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The R.A.I.N.E. Method

Capstone Thesis

Lesley University

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Specialization in Dance Movement Therapy

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Abstract

The imagination-in-service of empathy also creates a context for measuring children's social, linguistic, comprehension, and organizational skills through the clinical observation of pretend play (Hendler-Lederer,2002). Both sociological insights carry heavy implications for the use and impact of imagination for both adults and children as well as individuals and clinicians. On the educational field, there is a wide academic debate about the disuse of imagination in the current educational system. Finally, in authentic movement, there is a strong link between imagination and affect where, not only is the clinician imagining the emotions that accompany the affect being moved by the individual but can also use the universal meanings of affects to touch root issues in the imagination (Roberts, 2016) .

This thesis sought to develop a method and therefore, the R.A.I.N.E. method is built around creating engagement through the individual's imaginative process. I chose option 1 because I want to provide a road-map of my process to finding the way in with difficult individuals that may benefit other clinicians. The substance of the method is establishing a path for clinicians to gain access to the individuals' internal world, become an ally of that world, and expand upon and operate within that world to achieve treatment goals. The R.A.I.N.E. method was used with three individuals, ages five to twelve and this thesis will present and discuss their responses to treatment through the method.

Development of a Method: The R.A.I.N.E. Method

Introduction

“Imagination is conceptually most closely related to creativity, generativity, divergent thinking, narrative production, and theory of mind, as well as pretend play in children” (Forgeard, 2016, p. 251).

Epistemologically considered to be a part of the current ‘positive psychology’ movement, the study of creativity, and the imagination as its’ source may play a role across diagnostic, neurological, pathological, sociological, and practical treatment development. (Forgeard, 2016) Neuroimaging is able track data-based indicators of the brain’s ability to think creatively with other physical aspects of brain development and/or disorders (Lane, 2016). Imagination can be an important puzzle piece in diagnostic and treatment planning for disorders affecting socialization. In this way, the link between narrative production and imagination is seen as two ends of the spectrum of neuro-normative development. On the one end there is imagination creating internal words and pictures that build up to narrative development, which is closely related to cognitive abilities such as meaning-making and inductive reasoning (Crepeski, 2016). On the other end of the spectrum are external narratives being taken in and processed into greater empathy, multicultural competencies, and personal values. Imagination is one of the hallmarks of human cognitive, developmental, and social health (Hedegaard, 2016).

This thesis concerns the development of a method for engagement of the imagination, especially for individuals with a functional age of three to 18 years. For example, an eight-year old individual whose cognitive ability scores closer to that of a five-year old with treatment goals including development of social skills. Although this method is not intended exclusively for use with autistic children, much of the emergent literature on imagination and diagnosis is

intrinsically linked as new understandings emerge regarding social cognition and imagination as codifiable cognitive functions. Imagination is an emerging topic of great importance across the fields of psychology, sociology, and neuroscience. Imagination is the faculty for generating new or different ideas, whether that manifest in words or pictures (Forgeard, 2016).

The R.A.I.N.E. method proposed in this thesis was used with three individuals ages five to twelve to facilitate their expressive therapies treatment and is defined as a process of establishing the clinician as an ally within the child's inner world. Each of the steps are interconnected and while they build upon each other, move much like the forward and back dance of development itself. This method is both an approach towards finding ways in which individuals who may be 'stuck' as well as a system of understanding where the relationship sits within the process of therapy, much like Rogers' Creative Spiral. The key feature of the method is to engage and become an ally in the child's imaginative world to the point of modeling behaviors and expanding their social-emotional repertoire. By engaging individuals through the R.A.I.N.E. Method, expressive arts and play therapy clinicians can engage in developmentally appropriate constructs of play and the imagination of the individual to achieve therapeutic goals.

Imagination and children's ability to follow direction in imaginal thinking correlates with other 'concrete' or logical thinking skills such as abstract spatial awareness, planning, and inductive reasoning (Hoff, 2005). Children work out adult themes of high emotional importance through imagination play; in this way relieve the tension of exposure to adult themes while 'practicing' for them in their own lives (Hendler-Lederer, 2002). Imaginal play is the theater of emotional processing for childhood and a key factor in the development of healthy self-image. Based on the presence of the study of imagination in both healthy development as well as its nuances in individuals with diagnosis. The mindful and purposeful use thereof is a huge key to

an expressive therapies approach to incorporate the individual's internal universe towards creating their own changes and achieving their own therapeutic goals. The development of a method with this thesis to explore and synthesize my personal style of processing expressive therapies with individuals who have been labeled as 'difficult', 'stuck', or 'quixotic' with the goal of creating possibilities for the individual to have greater access to both territories of experience and expression. This method is intended to be helpful in cases where:

1. Individuals were nonverbal or non-fluent and have difficulty fully expressing experiences;
2. Therapeutic progress made seems to be minimal or unapparent, where a change of direction or activities may help facilitate the therapists' way in;
3. Treatment goals directly address issues of the body, such as sexual abuse, body trauma, or eating disorders.

The theoretical orientation of the R.A.I.N.E. method draws from Tortora's Ways of Seeing, Cheever's Connected Knowing, and Roger's Creative Connection Process with influences from post-modern feminism and transpersonal humanistic theory. The steps of the R.A.I.N.E. method is not exclusively sequential, and much like childhood develop can overlap, regress, relapse, and interact with each other according to the individual's experience and needs throughout the therapeutic process. The therapist/facilitator may experience the process occurring with separate stages in simultaneous operation for different stories, new information that arises, and/or emerging territories of the internal universe.

