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## Connecting to the Self: Increasing Self-Awareness in Children with ASD, Development of a Method

Madison Janke

Lesley University, [mjanke2@lesley.edu](mailto:mjanke2@lesley.edu)

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Connecting to the Self: Increasing Self-Awareness in Children with ASD,

Development of a Method

Capstone Thesis

Lesley University

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Madison Janke

Specialization: Dance/Movement Therapy

Thesis Instructor: Donna Owens, PhD

### **Abstract**

Dance/movement therapy is a popular method utilized with the autism spectrum population due to its focus on increasing social skills, developing relationships, improving function, increasing positive body image, and expanding movement repertoire. The literature indicated that mirroring is the most common and most utilized DMT intervention for this population, but it provided minimal alternative dance/movement therapy interventions. The dance/movement therapy method implemented through this research attempted to provide an alternative to mirroring through the creation of a body outline. This method was developed through the theoretical framework of relational-cultural theory, emphasizing the impact that relationships can have on the shaping of one's identity and self-concept. The method took place over the course of five sessions and targeted: (a) increasing self-awareness around physical sensations, and where they are experienced in the body; (b) increasing self-awareness around emotions and where those are felt in the body; (c) increasing self-awareness around other people's perceptions; and (d) increasing self-awareness around how one functions within a group and the role that one typically assumes. The results indicated that the participants gained a better understanding of the different elements of self-awareness through the embodiment of the elements that were incorporated into their body outline.

*Keywords:* body outline, self-awareness, autism spectrum disorder, dance/movement therapy, relational-cultural theory, expressive therapy, expressive therapies, ASD, DMT, RCT

Connecting to the Self: Increasing Self-Awareness in Children with ASD, Development of a  
Method

**Introduction**

Self-awareness and the experience of self are unique and valid for all persons. However, for each individual, the concept of the self and self-awareness may be more or less efficient for helping individuals to navigate in the world in a way that supports his or her everyday needs, helps him or her to reach goals, and meets his or her personal values. (Elmrose, 2016, p. 109)

Increasing self-awareness is a life-long journey that contributes to growth and healing. It is similar to a muscle that needs to be developed and strengthened. Without self-awareness, an individual can lack an understanding of how their actions affect others, which has an impact on his or her ability to relate socially (Duff & Flattery, 2014). Merriam-Webster dictionary defines self-awareness as “an awareness of one’s own personality or individuality” (Self-awareness, n.d). I would add to that by defining self-awareness as an awareness of one’s personality, character, or identity. Persons with autism spectrum disorder (ASD) often have difficulty developing and maintaining social relationships (Koch et al., 2014). Koch et al. (2014) define autism as “a severe developmental disorder that encompasses body and mind, feeling and social relating” (p. 338). The authors go on to say that “social functioning is challenged lifelong in autism” (p. 338).

Relational-cultural theory (RCT) “is built on the assumption that meaningful, shared connection with others leads to the development of a healthy ‘felt sense of self’ (Jordan, 1997, p. 15)” (Frey, 2013, p. 178). With this theoretical framework as a lens, treatment with this population can focus on and highlight the impact that relationships have on developing an identity and developing self-awareness. Children diagnosed with ASD have many strengths and

have a rich inner world, but as Martin (2014) states, “challenges in social and communication skills can often become barriers to the full expression of strengths and prevent individuals with ASDs from reaching their fullest potential (Shore, 2009)” (p. 545). An increase in self-awareness can help individuals relate socially; understand thoughts, actions, and feelings, recognize other people’s emotions; and, develop a self-concept and worldview. Koch et al. (2014) relate that treatment for individuals diagnosed with ASD often revolve around “improving individual and interpersonal competencies” (p. 338) and “since cognition, emotion, and motor function are all interrelatedly affected by autism, there are three major entries to improve social skills in autism: cognition, emotion, and the body” (p. 338).

One way that this holistic approach toward improving social skills can be accomplished is through the embodied practice of dance/movement therapy (DMT). The American Dance Therapy Association defines DMT as the “psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual, for the purpose of improving health and well-being” (Welling, 2019). Martin (2014) states that “DMT interventions have the potential to provide a pathway to the integration of the motor and social/communicative functions that are affected in children with ASDs” (p. 548). While the research has shown that DMT is a beneficial therapeutic approach with the ASD population, I noticed that primarily one intervention is utilized. Through the research, I have found that the main DMT intervention that is typically utilized with the ASD population is mirroring, and this appears to be an area that could be further developed (Koch et al., 2014). Through this inquiry, I investigated how this population could benefit from an alternative DMT intervention. My research focused on discovering how therapists can incorporate the expressive therapies, both in treatment and

through the implementation of a method, to increase self-awareness with children on the autism spectrum.

### **Literature Review**

The purpose of this literature review is to provide the readers with a deeper understanding of DMT and ASD, and how movement interventions can be used as tools to increase self-awareness and subsequently, to expand social connectedness, through an RCT lens. The literature that was reviewed defined self-awareness, ASD, DMT, and RCT; discussed social challenges that children diagnosed with ASD experience, including the role that self-awareness played in improving social interactions; DMT interventions that had previously been used; and, discussed how RCT could influence DMT interventions with this population.

