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Applying Dance/Movement Therapy Elements Using an Emotion-based Approach with
Chinese Bilingual Children via Telehealth: Development of a Method

Capstone Thesis

Lesley University

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Specialization: Dance/Movement Therapy

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Abstract

The current study examined the effect of applying dance/movement therapy elements using an emotional-based approach on Chinese bilingual children in the telehealth format. Previous research showed that Asian American children and bilingual children were at higher risk of developing mental health problem. Several effective emotional regulation programs for children have incorporated body-based elements, emotion storybooks, and different types of creative arts. Neuroscience research revealed that dance/movement therapy could activate mirror neurons and generate feelings of being understood and empathized with to reach therapeutic effects. Language/ethnicity match of therapist and client was found to be important variables affecting the outcomes of therapy. Previous literature also showed the effects of creative arts therapies via telehealth on therapeutic outcomes. As an Asian dance/movement therapist, the researcher of the current study is interested in exploring the effect of dance/movement therapy on emotional regulation of Chinese bilingual children. Children emotion storybooks with application of body-based emotional regulation techniques were introduced to two Chinese bilingual children throughout the six-week intervention. Parent coaching was provided every session. Positive results were found from children's responses, parents' descriptions, and my movement response. Nevertheless, the positive results of the current study could not be explained solely by dance/movement therapy elements applying to the intervention. Further research examining the effects of parental involvement, language/ethnicity match, utilization of storybooks and different art modalities, and body-based emotional regulation techniques was recommended. The comparison between the effect of dance/movement therapy in the telehealth format and in-person format was also suggested.

Keywords: Dance/Movement therapy, Chinese bilingual children, Emotion-based approach, Telehealth

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Introduction

Asian Americans are the fastest growing minority population in the United States. Research has shown that Asian American children were more likely to have a higher risk of developing mental health problems (Huang et al., 2012). Moreover, bilingual children were found to be more vulnerable to psychopathology (Toppelberg et al., 2006). In addition, dance/movement therapy has shown to be effective in changing mood and elevating self-regulation, especially with children (Hervey & Kornblum, 2006). However, limited research has been conducted on Asian American, bilingual children, and the effect of dance/movement therapy. Therefore, it is important for this Asian dance/movement therapist in training to explore the effect of dance/movement therapy on the emotional regulation of Asian American children.

Due to the COVID-19 pandemic, there has been an increased cessation on offering in-person therapy. As a result, my current internship is providing telehealth for outreach cases. I was assigned six individual outreach cases. These cases were of children aged from 3 to 12 years old and were all from Chinese families. All the children speak Chinese at home and English at school. I conducted my therapy sessions for these children mostly done in English, but two of the cases were conducted in Mandarin Chinese. I have noticed that these two children whose therapy sessions were offered in Chinese Mandarin were more willing to incorporate body movement in the therapies. Thus, these two cases were utilized as the case studies of this research. Due to confidentiality, pseudonyms are used.

With the approval of my supervisor, the development of a method was created. The focus of this method was to apply dance/movement therapy elements on an emotional-based intervention via telehealth to increase emotional regulation of Chinese bilingual children. The

expected outcome of the current thesis is to create a platform for future research on the benefits of dance/movement therapy in the telehealth format. This research was intended to gain understanding of Chinese bilingual children, the role that dance/movement therapy plays in establishing emotional regulation, the effect of therapist-client match on ethnicity and language, and the level of acceptance of dance/movement therapy in the telehealth format for these individuals. The hope of this project is to bring an added awareness to the challenges faced by Chinese bilingual children and the need for applying creative arts and body movement in the intervention for these individuals. I hypothesized that dance/movement therapy in a telehealth format offered by a Chinese therapist using the children's primary language would promote the emotional regulation of Chinese bilingual children. In the following literature review section, I present some studies I will draw upon to show the need and possibility for conducting research on this topic. I will then illustrate the methodology I have developed for the two children based on the studies from the literature review section.