The R.A.I.N.E. Method

Relational phase involves the traditional initial phases of therapy, including building rapport and trust in the therapeutic relationship. This phase is dedicated to gaining trust and using

total acceptance to make a safe-place for the individual to share their internal imaginal world with the facilitator. Allied phase is the window in which the facilitator observes and learns the symbols and substance of the individual's internal universe. Each individual imaginal world holds a microcosm of personal, cultural, and universal symbols which contribute to the individual's personal narrative and needs. Imaginative phase is where the facilitator joins in the play/creation and begins interaction with said universe. At this stage, the facilitator is a welcome guest within the individual's imaginal world but is not in control of the imaginal play and simply follows and supports the individual in exploring their personal narratives. Narration phase includes the facilitator co-creating with the individual, introducing new thematic material, and challenging paradigms previously presented by the individual. This is the phase in which the facilitator takes more of a lead role in the imaginative play and begins to model new ideas for the individual to interact with. Engagement phase is the state of the individual synthesizing learning/knowing to apply to daily life/achieve treatment goals. During this phase the power dynamic begins to equalize as the individual and the facilitator work together to build bridges between the individual's internal journey and applying this to higher functioning in the outside world.

Literature Review

Imagination has been an area of human exploration and debate for as long as written language has been established, but only recently has the applications of study about and purposeful uses of imagination for clinical study become a branch of literature. This literature review will begin with the more modern literature about the connections between imagination and ways of knowing, or epistemology. Next, literature concerning the connections between imagination and empathy. After, literature exploring the role of imagination in normative childhood development of emotional regulation, social, and cognitive skills. Finally, a short view of the new connections being drawn between imagination and childhood diagnosis.

Imagination and Ways of Knowing

The study of types of knowledge, otherwise known as Epistemology has taken on new branches through the expressive therapies' lenses in the past few decades as the internal, and previously immeasurable ways of knowing about others and the world around us were neither available or recognized as areas of study. Similarly, in the field of childhood development and psychology, the study of the imaginative, or pretend-play process in children has only recently begun to be clinically studied for its role in developing linguistic, cognitive, and social skills which "provides a foundation for future academic and social success" (p. 236). The studies of use of narrative imagination to support the development of empathy and the connection between using props and creating a personal narrative can both be considered poles of the same spectrum of personal growth and skills via the human imagination throughout the lifespan.

Cheever (2000) studied the phenomenon of "connected knowing" (p. 15) as experienced by educators and students of somatic education. Connected knowers use their somatic component to enrich their empathetic capacity and use procedural systems for accessing the knowledge of

others. This study observed 135 women, aged 21 – 50 who were native-born English speakers while interacting in connected knowing during conversations, as well as interviewing them afterwards to uncover thematic similarities of the experience of these phenomena. The findings of these women's experience all included: real-time self-awareness, identifying symbolic meanings of somatic responses, (or internal sensations) to the conversation, and secondary awareness of the state of the other whether, physical, emotional, or mental. These themes point to a procedure of multiple-awareness adopted by connected knowers to gather the maximum amount of internal information about the other(s). Cheever posited - tense that this can be a road map for procedural exercise and expansion of connected knowing for expressive therapists. This is an interesting contribution to the field, especially in application for dance-movement therapists who are consistently engaging with the somatic and symbolic experiences of the individual in ways that seek to know and understand. Choderow (2000) studied the clinical link between affect and imagination. This topic has only been an open area of study in America since the early 1980s, where prior to that time was considered "unreliable, unscientific, even disreputable" (p. 8). The research explored the relationship between areas of the imagination and functions of the psyche by comparing the literature around the intersection between experience and expression of universal emotions, positing that the use of dance movement therapy taps into humanity.

Through personal embodiment and authentic movement studies, the author and her clients explored the facial expression, body movements, and somatic phenomena of each of the seven universal emotions, which included fear, sadness, anger, disgust, shock, joy, and interest. In addition, the research delved into the outcomes of emotional development based on authentic movement explorations. For example, from the felt sense of surprise or startle response, one could expand that experience via imagination to find what the author noted as, "...the surprising

nature of inner events may well be the beginning of self-reflective consciousness” (p.17). By outlining the archetypal emotions and the areas of personal growth that they bring, the author offered a map for the work of Dance Movement, positing that, “...every dance therapist is engaged with the aesthetic imaginations...of beauty, relationship, mysteries, psychological, and scholarly” (p. 26). In conclusion, the authentic movement approach partners with universal themes in the human imagination to include all the ‘others’ as ‘us’.

Imagination and Empathy

Jeong-Hee and Wihe-Beck (2016) researched teaching methods that could build a scaffold for the developing skills of narrative imagination in school age children, while allowing the children greater success at standardized tests. Drawing from the work of educational philosopher Martha Nussbaum, and social theorist Dewey, the research team offered an arts-based exploration of their model for teaching theory of mind in an elementary setting via the use of story-telling, and a collaborative art-making process that helps build empathy, personal values, and social/emotional skills that the current Common Core curriculum is lacking. Participants included 68 children in the fifth grade, from three different classes, within the racially homogenous (82% white) population of Westwood Elementary School. The students listened to three story-tellers from the local community. The story-tellers shared personal accounts of social issues, followed by teachers leading students in reflective writing exercises. Students were then asked to sketch, creating images about what they learned from the stories. After the sketching sessions were complete, a mural artist helped each class collaborate one of the three panels of a mural. Finally, the school held a mural unveiling ceremony for parents and community members, which served as the witnessing step for the art-making process. The team interviewed the

participants about the symbolism in their art and what they learned during each of these steps to compile thematic, artistic, and personal attitudes.

The student's artwork indicated that most students learned latent information from the narratives, such as historical facts, learning about immigration, religion, and social justice issues; and salient information about world cultures, empathy, and collaborative communication. The art work was collected as data and showed the proclivity of students who were normally isolative or restricted participators in class to become drawn out by the activities of writing an art making (Kim, 2016, p. 20). As the team noted about thematic findings and interviews, there were, "More instances of the students' pride and empowerment were observed especially among students of color" (p.20). These findings show that the process of story-telling and reflective art-making in service of forming positive personal attitudes towards 'the other' and social/emotional skills for communicating and collaborating with one immediate others.