### **Self-Awareness, Theory of Mind, and ASD**

An awareness of the self is an awareness of one's mental state (Williams, 2010, p. 475). An inability to recognize one's own mental state leads to an inability to recognize another's mental state. According to Martin (2014), "ASD is diagnosed according to 'persistent deficits in social communication and social interaction across multiple contexts' and 'restricted, repetitive patterns of behavior, interests or activities' (American Psychiatric Association, 2013, p. 50)" (p. 546). Duff and Flattery (2014) add to this definition of autism:

If we more literally define "autism" from its root syntax, we would be forced to consider the condition of Autism as a form of "self-ism." In fact, Autism could be viewed as an infirmity of the development of an individual's "Self." (p. 1027)

Children on the autism spectrum typically lack self-awareness, which can lead to an inability to understand other people's perspectives (Williams, 2010, p. 474). In her book, *Thinking About You, Thinking About Me*, Michelle Winner (2007) proposes that persons on the autism spectrum

fall within three levels of perspective taking deficits. Level 1 is the “severely impaired perspective taker” (pp. 4-5), Level 2 is the “emerging perspective taker” (pp. 6-8) and Level 3 is the “impaired interactive perspective taker” (pp. 9-11). Each of these experiences are described in Figure 1.

Level 1 pp. 4-5	Level 2 pp. 6-8	Level 3 pp. 9-11
<ul style="list-style-type: none"> <li>• “inability to take the perspective of others”</li> <li>• “limited development of spoken language”</li> <li>• language that focuses on “functionality rather than shared observations about the world”</li> <li>• “no understanding of abstract language”</li> <li>• “very limited attention span”</li> <li>• “very limited understanding of the conceptual world”</li> <li>• “very limited to almost no acknowledgement of others in their presence”</li> <li>• “significant sensory challenges”</li> <li>• “difficulty with transitions”</li> <li>• “limited abstract thinking and problem-solving ability”</li> <li>• “limited social motivation to engage”</li> </ul>	<ul style="list-style-type: none"> <li>• a “range of intelligence”</li> <li>• an “inability to efficiently take the perspective of others”</li> <li>• “learning disabilities” such as “reading comprehension, written expression, math word problems, and organizational skills”</li> <li>• “language difficulties or disabilities”</li> <li>• “lack of abstract language and understanding”</li> <li>• “lack of cognitive verb understanding”</li> <li>• “lack of organizational skills”</li> <li>• “difficulty with reading comprehension”</li> <li>• “lack of writing skills”</li> <li>• “lack of problem-solving skills”</li> <li>• “distractibility”</li> <li>• “sensory challenges”</li> <li>• “transition challenges”</li> <li>• “lack of critical thinking skills”</li> <li>• “quirkiness”</li> <li>• “behavioral disability labels” such as “high functioning autism”</li> <li>• difficulties with “social interaction initiation”</li> </ul>	<ul style="list-style-type: none"> <li>• “near normal to very high intelligence”</li> <li>• “fluid verbal language skills, often using an expanded vocabulary”</li> <li>• “difficulty following the ‘hidden rules’ of the social context”</li> <li>• “struggles with complex interpretation of social academics”</li> <li>• “difficulties with organizational skills”</li> <li>• demonstrates a “weakness in developing friendships and working as part of a group in the classroom”</li> <li>• “difficulty simultaneously reading the social cues of the face, body, voice, spoken language and environmental context”</li> <li>• “mental health challenges, such as depression, anxiety, or obsessive compulsive disorder”</li> <li>• “excessive competitiveness”</li> <li>• “may not be in touch with their own and others’ emotions”</li> <li>• “disability labels, including nonverbal learning disorder, ADHD, Bipolar, and other emotional challenges”</li> </ul>

Figure 1. Three levels of perspective taking deficits. Adapted from Williams, D. (2010). Theory of own mind in autism. *Autism*, 14(5), 474-494. <https://doi.org/10.1177/1362361310366314>

Another way to define perspective taking is theory of mind, which Winner (2007) defines as an “understanding of your own and other people’s thoughts, emotions, physical and language-based motives, intentions, personality, and belief systems” (p. 1) and “the ability to intuitively track what others know and think during personal interactions. We use this information to understand and then monitor our own responses – verbal and nonverbal – in the presence of others” (p. vii).

### **Social Challenges with the Autism Spectrum Population**

Children diagnosed with ASD often have social difficulties because they tend to struggle with being able to read facial cues, body language, and non-verbal signals that are typically innate in neurotypical children. Other factors that lead to social difficulties with children diagnosed with ASD involve a lack of flexibility and rigidity in thinking and behaving (Lee, Lambert, Wittich, Kehayia, & Park, 2016), deficiencies in body awareness (Bertilsson, Gyllensten, Opheim, Gard, & Hammarlund, 2018), difficulties with perspective taking (Lee, Lambert, Wittich, Kehayia, & Park, 2016), a tendency to perseverate verbally or behaviorally (Martin, 2014), difficulties regulating emotions (Robledo, Donnellan, & Strandti-Conroy, 2012), and a lack of self-awareness or of how their actions affect other people (Duff & Flattery, 2014).

In addition to having difficulty perspective taking, or “understanding the point of view of another person; the ability to consider the contents of other people’s minds” (Winner, 2007, p. 1), children diagnosed with ASD often have difficulty monitoring another’s actions over their own actions (Williams & Happé, 2008). The participants in Williams and Happé’s (2008) study join in two experiments, and it was discovered that they “found it easier to monitor their own actions/agency than to monitor the agency of the experimenter” (p. 251). The participants demonstrated a self-reference effect, “recalling their own actions better than those of the



experimenter” (p. 251). An interpretation of these findings could be evidence of a deficit in an awareness of how their actions affect and relate to another’s actions. This self-reference effect demonstrates a tendency to engage in social interactions only if it directly relates to them. As evidenced by this research, if self-awareness is limited, people with ASD will limit the conversation topics in which they will participate, causing their social interactions to be controlled.