Literature Review

Asian American Children and Anxiety

Huang et al. (2012) conducted a research study examining factors that may contribute to the high risk of childhood anxiety and found that more symptoms were present in young Asian American children than other ethnicities. With the use of standardized questionnaires, the results revealed that Asian American children were more vulnerable to anxiety and related symptoms than their peers. Parenting style, parent-child conflict, and parental practices of expressing negative emotions were found to be related to higher levels of anxiety and related symptoms. In addition, Asian American children who had parents with low American identity, low English proficiency, and had an Asian Pre-K teacher were found to have higher levels of anxiety. The study postulates that more schooling could reflect a protective factor for children who have negative parenting experiences and conflicting

parent-child relationships. The sample of this study was pan-ethnic Asian Americans who originated from different countries which could not reflect a meaningful difference among subgroups. This study indicated that higher rates of childhood anxiety could be the result of contributions from family, school, and cultural factors. This study suggested that family and school interventions that involved parents and teachers may act as prevention for the development of anxiety in Asian American children.

Bilingual Children and Psychopathology

Toppelberg et al. (2006) conducted research on examining the association between bilingual children and psychopathology. Since it has been suggested that child language delays are related to child psychiatric disorders, this study investigated the language proficiencies of 29 Spanish-English bilingual children and their results on the Child Behavior Check List. This study revealed negative correlations of Spanish language-proficiency with psychiatric symptoms. In addition, those with Spanish and English language proficiency displayed a similar relationship to the symptom severity measures. The results indicated that children may behave disruptively if they could not understand subtle and abstract messages. Language proficiency levels may affect communication with family members, thus reducing the access to protective and compensatory family resources. On the other hand, psychopathology could also act as a blockage to learning a language. The results also showed the effect of immigration and acculturation. This indicated that the children's first language ability would be lowered when they stayed in the new country longer and with increased acculturation. The study has a small sample size and did not have a control group, therefore, other factors such as low socio-economic status and IQ might be affecting the accuracy of the current results. Although this study used culturally fair assessment methods, they tended to be biased with lower scores in immigrants and minorities. As a result, further research must be done to better reveal the association between language proficiency and psychopathology.

Client-therapist Language and Ethnicity Match

Flaskerud and Liu (1991) conducted research on examining the effects of Asian client-therapist ethnicity, language, and gender match on three types of measures: number of sessions with primary-therapist, dropout from therapy, and the difference between the Global Assessment Scale (GAS) scores at admission and discharge. Data for the study was collected from a standardized system called the Automated Information System (AIS) utilized by the Los Angeles County Department of Mental Health to store client information. The results showed that the number of client sessions with the primary therapist was significantly increased by either client-therapist language match or ethnicity match. They found that only ethnicity match had a significant effect on the dropout rate. There was no significant effect of either client-therapist ethnicity or language match on the change of the GAS scores. The treatment outcome was not significantly affected by client-therapist gender match. They concluded that both the client-therapist language and ethnicity match were important variables affecting the outcomes of therapy. The researchers suggested that more future research should be done on separating the effects of ethnicity and language match on therapy utilization.

Mirror Neurons and Dance/Movement Therapy

Berrol (2006) explained the relationship between mirror neurons and the use of dance/movement therapy. The concept of mirroring in dance/movement therapy is now also related to findings in neuroscience. By just witnessing a person performing an action or expressing an emotion or behavior, the identical sets of neurons will be activated in the other person's brain. This study showed the basic mapping of the central nervous system and the behavioral manifestations of the brain which relate to the concept of empathy. Empathy is associated with topics concerning attachment, attunement, social cognition, and morality. This article revealed that mirror neurons and empathy can be mediated through dance and

dance/movement therapy.

Dance/movement therapy specifically utilizes empathic reflection during the therapeutic process. Thus, “empathic projection” (Berrol, 2006) can be created in the form of transference and countertransference during the therapist-client relationship. When people share a strong identity and common understanding of each other, they will share common emotional responses. This indicates that humans have the capacity for mutual understanding, knowing, and feeling. Due to the current research on mirror neurons, this indicates a holistic portrait of mind/body connection from neurobiological mechanisms which reflect human behavior and function. This research showed that dance/movement therapy could activate the mirror neurons and generate feelings of being understood and empathized with to reach therapeutic effects.

