance/movement warm-ups with similar gestures, posture, facial expressions, and tone/quality of voice. Often when the directive was explained to the group or when it was a particular group member's turn their facial expressions would be of surprise, indicated by wide eyes and raised eyebrows, sideway eye glances and eye squinting. Laughter was a very common reaction during and after participation. Voice quality fluctuated from very quiet and minute to loud and exaggerated; regardless of the level of the voice, simple one-word responses were offered. Responses would often seem to have a mocking and silly element. Members body shape would take on one of two shapes, either very narrow pin-like (with limbs close to the body and a straight spine) or ball-like (with a curve in their spine, rounded shoulders, head hung, and arms crossed in front of the body). Arms and hands were often held in fixed positions such as both arms crossed, one arm crossed, hands held together or even elbows held close to the side. Participants would also lean backwards at the hips away from the group and facilitator when asked to express oneself through S&M. Participants who responded in this manner offered movements that occurred only from the elbow down to the hands, keeping elbows to their side. When individuals offered movements that involved their entire arm, the motion was small and presented directly in front of their body, rarely stepping to the side or arcing over their head.

A theme also emerged with participants that offered more exaggerated responses and speech. These individuals stood with a wide stance, labeled a 'triangle' position by Laban

Movement Analysis standards. Their motions would be quick large slashing motions, often mimicking pop culture fads. Their responses were erratic and fidgety with projection or loudness of their voice.

Results from Role Play

One group member chose not to participate in this directive or to work on the scenario privately. Removal of the performative aspect, and the option to create visual art independently was given and refused. Other group members willingly participated in the partnered role-playing directive and offered support to other pairs' presentations. One group member specifically participated fully, creating an appropriate scenario to resolve the issue with her partner; even though, she occasionally chose to not participate in movement warm-ups when the senior therapist was absent. Her body posture presented as rigid with arms held at the center of the body with an audible yet quiet voice.

Results from Role Play

When the group role-play was instructed to begin, group members remained quiet. Hesitation elicited clarification from the writer and the senior therapist about each character's role. Two of the group members that spoke the most were older and long-time members of the clinic. These two members' contribution supported the goal of the role-play directive to create realistic obstacles to be overcome. Other group members contributed with minimal words, tight closed off body language, averted gaze and minimal eye contact. The member whose conflict was the subject of the directive, participated fully and seemed more confident evidenced through direct and positive speech and by self-report.

Discussion

Partner Role-Play

The partner role-play directive revealed that the participants demonstrated good insight, communication and willingness to creativity, evidenced through the ability to articulate positive alternative solutions to the hypothetical dramatic prompt. These noted demonstrations were indicated through amicably creating several appropriate, yet differing, solutions without using mocking behaviors or excessive laughter. Body language indicated being uncomfortable with their body and heightened self-awareness. Contrary, to the resistance to movement observed, several participants excelled in both Drama Therapy interventions.

One member had the opposite response to Dance/Movement Therapy (DMT) and Drama Therapy (DT). She excelled with DMT directives and showed strong signs of resistance to DT directives. When asked to participate in DMT warm-ups, this member participated with enthusiasm and animation. The structure of the circle may have caused increased desire for immediate attention from peers – for example causing them to laugh with silly and mocking behavior. The DT directives seemed to pose as more of a threat causing her to resist entirely and refuse participation of any kind. Her body language changed to ball-like, slumped in her chair with an uncharacteristically quiet voice. Her refusal, body language and comments demeaned the exercise, indicative of her judgments and belief that she was superior to the directive; believing the directive to be juvenile and inducing a fear of regression. Contrary to her beliefs, this member lacked strong interpersonal skills, that the Drama Therapy directive aimed to improve. This member would often bring issues of identity crisis to the group, revealing her current identity discovery of a different sexual orientation (including polyamorous, bisexual, transgender etc.), voiced strong opinions of religion and relationship dynamics that were insensitive to other group members affiliations. This noticeably caused tension within the group at times, and due to

the structure of the group, remained undiscussed and caused resistance for her to partner with other members.

Group Role-Play

With regards to the group role-play directive, participants may have found it difficult to understand and relate to the nature of their assigned role which caused hesitation. Two of the older members that participated fully, revealed heightened development through their ability to have appropriate insights into the situation not directly relate to their personal life. Their lack of resistance indicates higher self-esteem, greater sense of security in identity and autonomy, often seen as adolescents grow closer to young adulthood. This directive differed from challenges and expectations that group members normally incurred, requiring perspective taking and empathy for others' circumstances. Most of the directives presented by the senior therapist were self-reflective for members, rarely requesting the members to view situations from another's perspective. The group structure did not allow for member feedback, that would have allowed for advice support and alternative perspective taking. The lack of feedback from members about member concerns made it difficult for the facilitators to acquire evidence that members were listening. Therefore, there was no way to ensure members listened or understood the group Drama Therapy scenario explained.

Dance/Movement Warm-ups

The Sound & Movement (S&M) warm-up exercises aimed to assist the group members in building group cohesiveness, build listening and observation skills through witnessing. Mirroring demonstrated their ability to be present, listen and observe others. When it was an individuals' turn to present, the goal was to build trust, self-confidence, self-esteem, greater sense of identity, emotional literacy, and reduce social anxiety. The Mirror Transformation

Warm-up exercise aimed toward the same goals as the S&M warm-up. Following through with MT demonstrated a form of effective communication through building listening/observing skills, and aimed to build empathy and sympathy, strengthen problem solving and promote alternative perspective taking.