Lind and Bowler (2008) found that children diagnosed with ASD did not have difficulty with a delayed self-recognition task, but when asked to label themselves on a video, children with ASD responded with their proper names rather than the pronoun “me” (p. 648). Lind and Bowler attribute this difficulty with pronoun use as implying “diminished self-awareness” (p. 648). The authors also discovered that “there is indirect evidence to suggest that temporally extended self-awareness may be impaired in ASD” (p. 648). This would cause children with ASD to experience difficulty recognizing themselves in multiple contexts and times (p. 644). If their sense of self is not consistent across context and time, self-awareness could be difficult to develop. Lind and Bowler further share that,

Children with ASD may be less able than children without ASD to consider multiple, alternative representations of the self from different time points and to understand the temporal-causal relations among these past, present and future states of self, resulting in diminished temporally extended self-awareness. (p. 644)

A diminished temporally extended self-awareness contributes toward differences between children with ASD and children without ASD, and this can cause children with ASD to have problems relating to others in a social context.

Another challenge that children diagnosed with ASD have involves conceptualizing to a larger whole, which Winner (2007) defines as central coherence theory:

The central coherence theory states that students on the autism spectrum have difficulty conceptualizing to a larger whole. They tend to think in parts and do not fully relate their pieces of information back to a larger pattern of behavior and thought. (p. vi)

All of these difficulties dispose a child with ASD toward having deficits in social skills and experiencing challenges during social interactions. Winner (2007) defines social skills as “(1) turn-taking, reciprocity, (2) reading cues, (3) maintaining a topic, (4) recognizing people’s emotions, (5) eye contact, (6) proximity” (p. ix).

### **Dance/Movement Therapy and Autism Spectrum Disorder**

DMT is a therapeutic modality that can help children on the autism spectrum develop social skills (Scharoun et al., 2014). According to Scharoun, et al. (2014), DMT can help children with ASD develop relationships (p. 213), improve functioning (p. 215), increase their body image (p. 216), and expand their movement repertoire (p. 216). With the ASD population, dance/movement therapists typically utilize interventions, such as “reflection, attunement, synchronous movement interactions, mirroring, and rhythm” (Martin, 2014, p. 548). The literature indicates that mirroring is the most common and most utilized DMT intervention for this population (Scharoun et al., 2014; Koch et al., 2014; Duff & Flattery Jr., 2014; Bertilsson et al., 2018; Mastrominic et al., 2018; Devereaux, 2017; Jerak, Vidrih, & Žvelc, 2016). Scharoun et al. (2014) describes mirroring as an “empathetic imitation of movement” (p. 216), that when utilized, activates, “a neural network called the mirror neuron system...” (p. 216). Scharoun et al., (2014) continue to describe the benefits of mirroring:

Mirroring allows a child to see the effects of their movements on another person and in

that way, explore what his or her own body is capable of accomplishing...The child is able to use mirroring as a form of communicating his or her needs to the therapist because they are aware that the therapist is dedicating attention to his or her actions. (p. 216)

Although mirroring has been shown to benefit children on the autism spectrum, there is limited research that utilizes alternative DMT interventions.

### **Relational-Cultural Theory**

According to Cannon, et al. (2012), “RCT is an evolving theory of human development that places emphasis on growth-fostering relationships as foundational to survival and wellness” (p. 3). In their article, Cannon et al. (2012) found that when facilitating a group of adolescent females who were within the RCT framework, the participants could identify the emotions that resulted from situations of disconnection within relationships (p. 10), they were able to distinguish between healthy relationships and nonmutual relationships (p. 11), they were able to cultivate growth-fostering relationships with future relationships and current relationships within the group (p. 13), and their ability to empathize with group members increased (p. 13). When discussing the relational difficulties that can arise within a group setting, Cannon et al. (2012) shared that

moving a group into connection involves recognition of the central relational paradox:

Although group members yearn for genuine, caring connections, they paradoxically will leave major portions of themselves out of the group experience out of fear that they will not be heard or understood (Comstock et al., 2002). (p. 5)

Frey (2013) offers these six core components as summarized by Jordan (as cited in Frey, 2013):

(a) working with relational connections and disconnections, including therapist

commitment to working through disruption in the therapeutic relationship; (b) focusing on the development of mutual empathy, including self-empathy; (c) working through the restructuring negative relational images; (d) therapist responsiveness, authenticity, and willingness to be impacted by the client; (e) fostering relationship resilience; and (f) validating and incorporating clients' cultural and social contexts. (p. 179)

This willingness to allow a client to have an impact on the therapist encourages a sensitivity and an awareness of countertransference and transference (Frey, 2013). Frey (2013) relates that “congruent with the focus of RCT, traditional psychotherapeutic constructs (e.g., countertransference, transference, resistance) are reconceptualized in relational and strength-based terms (Miller & Stiver, 1997)” (p. 179). Duffey and Somody (2011) share that,

mutual empathy is created when both participants in a relationship are affected by the other (Jordan, 2000, 2010). In other words, rather than hiding behind a mask of neutrality, counselors not only allow themselves to be affected by the experiences of their clients, they communicate this to the clients through words and actions. This responsiveness allows clients to experience being fully understood by another person. (p. 228)

When a therapist can successfully distinguish between countertransference and experience, and then reflect that insight back to the client, the therapist is using their own self-awareness to help build self-awareness within the client (Winner, 2007, p. vii). This skill can be useful with the ASD population who may lack self-awareness. According to Cannon et al., (2012),

of primary concern in the RCT model are the experiences of social mistreatment (Jordan, 2002; Walker, 2002) that occur in contexts of marginalization and inequity (Walker, 2004). RCT posits that continued exposure to cruelty and disempowerment, examples of

profound disconnection (Hartling, Rosen, Walker, & Jordan, 2004), lead to experiences of condemned isolation (Miller & Stiver, 1997). Thus, social mistreatment creates a long-term, chronic pattern in which people progressively learn to doubt their ability to affect change (Walker, 2005). (pp. 3-5)