Wright (2000) explored the connection between empathy and intuitive ways of knowing. From a post-modern feminist theoretical orientation, Wright furthered the work of Choderow in linking the, "effects of gender and socialization on the construction of the self and knowledge" (p.2). The connections between imagination and empathy and imagination and intuitive ways of knowing topic is of great important in the paradigm of modern multicultural competencies for members of society who are from home cultures whose paradigm is not based on Western epistemology as well as members of the LGBTQ community whose needs may be better met with feminist theory. Write interviewed '135 women of different ages, ethnicities, and socioeconomic and educational backgrounds" (p.3). The authors findings indicated five specific themes of modern epistemological positions, which are, "inextricably intertwined with the structure of the self and the effects of class, culture, gender, and power relations on that self"

(p.3). The five positions were silence, received knowing, subjective knowing, procedural knowing, constructed knowing, and connected knowing. Connected knowing, which includes the skills of empathy, somatic empathy, and intuition occurs within the internal dialogue of the self and the other, even when the ‘other’ is the soma or body of the speaking-self. “Because connected knowing is characterized by an empathic connection between the knower and what is known, the psychological conditions – such as the ability to form trusting attachments – for empathy must be met” (p.4). This not only represented a reconstruction of the use of emotional intelligence into epistemology but also the reconstruction of the sense of self as a soma; rather than the Western dynamic of dualism between body and mind.

Bulmer, Gauthier, Thomas, Novy, and Ward (2005) used the Playback Theater format to explore the use of props and movement on expansion of creative repertoire and self-expression in service of any mind-body therapy. The team posited that due to Western socio-cultural norms, the body is not always seen as an ally or asset of the self; therefore experiences that are stored in, or occurred within the preverbal age of the individual can be extremely difficult to access and can be assisted through the use of movement, dramatic play, and use of props to make nonverbal representations of the experiences, memories, or feelings that can then be analyzed and processed through the expressive therapies practices of witnessing, echoing, and processing.

The participants were asked to be part of a series of Playback Theater workshops which involved an exploration of thematic content through movement, dramatic play, and props and then use of witnessing and interview to process after each performance. Each workshop began with a warm-up that introduced the group to movement and use of props creatively. Next, the performer and the witness engaged in ‘naming’ or otherwise assigning symbolic meaning to props and other visual elements that would be interacted with. After the performance, the witness

facilitated interviewing of the performer by the audience generate more experience and inspire deeper meaning for what was found in the drama setting. The witness in this case fills the role of facilitator, helping the performer choose and use props and to flesh out the story.

The researchers offered that it is the concreteness of the props that helps the individual find meaning and representations for difficult characters, feelings, and relationship dynamics. “Our workshop process illustrates how the body’s expressions and the symbolic use of props can be used to expand individuals’ expression of their stories, contributing some additional metaphors with which to represent memories, generate associations and images and explore and share meaning” (p.73). This is especially important for young children, nonverbal, or developmentally challenged individuals who have increased difficulty in processing and expressing their experiences of many types of trauma or other difficult circumstances such as family dynamics or dealing with serious illness.

Imagination and Childhood Development

Hendler-Lederer (2002) explored the procedures of collaborative pretend play for therapists in pursuit of the development and expansion of social, emotional, and cognitive skills. The context of collaborative pretend play, whether between children or a child and a therapist, creates reading readiness opportunities through interaction with reading props like pretend menus or paperwork, creates pretext for talking about literacy and language skills, and draws upon strengthening story comprehension.

The participants for this study was a case study of a collaborative play interaction between children that was later analyzed by the researcher. The children were both normative, native English-speaking boys between five and seven out less than 10 years of age. The children were asked to play a specific, familiar script of going to the doctor with props and costumes matching

this premise, for 20 minutes while the researcher observed. Both boys had passed stage VII of Westby's Play-Based Assessment of Language and Cognitive Abilities – which deals with sequencing of events for roles. The data gathered from the analysis of their pretend play collaboration found that one of the boys demonstrated more script knowledge, meta-communication skills, and rule knowledge which resulted in the second boy having difficulty in engaging in his assigned role. This led to the first boy breaking engagement rules often to ask for the researchers help in being the 'director' and dictating the second boys' role. The researcher posits that the engagement by a clinician in the collaborative pretend play protocol can strengthen social-emotional and literary skills for school-aged children. This is an important contribution to the field of childhood development in uncovering the psychological/cognitive results of collaborative pretend play and the use of this format for specific social/cognitive goals in therapy for school aged children with specific skill-needs.

Roberts, Wiebels, Sumner, Mulukom, Grady, Schacter, and Addis (2016) studied the concept of imagination and the phenomena around it, which are occurrences of the mind and without a leap of faith, can be considered part of the working of the human brain. Although a socio-culturally accepted concept, the imagination has previously only been assigned to the role of healthy childhood as part of play; or 'the work of childhood' (p. 127). Imagination is an essential element of mental/emotional health for people of all ages and abilities. It has only been a recent development, with the emergence of fMRI technology, that the imagination of children and adults both normative and with diagnosis has become a topic of study.