Dance/Movement Therapy and Mood States of Adolescents

Anderson et al. (2014) examined the effect of dance/movement therapy on changes in mood states of adolescents with psychiatric illnesses. This study was conducted in three different units of a large children’s hospital. Fast assessment of children’s emotions (FACE) was administered to each child before and after a group dance/movement therapy session. The aim of the dance/movement therapy session was to increase the awareness of the adolescents to their internal states. After comparing the pre and post mood score, this study found a significant change in all mood states and a significant change in total mood scores after a dance/movement therapy session. However, a small percentage of patients reported an increase of negative emotional states after the session. This may indicate new insights have been developed during the session with better identification of internal mood states. This study only used a single measure and solely measured immediate mood change without measuring the change of psychiatric symptoms. Nevertheless, this study used a large sample and a systematic analysis. The results of this study show promising effects of

dance/movement therapy on immediate mood changes for a diverse population of adolescents with psychiatric problems.

Body-Based Violence Prevention Program for Children

Hervey and Kornblum (2006) described a research study examining the effectiveness of a body-based violence prevention curriculum for children created by Rena Kornblum called “Disarming the Playground” (Kornblum, 2002). Kornblum, as both the researcher and facilitator, not just developed and executed this program to three second grade classrooms, but also used quantitative and qualitative methods to evaluate the results. Pre-rating and post-rating questionnaires from teachers were administered as the quantitative portion of the evaluation of the program. The results showed that there were significant declines in scores from all three classrooms. Writings, interviews, and drawings from students and teachers were the three forms of self-reporting used to evaluate the program qualitatively. Students were able to express what they learned and used from the program. On the other hand, teachers also reported significant improvement of their students in communication, problem solving or conflict resolution, emotional and interpersonal awareness, and increased positive risk taking. Teachers considered techniques taught in the program as helpful for classroom management, thus reducing the challenges in teaching. In addition, parents also gave the program positive feedback by reporting that students tended to internalize and apply these techniques at home. This program indicated that there is a life-long effect for students relating to social and emotional development and community building.

Emotion-based Prevention Program with Children

Izard et al. (2008) conducted two studies on examining the effects of an emotion-based prevention program (EBP) on developing emotional competence of children in the rural and urban Head Start systems respectively. They hypothesized that EBP would increase emotional knowledge, emotional regulation and decrease agonistic behaviors. In the EBP,

children were introduced to four types of emotions (joy/happiness, sadness, anger, and fear) with the use of emotion storybooks and interactive games. Children learned to name and express the emotional feeling states in a safe and supportive environment. Several emotion regulation techniques, such as hold tight, deep breathing and counting techniques, were taught to decrease the energy of emotional arousal and physiological arousal by switching attention to simple mental operations.

The researchers randomly assigned the Head Start centers to treatment group and control/comparison group conditions in both studies (Izard et al., 2008). Some of the children in the treatment group of Study 1 (rural community) showed increased development of emotional knowledge and emotional regulation compared to the control condition. Significant declines in negative emotion expressions, negative classroom encounters, externalizing behavior, and anxious/depressed behaviors were found from children in the treatment group condition. With the slight adjustment in Study 2 from Study 1, there were significant effects of EBP on increasing emotional knowledge and emotional regulation when compared to another intervention program called “I Can Problem Solve” (ICPS; Shure, 1993). The results showed more adaptive behavior and less maladaptive behavior were found from the children in the EBP group. However, there were significant differences in measures between groups at the pretest phase in both studies which diminished the effects of EBP. More research needed to be done on revising the EBP on addressing the factors that may have contributed to the mediating and moderating aspects of explaining the EBP effects on emotion, social competence and maladaptive behavior.