Children who are differently abled are often marginalized and socially mistreated. Due to this phenomenon, research indicates that RCT is especially suited for children on the autism spectrum (Cannon, et al., 2012; Duffey, & Somody, 2011). Cannon, et al. (2012) elaborates on the ways in which RPG or Relational Practice Groups can help the marginalized and socially mistreated: “In addition to understanding the cultural context and the uniqueness of each group, the RPG functions to ‘reframe as strengths, many characteristics that have been viewed as weaknesses...’ (Jordan & Drooley, 2001, p. 4)” (p. 5). When challenges in communicating and relating socially impede a child who is diagnosed with ASD from demonstrating their strengths, RCT can be helpful in acknowledging and reframing strengths (Martin, 2014).

### **By-Products of Increased Self-Awareness**

The research indicates that improved self-awareness leads to an increase in inferred emotions (Mastrominico et al., 2018, p. 11), a developed sense of self (Duff & Flattery, 2014, p. 1037), enhanced social and relational skills (Scharoun et al., 2014, p. 213), and increased self-esteem (Mccauley et al., 2017, p. 407). Overall, the research collected in this literature review indicates that DMT is a beneficial therapeutic intervention that can help children on the autism spectrum expand their movement repertoire, and consequently, expand their social relationships; RCT is a theoretical framework whose emphasis on relationships and connection can help children with ASD recognize their strengths and cultivate growth-fostering relationship; and self-awareness can help the ASD population increase social skills by improving their ability to

understand another's perspective. In addition, the literature indicated that further research could be developed around alternative forms of DMT interventions with the ASD population.

## **Method**

### **Project Design**

For this capstone project, I chose to implement a DMT method that involved a movement experiential activity and the creation of a body outline, which was added to over the course of 5 weeks. This alternative to the typical mirroring DMT intervention included an element of mirroring, because the participants were able to see a visual of themselves externalized and reflected back to them in a drawing. They also received an opportunity to embody the elements that they added to the body outline, turning an abstract topic into a more concrete concept and gaining a better understanding of the different elements of self-awareness.

### **Participants and Setting**

The interventions applied for this Capstone thesis were implemented with students who identified as male, who were aged 9 to 10 years old, and who attended a therapeutic day school. All of the participants had a recent diagnosis of ASD and an Individualized Education Plan. The groups took place in a conference room or library within the therapeutic day school. The sessions were approximately 60 minutes in length and occurred over the course of 5 weeks.

### **Materials**

The materials used were a roll of white drawing paper, a beach ball, magazines, cut out magazine images and words, scissors, feelings cards, dot mats to sit on, markers, crayons and colored pencils, different colored scarves, large and soft dice, paper with locomotor choices, and emotion charades. The white drawing paper was rolled out and used as the foundation for the body outline.

## Intervention

The participants checked in with feelings cards at the beginning and end of each session. This gave me information regarding how they were starting and ending the session and how the intervention was having an impact on their emotional state throughout the course of the five groups. In the first session, the group worked towards group cohesion. At the beginning of the session, the participants checked in by picking a feelings card to indicate how they were feeling as they began the group. The main activity involved tossing a ball and saying a group member's name. After each person had a round of saying names, we added favorite color, and then favorite animal in succession. For example, if the ball was tossed to me in the first round, the group member would say Madison. If the ball was tossed to me in the second round, the group member would say Madison, blue. If the ball was tossed to me in the third round, the group member would say Madison, blue, elephant. During the third round, the participants had the choice to say either the name, color, or animal of the person to whom they were throwing the ball or to say all three categories. After this activity, I traced each person's body to create his body outline. The initial intention was to have the participants trace each other's body outlines, but there was resistance toward having someone else in the group trace their body, so I modified that part of the method. The participants ended the session by picking a feelings card that indicated how they were feeling at the conclusion of the group.

In the second session, the group worked toward increasing their body self-awareness. At the beginning of the session, the participants checked in by picking a feelings card to indicate how they were feeling as they began the group. The main activity revolved around the song *Head, Shoulders, Knees, and Toes*. The group members stood in a circle and sang the *Head, Shoulders, Knees and Toes* song to introduce the song and the corresponding movements. They

then sang the song, and each member pointed to the corresponding body part when it was his turn in the circle. After a couple of rounds, the group members took turns standing in the middle of the circle, pointing to a group member who then pointed to his body part that corresponded with the song. I encouraged each person to take a turn directing in the middle, and I prompted the other participants to remain focused on the cues that they were receiving from the person in the middle of the circle. After this activity, the group members moved toward the individual task of creating their self-portraits. In this first second, the members added images to their body outline. These images identified where and how they felt bodily sensations. For example, if they felt butterflies in their stomach, they could find an image of a butterfly and attach it to the abdomen on their body outline. I directed them to choose from a selection of magazine images or to draw their own images and I had them place the images where they experienced the sensations. The participants ended the session by picking a feelings card that indicated how they were feeling at the conclusion of the group.