Lane, Ronfard, Francioli, and Harris (2016) studied children's ability to imagine realistic, improbable, and impossible scenarios and found that it linked both their developmental understanding of causality as well as being constrained to their understanding of probable

phenomena. Children of all genders, ages 4 to 8 years old were interviewed and asked to imagine scenarios beginning with familiar, and moving through improbable, to impossible phenomena. Interviewing results shows that there is a significant link between the age of the child being asked to imagine improbable, but no impossible phenomena and the age of those who did so with ease. The interviewers also found a marked age-related decrease in those children who reported that they could imagine impossible phenomena versus the control group. Children from both scenarios were also asked what they did imagine as the process of either group of phenomena happening. The findings reported that children thought of ordinary causes as explanations of the unlikely, but still possible scenarios 4 more times than extraordinary causes; and these explanations most often (30%) cited fact finding as supporting the ordinary causality, regardless of age differences. The overall data of this study uncover the strong link between the developmental understanding of causality and laws of natural science to that of children's ability to imagine different scenarios and points to the changing beliefs and understanding of older children about the natural world to their likelihood to concede possibilities of the improbable.

Roberts, Wiebels, Sumner, Mulukom, Grady, Schacter, and Addis (2016) studied the links between imagination and the brain through fMRI studies, in which they found that not only does the ability to imagine the future use default regions of the brain, accessing how things have worked in the past, but also accesses the frontoparietal areas, which implies that the ability to imagine future situations is linked to cognitive flexibility. The participants of this study were 25 normative 18 – 24-year-old adults who were all fluent English-speaking, right handed people to lessen the variance of hand-dominance and language pathways in individual brain structure. Participants were asked to include 3 details of social situations in an imaginary future scenario while the researches scanned fMRI activity. The measures were response times, task results, and

behavioral outcomes during mental tasks that asked participants to think of increasingly less familiar future events to observe the differences in brain area activations during these tasks. Findings suggest that the left insula area is responsible for when to switch from default processing such as remembering autobiographical information to construct a familiar future event, and frontoparietal areas to process new variables for a less familiar situation. The research team also posits that the use of the prefrontal cortex has a negative correlation with decrease in familiarity of situation, showing a possible link between the PFC and critical thinking, or the ability for coming up with plausible reasons for the unfamiliar situations.

Both studies are significant contributions to the current literature about the imagination as a necessary and useful tool of humans that includes critical thinking, reasoning, memory, causality, problem solving, creativity and cognitive flexibility. These elements are being revealed as ongoing necessary neuro-biological processes rather than a simple phase of lesser reasoning occurring in childhood and fading away with age.

Marian Hedegaard (2016) performed a qualitative study to represent the role of emotional experience as an integral factor in children's play under the cultural-historical tradition of Vygotskian development. Hedegaard argues that children's motives, emotions, and feelings are integral parts of the developmental process that are interconnected with the development of imagination and creativity. The specific study of children's emotional experience during play has not previously been a focus of either Psychoanalytical or Cognitive tradition, however Hedegaard pointed out that play and creative activities have correlating emotional tensions and themes that correlate with the forms of play itself. "Through their play activity, children start to develop imagination and creativity and learn to handle important emotional issues" (Hedegaard, 2016). Hedegaard observed and documented the play of 8 children ages 4 to 10 years old and

qualitatively analyzed the results. Findings included that play is seemed to be an important release of emotional tensions for children in all developmental stages with the play becoming more complex with more and different live experiences that children were exposed to. For example, toddlers who have observed their parents may play at tea-party without dialogue and still be trapped within object play due to lack of dialogue and premise within the play. The play world is where the child has a degree of control and freedom through all developmental phases to experience and process adult emotional issues. Whereas, school aged children who have been exposed to adult media can have a similar tea-party but use it as a jumping point for playing 'spies' to work out themes of life and death from the original exposure. This study contributes a new understanding of the emotional repertoire being interlocked with the development of the imagination and highlights how important the continuance of play is for older children and creativity for adolescents.

Imagination and Diagnosis

Crepski, Leach, Dinsdale, Mokkonen, and Hurd (2016) explored similarities between altered imaginative development in children with both autism and psycho-affective disorders. The team posits that the development of the imagination itself be a spectrum where autism spectrum diagnosis sits on the under-developed side and psycho-affective disorders sit on the over-developed side. In the case of autism and psycho-affective disorders, altered courses of imagination affect socialization due to the lack of development of theory-of-mind, empathy, and communication deficits. The team scored a meta-analysis of previous studies in both populations that met testing criteria for aspects of the imagination's functioning including pretend play, generativity, and creativity, narrative and arts, mentalizing, meaning making, mental imagery, episodic memory, empathizing, and future thinking. Results included a significant gender

difference with males scoring much higher on the subscale of measurements than females of the same diagnosis group; also, that males with a higher genetic risk of schizophrenia had higher correlating subset test scores. This study contributes a new understanding of the interplay between human development with psychiatric conditions relating to the range of development of the imagination. This is a new contribution because of the hypothetical structure where imaginative cognition skills are the basis of a spectrum of development on which to score more than one diagnosis.

The study of the imagination in current literature reveals that researchers can use imagination within arts-based inquiry and analysis to relate to individuals; and individuals can learn to use imagination for greater self-knowledge and personal development. Imagination both naturally occurs during normative development to support empathy and can be used within narrative teaching and art-making to purposefully develop children's ability to empathize with others. In normative childhood development, imagination and its use within play coincide with the other stages of development in flowing through stages that support the individual's emotional, social, and cognitive skills. Outside of normal childhood development, imagination can be helpful in assessing specific diagnosis which affect the use of imagination for social skills, such as empathizing with others. Imagination is one of the keys of human existence.

Methods

Participants

Three children aged five to ten years old, previously diagnosed with adjustment disorders, Autism Spectrum Disorder (ASD), William's Syndrome, and Oppositional Defiant Disorder (ODD) participated in individual therapy sessions. The children had previously participated in the clinic with ongoing individual expressive arts therapy including art, music,

play, and dance movement therapies. Criteria for participation in the R.A.I.N.E. program included clinical supervision by senior clinicians at the therapy sites and parents of the children being formally informed of my status as an apprentice DMT and my personal theoretical orientation. Parents gave verbal permission for treatment to use interdisciplinary expressive therapies interventions, including but not limited to visual art and dance movement therapy with and without music while following the steps of the method.