During the dance/movement warm-ups it was noted that participants did not fully participate when the senior therapist was not present. Several factors may have affected the participant's reaction to the graduate intern's direction as an occasional facilitator and often co-facilitator. Imbalance within leadership roles created an umbrella of factors, including age difference between the senior therapist and the graduate intern, closeness in age to the members of the group, Expressive Arts Therapy experience, racial relatability, and repetitive structure of the group.

Group Dynamic & Structure

As a Caucasian female in her late-twenties, the graduate intern was presented to the group as an Expressive Art Therapy Graduate Intern. The Expressive Arts Therapy clinic often accepted interns, both graduate and undergraduate, which may have caused confusion of roles and experience for members. Several of the long-time group members built relationships with previous interns who had only stayed for a short period of time. This potentially caused an inability to trust the graduate intern as a leadership figure, knowing that her presence would only last for a period of time. Additionally, the graduate intern's title as graduate 'student' may have diminished her status as an authoritative or knowledgeable figure. Contrarily, the graduate intern's seeming closeness in age to the members allowed them to feel that the graduate intern was able to understand and relate more easily to generational topics, and divulged information they would not have felt appropriate saying to the senior therapist.

While the graduate intern's age may have produced an inclination that she lacked experience, causing resistance, or could have strengthened trust due to believed generational relatability, the senior facilitator's role also played a part. The senior therapist was an African American female in her early 60s; therefore, transference of a maternal figure most likely occurred for group members. The combination of her age and practice in unconditional positive regard influenced the group members into feeling a need to please a maternal figure of the group. Many of these female adolescents shared similar backgrounds of disjointed and neglectful relationships with their own mothers. Their transference could have caused a need to appease the wishes of the senior therapist, regardless of whether they wanted to participate or share. A negative maternal transference may have been placed upon the graduate intern, since group members have/had neglectful mothers close to the graduate intern's age and were cared for by their grandmothers; causing the members to have moments of transference as the graduate intern as the neglectful young mother and the senior therapist as the respected authoritative grandmother.

Imbalance stemmed from the structure of the group too. Members came to expect a very systematic structure of the group. As participants created visual art, one-by-one each member would take 3-15 minutes to check-in about their week. There was often not enough time to open a discussion to the other group members for feedback. Some members were left with very limited time to speak. This may have caused disunity and prevented bonding to make DMT or DT exploration a more comfortable experience. When group members needed assistance with art materials only the graduate intern or the undergraduate interns would assist group members. By always directing the interns to assist the group members, it indicted that the graduate intern's attention to what the group members were saying was less important, while the senior therapist

always remained present at the table holding herself as a more authoritative figure. When the senior therapist was not present, it may have felt uncomfortable or foreign for the group members to now check-in with the graduate intern, who did not usually hold an authoritative role. Racial differences potentially played a role in resistance and may have called into question the graduate intern's ability to relate or understand to the experiences of African American adolescents. Two African American participants, often chose not to participate in the dance/movement warm up, group check-in or main art therapy directive when the senior therapist was absent.

The adolescents demonstrated insecurities of their self-expression through closed off body language, smaller quiet voices, one-word answers such as "good, calm, tired"; these generic, or surface level, responses indicated and involved less commitment on the part of the participant, allowing them to remove themselves emotionally. Most of the movement offered by the participants in the warm-ups were only with the arms, while they stood rigid and in fixed positions, rarely deviating from neutral, and therefore indicating a lack of commitment through minimal involvement. Full body experiences were avoided due to the risk taking and vulnerability involved. Sideway glances revealed apprehension and concern for what other were doing or would think. Exaggerated speech and mocking behavior was used to deflect uncomfortable feelings of being judged by their peers. Their minimalistic involvement, or resistance, revealed avoidance to commitment.

Limitations and Future Directions

Future research upon the subject of adolescent resistance to Drama Therapy and Dance Movement Therapy would benefit from a more structured intake of group members. More emphasis upon the knowledge of each member's specific DSM-V diagnosis would shed light on

the member's involvement, body movements and relationship to the abstract. It may have been beneficial to begin this protocol with a group of adolescents for the sole purpose of this method, instead of implementing the protocol upon a group that had already become accustomed to routines and patterns. A greater sense of structure within the group would have allowed for participants to become more accustomed to a routine of utilizing drama and movement as forms of creativity. The stronger sense of structure within the group would have also allowed the therapists to implement scaffolding of the Expressive Therapies Continuum, which has been proven to promote freedom of creative expression. This scaffolding of the ETC would have allowed the facilitators to focus more on allowing members to become more comfortable with authentic movement in a nonthreatening way. This protocol can be utilized with similar age groups, and even children and/or young adults to allow comparison of identity development and the role it plays in creative involvement.

Conclusion

Resistance was found in adolescents participating in Drama Therapy and Dance/Movement Therapy interventions due to their fear of regression. As they develop from childhood to adulthood, their identity formation is in constant evaluation. DT and DMT directives require a level of play and improvisation that can be intimidating to adolescents developing identity security - specifically due to the abstract nature which involves unpredictability and vulnerability. If mastered an individual may develop a better sense of self, security of identity, awareness of oneself and enhanced communication. It is recommended for future research to explore a group with a more flexible structure, creating a foundation in abstract flexibility. This would allow more focus on building DT and DMT directives with scaffolding of the Expressive Arts Therapy Continuum, to allow ease of access to creative flow. The purpose of

this method was not to evaluate the effectiveness of DT and DMT with adolescents, but an assessment of the relationship between adolescences and DT & DMT. Further research should continue to evaluate the presence of resistance within adolescents, in order to better understand the relationship resistance has upon treatment and overall healing.

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