In the third session, the group worked toward increasing their emotional self-awareness. At the beginning of the session, the participants checked in by picking a feelings card to indicate how they were feeling as they begin the group. The main activity involved group members picking a colored scarf that represented a feeling. They then moved their bodies to represent that feeling, utilizing the colored scarf in some way. For example, if they chose the color blue and associated that color with sadness, they moved with the scarf as if they felt sad. After choosing a color and attributing a feeling to the emotion, the participants rolled a dice that directed how they would locomote across the room. Rolling a one was walking, two was skipping, three was marching, four was hopping, five was leaping, and six was galloping. We had a brief discussion in between each person's turn where I prompted the observing participants to notice how the



mover physically appeared and identify how the observers came to the conclusion of their guessed emotion. For example, if the observers guessed that the mover chose sadness as their emotion, they might have responded to my prompt by saying that they observed the mover's stooped shoulders, slower gait, and facial expressions. After exploring how their emotions affected their movement qualities, the group members then added to their body outlines by adding color where they felt different emotions. For example, if they felt a weight of sadness on their shoulders, they could color their shoulders blue. The participants ended the session by picking a feelings card that indicated how they were feeling at the conclusion of the group.

In the fourth session, the group worked to develop an awareness of how other people viewed or perceived them. At the beginning of the session, the participants checked in by picking a feelings card to indicate how they were feeling as they began the group. The main activity involved a game of charades where one person acted out an emotion and the other group members affixed their guess to the actor with emotion cards and tape, as shown in Appendix A. I then prompted each guesser to say something they observed about the actor's behavior that made them choose that emotion. I also directed the actor to share his acted emotion and some of his thoughts as to why the guessers might have thought he was portraying that emotion. After each individual received feedback on how they came across to the other group members, the group returned to their body outlines and added words that people had used to describe them in the past. I directed the participants to consider labels, names, or stereotypes that had been attributed to them and to place the word on the body outline where they experienced the feelings that were attributed to the word. The participants ended the session by picking a feelings card that indicated how they were feeling at the conclusion of the group.

In the fifth session, the individuals within the group worked toward developing an

awareness of how they function in a group and the role that they typically assume within a group. At the beginning of the session, the participants checked in by picking a feelings card to indicate how they were feeling as they began the group. The main activity involved the group members doing a moving machine. Each person had a chance to start the activity with a repetitive gesture that the other members responded to with their own repetitive gesture. I directed the participants to observe the preceding movement and implement it into the creation of their movement, and I asked them to share their observations after the moving machine had been created. I also encouraged them to recognize how we were all relating to one another and identify how the machine would act if their role was changed or removed. After receiving information on how they responded in a group, through discussions and sharing their personal observations, the individuals returned to their body outline. The last process involved integrating all of the elements in their body outline by selecting one image, color, and word and creating a posture that emulated how they felt about the three elements or about the process of creating their body outline. After sharing the posture with the group, the other group members embodied the shared posture. I directed them to share how that posture made them feel. The participants ended the session by picking a feelings card that indicated how they were feeling at the conclusion of the group.

### **Personal Response**

To chronicle my process throughout the implementation of the method, I journaled following each session. I jotted down my observations and the salient details that emerged after the group concluded. To record my self-awareness and how the session with the group affected or influenced my self-awareness, I created two body outlines of myself. For body outline A, I created the body outline before each session, adding to it in layers like the participants would do

during each session. For body outline B, I created the body outline after each session, documenting how my body outline was influenced by the participants.

## **Results**

### **Session 1: Observations**

In the first session, I observed a reluctance for the clients to introduce themselves to each other, as evidenced by the lack of eye contact that occurred during our ball tossing warm-up. However, once the participants started moving and were occupied with remembering details about each other, I saw a visible release in each person's body. The group was quick to engage with one another once they realized that they had things in common. This commonality was the factor that enabled the participants to divulge and share on a deeper level during the course of the session.

I was an active member of the group during the warm-up ball tossing activity, and I recognized that the group members were watching how I interacted. In response, they were gauging their behavior. Specifically, I observed this occur when we tossed the ball to each other and I gave them the choice to share one of the group member's favorites or to share all of the favorites that they could remember. My choice to share every favorite I could remember was questioned, and when I related that I wanted to challenge myself to remember everything they had shared about themselves because I valued what they said and wanted to get to know them better, the participants changed their behavior to match mine.

During this first session, three quarters of the participants chose positive emotions (such as happy, joyful, calm, content, etc.) that morphed into more negative emotions (such as exhausted, bored, angry, depressed, etc.) by the end of the group. The remaining participants chose negative emotions that remained constant throughout the entirety of the session. When the

group members were asked to pair up and work together to outline their bodies, there was a unanimous refusal. I sensed a discomfort and a resistance toward the act of having a peer trace their bodies, so I agreed to trace each individual's body. I acknowledged my own discomfort that emerged as I traced each body. After their bodies were traced, all of the participants made negative remarks toward the size or appearance of their body, which research presents as typical for this population (Scharoun, 2014, p. 215).

## **Session 2: Observations**

In the second session, two thirds of the participants chose negative feelings cards that stayed negative, and one third were unable to pick a feelings card. Throughout the session, I observed and sensed a shift from attempting to please me to attempting to please the other group members. A couple of factors that I believe contributed to this perceived shift include a change in setting from the conference room to the library, the fact that we had not met the previous week due to a snow day cancellation, and an absent group member.

There was a resistance to the *Head, Shoulders, Knees, and Toes* main activity, with comments made regarding the easiness of the exercise and the baby quality of the song. As a result, I rushed through the activity and did not require everyone to take a turn leading. In contrast, there was an eagerness to work on their body outline as evidenced by their comments and body language. As they worked on the body outline, the participants either chose sensations and feelings, as was the prompt, or images that portrayed the things that they liked or loved. I encouraged either, as I saw the engagement in the method as more important than the implementation of the specific prompt of choosing images that represent bodily sensations. Some of the group members were able to work within the abstract and conceptual quality of the method, while other members operated within more of a concrete and literal framework, which

illustrated the vast spectrum that is ASD.