Materials

Play items which included plastic dinosaur figures, hand puppets, play-dough and plastic tools to facilitate play therapy and role play were utilized. In addition, dress up items included hats, scarves, and props for pretend play. Art items used included acrylic paint, brushes, and canvass for painting. Drawing supplies included crayons, markers, pencils, and paper. Crafting supplies included material, ribbons, scissors, and glue. Notebook, pen, and video via laptop were used for analysis purposes after each session.

After establishing the therapeutic relationship with each individual by participating and co-facilitation ongoing creative arts therapy sessions with the participants, the facilitator began using the R.A.I.N.E. method for the specific individuals who had given verbal assent and parental agreement.

The procedure was conducted in five different phases: Relational, Allied, Imaginative, Narrative, and Engagement. The following describes the procedure for each of the phases.

Relational Phase

The first phase is referred to as the relational phase. The facilitator begins with unconditional positive-regard while building rapport and trust through use of basic clinical skills. The table below shows the major domains of this foundational phase without being an exhaustive

list of skills to engage during the relational phase. Depending on the individual and unique case variables, this phase can last if the individual's need for a reparative emotional experience with an authority/nurturing figure.

Table 1. Title of Table

Skill Domain	Clinical Skill	DMT Skill	
Active Listening	Witnessing	Validating	
Awareness	Attunement	Present-ness	
Engagement	Mirroring	Reflecting	

Allied Phase

The second phase is the space where the therapist/facilitator begins evaluating the creative/symbolic material being produced through the individuals play. The therapist asks for clarification and uses open questions to add to the experience of the play/creation and begins to gather the creative themes, main characters and/or totems that emerge. The gathering of these creative themes and patterns enables the therapist/facilitator to understand the internal universe of the individual as seen through the lenses of their .

Imaginative Phase

Imaginative phase uses intuition, somatic empathy, and pre-lingual communication to exercise connected knowing as the guide for collaborating with the individual's play/creation. The task of the therapist at this phase is collaboration, or to begin actively joining in with the individuals' play and interacting with the individual's internal landscape as a trusted visitor. The task of the individual at the Imaginative phase is willingness, both to share the play/creation as

well as willingness to allow the therapist/facilitator to interact with their personal universe. This phase moves the individual from telling to inviting and the therapist from learning to interacting.

Narrative Phase

Narrative moves the individual from invitation to allowing give-and -take in leadership and moves the therapist from sharing the experience towards co-creation of new expansions. Not to be confused with the last step, co-creation represents a shift in the therapeutic dynamic where the therapist is now trusted, allowed, and welcomed to create new scenarios, introduce new themes and invite the individual into expansions that were not initially apparent in the Allied phase.

Engagement Phase

Engagement phase moves both therapist and individual towards building bridges between the individual's internal and external universes. The task of the therapist is now to model practical applications of the learning found in all previous stages and connect them to daily life. The task of the individual at this phase is trying-on the new ways to be that these translations represent. For example, the main character that represented sense-of-self may have transformed through the process and now represent a protocol of coping skills for the individual to use in de-escalation. Engagement represents the /synthesis of learning before termination; although Engagement can recur when addressing different territories of the individual's internal universe.

Method of Analysis

Journaling was used throughout the process to analyze the outcomes of the method. – you will need to write a separate method of analysis. Process recordings were used in addition to regular clinical notes to analyze the outcomes of each step(s) of the method. Use of arts-based analysis was established through keeping a video journal of the facilitator using authentic

movement to first embody and then respond to the individual's responses in session as well as the dynamic of the therapeutic relationship. Use of the language of Laban Movement Analysis is to summarize and analyze the symbolic meanings of the individuals' movements and my responses to them. To review each case, the facilitator reviewed the authentic movement clips from each of the session and responded to the process with new authentic movement which speaks to the dynamic of the relationship.

Results

The results below will be presented through descriptions of each individual's treatment and the observations of the individual's response to each of the phases of the proposed method. Included in appendix A is the facilitator's clinical and arts-based analysis. Analysis involved both clinical notes and movement analysis; revealed that the group of individuals responded to the method at their point of developmental needs. Due to the person-centered and humanistic theoretical background of the method, each individual's responses display a microcosm of how the method helps them achieve their personal work in therapy. Each individual's responses are hereafter recorded in order of the phases of the method.

Individual 1: Symbolism within Object Play

Relational During the first few sessions, the facilitator journaled that it felt 'tough' to try to move purposefully into the individual's space to begin establishing the relationship. The facilitator was also startled to notice how haphazardly the individual seemed to move into spaces of adults present when engaged with a toy or prop. This lack of purposeful connection showed up in the facilitator's movement clips as repeated reaching gestures as well as some shrinking which reflected the need for physical safety when the individual was 'tossing' themselves

around. The challenge of this phase seemed to be how would the facilitator establish the relationship by the individual simply tolerating them in their space?

Allied Movement reflections from this time were quick and flitting which may symbolize the facilitator jumping from one activity to the next with the individual in an effort of 'being with' throughout the session. Facilitator noticed that when the individual chose to take whatever toy was offered, they would name the animal or object and make the appropriate noise for it. Facilitator also realized that the individual was seeking visually and audially stimulating input from the toys/props. For example, they bright colored toys got the most play time whereas neutral colored toys were handed back or thrown back in the bucket. Or, when invited to play the drum the individual would hit it very hard and look up, bringing his ear line up to listen to the echoes in the room. – this seems more like protocol than results.

Imaginative The individual chose to sing their responses to the facilitator's prompts such as snatches of songs; etc. The reflective movements from this time were full of reaching up and out, participating in the vertical plane almost exclusively. The 'rainbow scarf' was used in movement with the individual. Facilitator noticed that the individual's engagement included visual tracking as well as active play with this prop, and that both movement patterns closely resembled the responsive movements the facilitator had been doing weeks prior.

Narrative Slowly the Imaginative phase began to overlap with the Narrative phase when journaling began to center on the possible symbolic connections between visual/audio stimuli and the song phrases being sung or hummed by the individual. Much of the facilitator's reflective movement clips from this phase deal with sitting or squatting side by side, representing the individual pairing the different kinds of animals together. The next session when the individual put both jaguars together in a car the facilitator pointed to them and asked, "Friends?"

Facilitator then echoed the song snatch that the individual responded with for the next ten or so minutes of play, which also involved other pairs of animals. “They’re the best of friends!”

Facilitator took this as symbolic content of the individual’s inner struggle to make friends at school despite their social challenges. Many different narratives unfolded through this phase, often with three or four narratives occurring per session and almost all dealing with developmental needs. The care team were within the bounds of object play with a school-aged child, there was nevertheless a richness of meaning and creative themes within the individual’s internal play world.

Engagement Through the experience the facilitator was able to see that ‘down’ time and even ‘disengaged’ time are necessary elements to a treatment session for individuals with similar diagnosis or needs. For this individual, the facilitator observed a pattern of disengagement after redirection. For example, if the individual was being too rough with a more delicate instrument or prop, another adult redirected him, regardless of how gentle, and friendly the redirection was, the individual’s tendency was to disengage. An observed movement pattern of this within the therapy space was that individual would take some toys and face the corner in child’s pose so that no one was in their eye or ear line. At face value, this seems like it could possibly have been to try to ignore rules and boundaries; however, when compared with times that the individual did not disengage after the initial redirection the facilitator believes the pattern to show that this was self-regulation in the form of de-escalation. On other occasions, the facilitator observed the individual being redirected either sternly, by a parent or by more than one adult in the room. On these occasions, if the individual did not choose to or was prevented from disengaging, they became increasingly upset as evidenced by facials, deep and sharp vocalizations, and at times striking out at parents. In comparing the two options, the facilitator believes that the short period

of disengagement after redirection is a healthy coping skill that the individual is only able to use when allowed to de-escalate their frustrations.

Individual2: Moving from Object Play to Pretend Play

Relational Journaling focused on exploring different ways-in such as, joining in the play and ‘keeping up’ with the individual as they flitted around the room or trying to bring them constantly back to finish the activity at hand. Facilitator kept wondering how to offer something new that would not lead into a distraction or allow for the individual’s learned ‘scripts’ of interaction.

Allied The facilitator began treatment by following the established routine that the individual was used to from working with a music therapist. The individual responded positively to new songs that were appropriate to their play stage. The individual was able to participate with more engaged time during treatment after establishing turn taking with the facilitator. During this phase the individual was able to stabilize their attention span and begin expanding their creative repertoire of creative movement.

Imaginative Journaling asked how to gently begin expanding the individual’s play world from their favorites without interrupting the established structure. The individual began electing creative changes to the stories that we then danced or acted out, making creative expansions while still during the individual’s ‘turn’ to choose the activity, effectively expanding both creative repertoire and attending. Reflective movement clips from this phase all include the expanding/contracting rhythm with floating gestures in swing-time pattern, representing creative expansion and imaginative options.

Narrative Journals from this phase express surprise at the individual beginning to request story-making or specific songs to dance to during their ‘turn’ to choose instead of consistently choosing the favorite songs as before. It seemed like they were gaining confidence enough to challenge themselves with these activities, while using our ‘reward’ songs as recovery time between challenges. This was a time of great expansion in the individual’s movement repertoire as we took on embodiments of fairy-tale characters, jungle animals, and television show heroes. Movement reflections from this phase are a wheel-shaped dance of changing characters and celebration of the new joy found in this creative outlet for the individual.

Engagement During the last phase, journaling was enthusiastic about the individual’s progress and wondered if they were ready for a greater expansion past the structured pretend-play we had moved into. With one of the productive ways-in having previously been bringing new songs, the facilitator wondered if repeating this step with a different kind of song could facilitate further exploration. When the facilitator brought some songs about the weather and modeled the connection between weather and types of emotion the individual engaged in the affects related to each. Through learning in the pretend-play phase we were able to keep expanding by trying on ways of being like the one above that interlaced with the individual’s developmental needs. Movement response clips during this phase were expansive, successive, and sustained echoing the feeling of building an experience.

Individual 3: Nurturing Needs through Pretend Play

Relational During the initial phase, this individual was at an age appropriate level of play development with concrete structured pretend-play and noticeable thematic content centered around domestic, specifically ‘mothering’ role activities. The facilitator allowed the individual to

‘boss’ her during pretend play after they had clearly assigned her the role of the ‘baby’ and themselves as the ‘mommy’. Movement response clips during this phase were sustained, gliding, indirect gestures in the simultaneous pattern; reflecting a sense searching.

Allied Journaling from this phase noted that the less-preferred activities of the individual usually included revealing more latent content, such as drawing, painting, or collage. The facilitator wondered if this was hiding or simply avoiding strong emotions as a survival skill. Treatment began to decentralize the play from the facilitator and the individual to include other ‘players’ such as the hand puppets, or other toys and ask guiding questions such as, “Who is the one who takes care of the others?” to invite new or different narratives about nurturing from their previous themes. Movement responses from this phase included scooping arm movements that ended with open-handed giving gestures. These movements could signify resonance with the search for nurturance, the mother figure, and self-empowerment.

Imaginative The journals from this phase note that the individual specifically asked to do some ‘different things’ like making things. Deeper nurturance symbols emerged such as a bird with a nest of eggs when we moved from play-centered to art-centered sessions. The facilitator noticed a new level of attention and intention when the individual was producing these works with a mix of universal and personal symbols about a care-taking figures. Movement responses from this phase centralized on small, sequential steps in swing-time pattern with small hand gestures that indicated the awaiting of the totems to unfold as well as a sense of care in treatment.