### **Session 3: Observations**

In the third session, all of the participants checked in with negative feelings cards that remained negative when they checked in at the end of the session. I observed a low energy amongst all of the participants, which was evidenced by their body language and the verbal comments that they made. Factors that could have contributed to their mood was the rainy weather, the time of day (the fact that the session occurred during the first block of the school day), a couple of the participants were missing breakfast, the absence of two group members, and that it was our first week back after February vacation.

There was an initial resistance to the main activity of attaching emotions to colored scarves and moving across the room conveying that emotion in their bodies. However, each participant had one turn, and the other group members were able to identify the emotion that each person portrayed. The emotions that were chosen were negative and reflected the emotions that the participants had verbalized feeling at the beginning of the session. The participants were able to identify the emotion that their peers were embodying, but when prompted, they were unable to express what they observed in the body that led them to identify the emotion. When I directed them toward their body outline, there were negative comments made toward their body outline. I gave them the directive of choosing at least two colors to add to their body outline to indicate where they felt those emotions, and the participants started personalizing with colors instead. The personalization included adding clothing, clothing accessories, and facial features. It was unclear if the activity was too abstract and there was a lack of understanding, or if the group members were resisting the directive.

### **Session 4: Observations**

In the fourth session, all of the participants checked in with negative feeling cards that remained the same when they checked in at the end of the session. The mood in the room was mixed, with some participants physically expressing feeling tired, annoyed, or preoccupied, while others physically expressed enthusiasm, curiosity, and eagerness. An interesting development that occurred during this session involved the participants verbalizing feeling the opposite of a specified emotion. For example, feeling the opposite of sad or the opposite of angry. I experienced the ambiguous expression of their emotions as a barrier between the participants and myself. Factors that may have contributed to the mixed energy in the room include the return of a group member who had been absent the previous two groups, the absence of a group member who had refused to attend the session, and the distractions of snacks and toys that they had obtained prior to the group.

During the main activity of charades, a theme of expressing negative emotions and being perceived as worried or scared emerged. The participants were given the choice of either picking the emotion that they would convey or letting me choose, and all of the participants chose to select their own emotion charades card (Appendix A). When I pointed out my observations of how their emotions were being misperceived and attempted to initiate conversations regarding their perceptions of how they came across, the participants were resistant. This was evident in their requests to move on to the next activity and in their general negative comments toward the activity. When we moved to their body outlines, I realized that the group members were at different stages of adding layers to their body outlines due to sporadic attendance. I gave them a choice of writing the words or finding words in a magazine to cut out and glue, and they all chose to write (or have me write) on their body outline. In regard to the placement of the words on the body outline, the participants either put the words inside the head, outside of the body but

near the head, or in the heart that they had previously drawn. When I gave the directive to add words, labels, or names that people had attributed to them to their body outline, all of the participants focused on names and nicknames that they had been, or were being, called. The names they chose led to interesting conversations regarding boundaries, how they interpret negativity, and how people earn their trust. There were also themes of refusing my offered help, making comments of abandonment and rejection, and then accepting my help when I offered again.

### **Session 5: Observations**

In the fifth and final session, all of the participants checked in with negative feelings cards that remained the same when they checked in at the end of the session. However, a distinction between inside feelings and outside feelings was made by the participants when I pointed out a discrepancy that I observed between the emotions that they were choosing from the feeling cards and the emotions that they were physically expressing. There was resistance when I picked up the participants for group, but once we entered the room and I shared the plan for the session, the mood shifted from irritation to curiosity. During the moving machine, the participants adapted my plan and incorporated each person's movement in the creation of their repetitive gesture. I saw each person acknowledge the other person's movement and figure out a way to build and incorporate it into his own repetitive movement. I observed themes of kicking, punching, reaching, and swaying emerge from the movements that were chosen. When we returned to our body outline, the participants responded to my prompt to pick an image and a color, and then react to it with a body posture that represented how it made them feel. The group members then adapted my prompt by choosing a feeling word to express how they felt and expressing that feeling in a body posture. After each person expressed the embodiment of his

feeling, they took each other's words and reacted to the different words with their own body postures or movements. Although negative comments were made when they initially observed their body outlines, all the participants expressed positive feelings when they incorporated their image, color, and word. With these positive words, I observed movements such as an open mouth, flying with wings, closed eyes, wiggling, jumping, stillness, a relaxed body posture, and movement with noise.

### **General Observations**

Through this process, I observed a pattern of participants flowing in and out of the method. The participants tried on different roles within the group, such as the one who jokes, the one who leads, the one who resists, the one who follows, the one who mocks, the one who distracts, and the one who listens. Throughout the sessions, the participants were not shy about voicing their thoughts and opinions, making negative comments toward the body outline and the movement activities. As the sessions progressed, I observed participants shutting down physically, which looked like turning their bodies away from me, lying on the floor, refusing to come to group, and/or staring off into space. When I inquired around these observations, many of the participants were unable to identify why they were checking out of the group. I hypothesize that the nature of the conversations around self-awareness felt too exposing and demanded a level of vulnerability of which they were uncomfortable.

I saw the group form throughout the progression of the five weeks. When we started the first session, the participants were following my prompts and looking to me for direction. By our last session, the group members were taking my prompts and adapting and developing them to fit their needs. They used their creativity and strengths to take the group in ways that I had not anticipated, and I saw the group come together in a more cohesive way by the end of the



implementation of the method.