Narrative Although it is a normative phase for children of that age to participate in ‘mothering’ games, the fixation on being the Mommy as well as the reoccurrence of the symbols made for wonder on what was missing or needed from the individual’s family life, where the

biological mother was present. Facilitator began to ask new guidance questions during art-making or play such as, “Which one is the friend? What does this one do to help the other?” in hopes of expanding roles and/or creative repertoire. The movement reflections from this phase are swirling, reaching, and gliding arm rotations with sequential, rhythmic steps representing a desire to ‘stir things up’.

Engagement Journaling from this phase reflect a shift in the individual’s personal narrative about nurturing versus ‘helping’ in all kinds of roles. Focus in making and playing expanding to, “Who can help? Who has what we need?” The underlying need transformed from a fixation on a ‘mother figure’ to a more general ‘ally’ which is more age appropriate for a school aged child; with much of the play/creativity centered around self-empowerment and seeing themselves as the helper for example, “I can help. I can share.” Etc. Movement reflection clips from this phase are strong, bound, and sustained in the successive movement pattern which reflects personal empowerment and growth.

Discussion

Due to the integral role of imagination and play as healthy parts of childhood development, use of the method falls somewhere on the spectrum of need with whomever is treated. For example, with the child who did not know how to play or engage the imagination appropriately, the method calls for teaching play and collaborative skills via the R.A.I.N.E. method. On the opposite side of the spectrum, the child who only knew how to play and had not been able to engage in other types of therapy, the method to accesses the symbolic content of their work and teach social-emotional skills and behaviors.

This method described a protocol for expressive therapies work with children with adjustment disorders and behavioral problems, along with various other diagnosis. Theoretical

orientation that was used to build the steps of the method orient with Roger's Cycle of Creativity. The method was used with individuals aged five to twelve with informed verbal parental consent, using a journal for clinical notes and authentic movement responses as an arts-based analysis of the session to record outcomes of the use of the method.

Through tracking the three individuals' responses to the step of the R.A.I.N.E. method it was discovered that imagination can be an important puzzle piece in diagnostic and treatment planning for disorders affecting socialization (Crepeski, 2016).

Individual 1 clearly showed that, after connecting and making the appropriate positive risks, the individual's personal need for friends. The manifestation of rich symbolism that related directly to the developmental goals for the case fit together with the development of the therapeutic relationship through the steps of the method. The R.A.I.N.E. method in this case was able to move the individual from observation, through object play, and into symbolic song/play. The movement patterns analyzed revealed the individual's inner needs for balanced periods of time engaging and recuperating within the therapy; which mirrors their personal need for varied activities coordinated with their diagnosis.

Secondly, Imagination is one of the hallmarks of human cognitive, developmental, and social health (Hedegaard, 2016). Individual 2 demonstrated the interrelationship between growth of the imagination with developmental and social health as the individual's imaginative world grew in direct correlation to reaching treatment plan goals and improved social and academic performance at school. In this case, the R.A.I.N.E. method was able to move them from object play to pretend play while meeting the treatment goals resulting in an increased quality of life.

Finally, according to Hendler-Lederer, (2002) imagination is a double-edged sword for understanding and socio-emotional development showed that closed loops or overtly repetitive

creative themes that arise during the Allied phase can point to gaps in socio-emotional development. Individual 3 showed that there can be a need for healthy 'regression' into previous developmental stages of play to create an emotionally reparative stage for the individual to bridge that gap for themselves. In this case, the R.A.I.N.E. method was able to partner with the individual's natural coping skills of distance through use of a totem to develop an expanded range of active coping skills for their home life; effectively becoming the totem; i.e. one who has/one who provides (being the self) by the end of treatment. This case confirmed one of the overarching theoretical beliefs that expressive therapies exist to connect and engage the individual with their own magic to become the agent of change and improvement in their own lives.

Each individual dealt heavily in different areas of the imagination and the use of R.A.I.N.E. method to form rich and deep work. Individuals who have previously been labeled as 'difficult' or 'noncompliant' can both enjoy a fresh orientation to expressive therapies as well as succeed in their therapeutic goals to overcome those previous treatment labels.

Further steps include the use of the method with more participants, different diagnosis, and different multicultural considerations within the same age range and areas of need. Specific population studies with use of the method may spring from this to collect data relating to specific needs and processes that arise within the method itself for those populations. Although all three of my cases were from different S.E.S. groups in the community. These factors should also be studied individually and may reveal new data on the thematic content that arises between different exposures to adult cultural content.

The contribution of this project to the practice of expressive arts therapies and dance movement therapy is meant to be a resource for other therapists and/or facilitators as a method of

engagement and a road-map of the ongoing developing dynamic between individual(s) and therapist(s). Understanding the interrelationships between the imagination and other areas of development in both neuro-normative and children with diagnosis is a huge keystone towards utilizing the imaginal space for development of the therapeutic relationship and treatment goals. This project begins a new conversation towards mindful, clinical, and specific engagement of individual's internal universes to manifest their best in the external universe.

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Appendix A

Facilitator's Supplemental Case Methods

Presented below are the specific approaches used by the facilitator to participate in steps of the method, specific to each individual's needs at the time. Each supplemental method choice is presented under the stage of the method in which it occurred in the individual's treatment; however, there are not supplemental methods for each step of every case. These supplemental methods are presented within each individual's treatment separately as they are specific choices made by the facilitator as to how to participate with the individual in the step of the method that treatment was addressing. For example, with the first individual the choice to narrate their movements and other engagement proved helpful during the Imaginative phase and created abundant creative responses from the individual; whereas this same choice at the same stage of the method for the second individual would have been counter-productive and overwhelming as they were already hyper-verbal and may have been distracted by extra stimuli.

Individual 1 Symbolism within Object Play

Allied After seeking supervision, the facilitator decided that moving into the Allied phase with this individual might look like engaging with the toys/props they were interested in. The facilitator saw this as a 'positive risk' to try on meeting the individual where they were in play.

Imaginative To engage the individual's sensory input seeking and further engagement with them, the facilitator began to narrate the individual's actions such as, "I see you putting all the monkeys in one of the cars." Along with echoing the individual's externalizations, such as animal names/noises and repeating what the individual. Facilitator decided to make another

positive risk by using juggling scarves with the individual. Facilitator chose primary colors of the small juggling scarves tied together to make a visually engaging ‘rainbow scarf.’

Narrative Facilitator began to make the positive risk of asking the individual questions in the form of simple phrases or song phrases that they had previously used. For example, when the individual put two animal toys together and said, “friends” the Facilitator asked it back in the form of a question, while pointing to the toys, “friends?”.

Individual 2 Moving from Object Play to Pretend Play

Allied Based on this preference for preschool songs, the facilitator began to use turn-taking to format the session-flow. Individual chooses first, and almost always chooses one of the favorite songs. Next, it’s the facilitator’s turn to choose and she chooses an activity that aligns with the treatment plan. Finally, the individual is rewarded by choosing from options of another favorite that has not yet been done during that session; and so on. This new cycle moved both facilitator and individual from flitting in and out of activities into a productive and predictable flow of the therapy session.

Imaginative Facilitator began asking questions about the stories and empowering the individual to make creative changes after having done the favorite song the usual way once. For example, “Is there anything you want to change in that story? Do you like that ending for Humpty?” This empowered the individual to scaffold new creative changes and move from accepted themes into spontaneous story-telling.

Individual 3 Nurturing Needs through Pretend Play

Allied The facilitator was consistent in asking the individual if she was pretending whenever the individual seemed to be demanding or commanding the facilitator's engagement in a specific way. This phase established the rules of play between the facilitator and the individual.

Imaginative The facilitator chose to let the individual enter into automatic pretend play with them upon entering the treatment room. This manifested in the form of 'bossing' or the individual commanding and/or demanding the facilitator to play a certain game or engage in a certain way. The facilitator saw this as a healthy form of regaining control within the safety of the established ruled of play.

Narrative Journaling reflected hopes that the facilitator wasn't focusing too deeply on only one theme; although there was a clear and consistent prevalence of the mother-figure roles and symbols even when asking the individual for 'a different story' to play with.

Appendix B

Facilitator's Arts-Based Analysis to Individual's Responses to Treatment

The Facilitator kept both a physical journal of clinical notes, including Laban Movement Analysis and Kestenberg Movement Profiles along with a video-journal of authentic movement responses to individual's treatment sessions during each step of the method. Authentic movement reflections of the process with each individual are recorded below.

Individual 1 Symbolism within Object Play Authentic Movement Response

The facilitator noticed an emerging pattern of disengagement to reengagement that had not previously seen being resolved. Through review and movement study the facilitator realized that after periods of great spontaneous output there often followed shorter but still significant periods of 'down time' during which the individual would still glance at the therapists as they tried to re-engage but would not make direct eye contact. During these down times, the individual was often very silent, focused on one specific toy or specific group of toys, and would sit/crouch in child's pose while interacting with the toy. On occasion, the therapists could noticeably hear him catching his breath after singing and would narrate about his 'good breathing' and do deep breathing with him. These down periods lasted between five to less than ten minutes but were often followed by significant moments of connection with the therapists, such as engaging in imaginative play, co-playing the guitar, or playing scarf games. It's possible that the instinctual use of down time is an internally driven coping skill, which helps the individual balance their emotional energy after a longer period of creative engagement with the 'outside' world, such as co-creating songs/music with the therapists. The down time, which follows allows the body to re-oxygenate, helps keep the individual's energy levels manageable instead of constantly increasing throughout the session, and may be helpful for emotionally

regrouping after active engagement. The R.A.I.N.E. method in this case was able to move me from observation, through object play, and into symbolic song/play with the individual. The movement patterns analyzed revealed the individual's inner needs for balanced periods of time engaging and recuperating within the therapy.

Individual 2 Moving from Object Play to Pretend Play Authentic Movement Response

After reviewing the journal and authentic movement clip entries, the facilitator noticed an overall pattern of circling. Facilitator seemed to be circling the individual, circling back around for them to follow her, and/or circling the therapy space throughout reflections. This speaks both to the dynamics of the therapeutic relationship and the needs of the individual. The therapeutic relationship between the facilitator and this individual was a reparative experience like the older sibling teaching the younger how to play, hence the circling back to include and lead them. Their needs for structure, predictability, and being held in the therapeutic space manifested through the establishing of a repetitive, or circular session structure. In this case, the R.A.I.N.E. method was able to move the individual from object play to pretend play while meeting the treatment goals.

Individual 3 Nurturing Needs through Pretend Play Authentic Movement Reflection

In responding to the overall method process with this individual, the facilitator's authentic movement study took on a very specific movement pattern of weaving in and out of a central point in the room. The movement qualities were strong, indirect, and sustained within the strain/release movement pattern, much like a weaver's. In reviewing this movement response, the facilitator realized that although the creative themes for Case 3 included what seemed like an over-arching need for a mother figure, there were smaller issues related to the individual's empowerment to manage internal feelings and external needs in their environment. In this case, the 'mother -figure' itself was a totem of empowerment; i.e. she who provides for me when the

internal need represented a lack of self-esteem and personal voice. The individual was able to distance themselves through use of the totem enough to accomplish the deep emotional work of this development at a very young age and in trying personal circumstances.