### **Personal Response**

**Images.** In Figure B1, I added visual images based on where I experienced physical sensations in my body. I noticed that the images I selected were abstract, a mix of personal and impersonal, and were placed in different spots within my body outline. Whereas, I was inspired to add images of things that I love and that have helped shape my identity on Figure B2. After experiencing the session, I chose larger images that did not fit within the body outline, and I placed them in less precise configurations.

In Figure B1, memories of my dancing career and the ways in which my body was able or unable to move came to the surface for me. It especially triggered negative thoughts toward my body, and I found myself highlighting the areas in which my body had been injured, was particularly stiff, or caused me pain. In contrast, Figure B2 caused me to focus on the positive things about myself and the things that are unique to me. My approach toward the creation of this layer of my body outline was playful and spontaneous.

**Colors.** In Figure B3, I added colors that represented emotions and where they were localized within my body. I observed that I mixed colors, used repetitive strokes with crayon, and highlighted places where I felt my body externalize negative feelings as tension. After observing the third session, I personalized my body outline (Figure B4) by adding facial features, articles of clothing, and accessories. In Figure B4, I used a smudging technique with the personalizing of the hair and clothing, and I used precise drawing with the facial features.

In Figure B3, emotions of fear, anger, and joy emerged as the feelings that I felt the most strongly in my body. The shapes I drew resembled how the sensations felt. For example, fear felt like a constricting and spreading across my chest, and I illustrated that by using short brush

strokes in a feathered way. In Figure B4, I found myself playing with the personalization of my body outline. While I was dissatisfied with the way in which it turned out, I enjoyed the process and felt curiosity, creativity, and freedom arise.

**Words.** In Figure B5, I added words that I had found within a magazine. I noticed that the words were primarily positive and were aspects of my identity of which I was proud. I also found that the words I could choose were limiting and did not entirely encompass myself, since my source was a magazine. In Figure B6, I added nicknames as well as negative names that I had been called. I chose to write with a pencil because the participants chose that writing instrument, but I appreciated it because I found that it gave me a sense of control. The act of writing out words felt vulnerable and exposing, so having the power to erase them was comforting.

In Figure B5, I enjoyed being precise with the positioning, and the act of choosing pre-selected words brought up memories of positive words that loved ones had called me. In contrast, I experienced strong resistance when I went to write words in Figure B6. I realized that it was a lot to ask of the participants to recall and expose the good and unpleasant words or labels that had been attributed to them. I also realized how privileged I was to recall positive names and labels being attributed to me.

Through this process, I experienced an increase in my own self-awareness. The body outlines gave me further insight as it served as a visual. The layering served as a physical and visual demonstration of the increased insight I received and the depth in which I dove into self-awareness. I found the contrast between the final two figures to be strong. They highlighted the impact that the participants and the session had on expanding my self-concept.

In Figure B5, I see a reserved, precise, and consistent body outline with cool colors. In Figure B6, I see a colorful, spontaneous, and playful body outline with warm colors. With the

group's influence, I found that I was able to express myself in more expressive ways. I became aware of the items, people, and experiences that helped shape my identity. I also discovered how the environment in which I grew up still shapes the ways in which I think about myself.

### **Discussion**

The purpose of this research and the development of the method was to use a relational-cultural theoretical lens to aid in increasing self-awareness with children on the autism spectrum. This was accomplished by creating a body outline and having the participants focus on different aspects of their identity as they layered sensations held in the body (images), emotions stored in the body (colors), and names felt within the body (words). We started the self-discovery process by focusing on the individual's experiences and understanding of themselves and broadened out to the individual's role within a group and understanding of his position in society. Since the literature depicted a saturation of mirroring as a dance/movement therapy intervention, I attempted to contribute an alternative by developing several movement activities and the method of creating a body outline.

The ability to take the abstract concept of self-awareness and experience it in an embodied and visual manner proved to be a helpful approach with the ASD population. I believe the relational-cultural focus I utilized during the development of my method enabled the participants to form relationships and gain the confidence to adapt the sessions to meet their needs. The participants were also able to share their common interests and connect in the first session, empowering them to enter into the vulnerable act of working to increase their self-awareness. I recognize the group's resistance to creating their body outlines as a reaction to the vulnerability that they were asked to display. This resistance was evidenced by their nonverbal behavior and verbal language. For my part, I felt (and saw, through the two body outlines that I

created) the group influence the ways in which I understood and expressed myself.

Throughout the course of these five groups, there were several factors that I perceive influenced the results. The first was that the sample of students who were chosen to participate had multiple diagnoses, which impacted the expression of ASD. The second was that there were several absences throughout the five weeks. This disrupted the group cohesion and limited several participant's ability to successively add to their body outline. Third, the setting for the groups changed several times as we adapted to the organization's needs, and this caused the group's privacy to vary.

My role within this group also had an impact on the results of this study. I see some of the participants for individual therapy and group therapy, which means that I see them in different settings. I also wear different proverbial hats as individual therapist, group therapist, and researcher, potentially influencing my ability to objectively record and report the results. In addition, I was the only female present in a room of male participants, and I wonder if gender roles influenced the implementation of the method. I did not provide music during the sessions, and I am curious if that would have had an impact on the participants and their final image.

Lastly, my goal for the emotion charades that I implemented in the third session was to have the participants receive feedback regarding how they are perceived. That activity may not be an accurate representation of their true feelings, since the game involves acting out an emotion.

For future applications of this method, I recommend previewing the activities and the schedule of the group with the participants beforehand. Attempting to establish group cohesion prior to the start of the body outline, so the participants feel comfortable enough to explore themes related to increasing self-awareness, could potentially help. If possible, identify

commonalities or provide opportunities for the participants to discover shared interests. Consider opportunities to give the participants some sense of control over the session in an attempt to limit the feelings of vulnerability and discomfort. At the beginning of the session, communicate that the creation of the body outline is about the process and not the product. This should help limit the negative comments regarding the appearance of their body, and it should help redirect their efforts toward the goal of the method.

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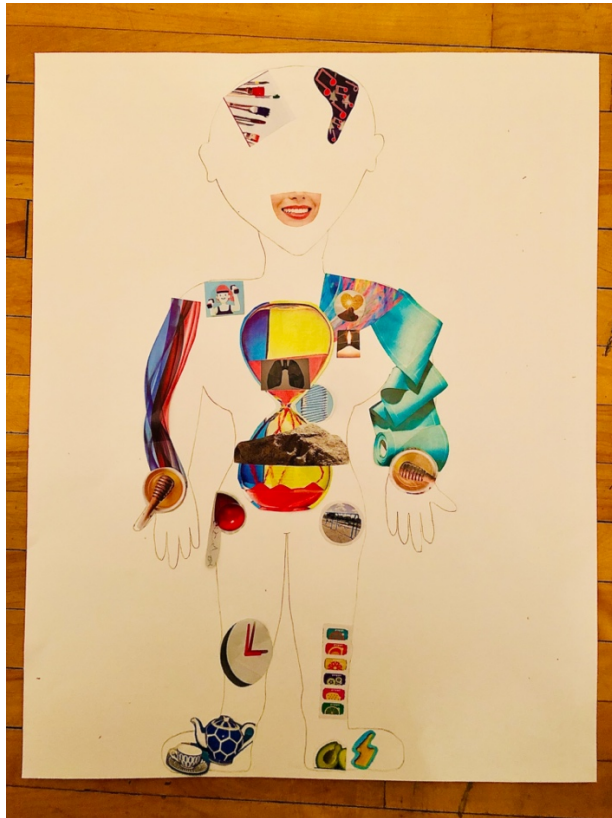
## Appendix A

## Emotion Charades

<b>MAD</b>	<b>MAD</b>	<b>MAD</b>	<b>MAD</b>
<b>HAPPY</b>	<b>HAPPY</b>	<b>HAPPY</b>	<b>HAPPY</b>
<b>PROUD</b>	<b>PROUD</b>	<b>PROUD</b>	<b>PROUD</b>
<b>SCARED</b>	<b>SCARED</b>	<b>SCARED</b>	<b>SCARED</b>
<b>EMBARRASSED</b>	<b>EMBARRASSED</b>	<b>EMBARRASSED</b>	<b>EMBARRASSED</b>
<b>EXCITED</b>	<b>EXCITED</b>	<b>EXCITED</b>	<b>EXCITED</b>
<b>CONFIDENT</b>	<b>CONFIDENT</b>	<b>CONFIDENT</b>	<b>CONFIDENT</b>
<b>SAD</b>	<b>SAD</b>	<b>SAD</b>	<b>SAD</b>

LONELY	LONELY	LONELY	LONELY
JEALOUS	JEALOUS	JEALOUS	JEALOUS
WORRIED	WORRIED	WORRIED	WORRIED
CONFUSED	CONFUSED	CONFUSED	CONFUSED
LOVING	LOVING	LOVING	LOVING
TIRED	TIRED	TIRED	TIRED
HOPEFUL	HOPEFUL	HOPEFUL	HOPEFUL
CALM	CALM	CALM	CALM

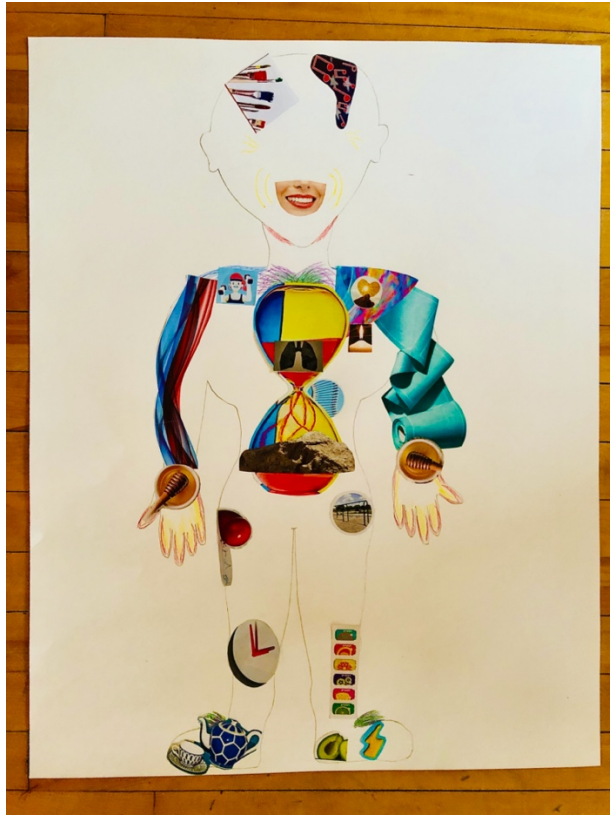
Figure A1. Emotion Charades

**Appendix B****Body Outline**

*Figure B1.* Images added before session 2



*Figure B2.* Images added after session 2



*Figure B3.* Colors added before session 3



*Figure B4.* Colors added after session 3



Figure B6. Words added after session 4

***THESIS APPROVAL FORM***

**Lesley University  
Graduate School of Arts & Social Sciences  
Expressive Therapies Division  
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA**

**Student's Name:** Madison Janke

**Type of Project:** Thesis

**Title:** Connecting to the Self: Increasing Self-Awareness in Children with ASD, Development of a Method

**Date of Graduation:** May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** Donna C. Owens