Dance/Movement Therapy Program for Children Incorporated with Story-reading

The research of Koshland et al. (2004) was to evaluate the effectiveness of a 12-week dance/movement therapy-based violence prevention program (PEACE) for elementary school children on reducing aggressive behaviors and increasing pro-social behaviors. This program

utilized children's stories, dance/movement activities, and discussion to increase children's self-control, emotional regulation, and problem-solving skills. There were six elements involved in each session of the program: group focus, read a story, personal space, social space, movement problem, and closure and discussion. The dance/movement therapy methods were applied to the program during different stages of the program: (a) movement observation of the group dynamic; (b) development of creative interactions and awareness of self and others through movement exploration in personal and social space; (c) development of movement structures as a way to increase attention and self-control; (d) identification of social/emotional and interactional problems through observation from movement, affect, and interaction in a given movement problem; and (e) utilization of children's stories as a way to introduce prevention skills through imagery and movement improvisations.

The results of Koshland et al. (2004) showed that there were significant decreases of aggressive behaviors and problem behaviors from teachers' reports, children's self-reports, classroom observations, and reports from the school office. Nevertheless, the study failed to show a significant increase in pro-social behaviors. Future research should include more participants and an appropriate age-matched control group. This would help show the effects of the program as compared to students without intervention. The researchers also suggested a longitudinal study to show the long-term effects of this dance/movement therapy program on reducing aggressive tendencies.

Drawing and Emotional Expression

Wesson and Salmon (2001) conducted a study on examining the effectiveness of drawing and re-enactment to help children to express emotionally laden events. Two groups of children, aged 5 and 8, were randomly assigned to one of three interview conditions (drawing, re-enactment, or verbal) to express times when they felt happy, sad, and scared. Children of both age groups reported twice as much verbal information in the drawing and re-

enactment conditions compared to the verbal condition. The number of objects reported of the children in the drawing condition did not differ from those in the re-enactment condition. The results indicated that drawing and re-enactment could help children with memory retrieval and verbal expression. However, children in the drawing and re-enactment conditions did not elicit more affective information than the verbal only condition. The researcher suggested that this could be due to the little number of emotional words used in children's personal narratives and general conversations with their mothers. They recommended that it could be helpful if the mothers could act as the interviewers in the clinical setting to give children prompts to talk about their emotional reactions.

Dance/Movement Therapy Through Play and Non-verbal Enactments with Children

Mendelsohn (1999) illustrated the application of dance/movement therapy to individual medically ill hospitalized children's cases in an Israeli general hospital. The author used movement to increase contact, communication, and expression of physical and emotional needs for reducing the trauma, suffering, and stress that children had to experience from the hospitalization process. The interaction through the natural transformation of movement to play and non-verbal enactments gave hospitalized children opportunities to reduce the effect of emotional tension, anxiety, and body image on their movement limitations and to help them to express their needs and feelings. In addition, movement could also act as assessments of motor ability, the children's need for emotional expression, and their ability to cope with illness and hospitalization.

Mendelsohn (1999) emphasized the importance for the dance/movement therapist working in a hospital setting to work with parents in the preliminary stage for establishing trust and to allow "space" for emotional expression. There is a need for movement therapists working in hospital settings to have great flexibility in relationship to time, space, and context. They should take advantage of using other expressive tools when necessary to ease

non-verbal communication in combination with body movement. By catching the signs from the non-verbal cues of clients, the author recommended that dance/movement therapists trust their senses and communicate with the clients by using signs and expressions that they had sent and received unconsciously. Dance/movement therapists helped hospitalized children to connect with their “body stories” (p.79) to release their negative feelings related to their illness.

Expressive Arts Therapies and Telehealth

Spooner et al. (2019) has utilized case studies using distance technology to administer creative arts therapies to veterans. The three case studies of veterans received either art therapy, dance/movement therapy, or music therapy. In some cases, therapists incorporated multimodal techniques, such as integrating writing into dance/movement therapy or art therapy. With familiarity and established skills and assistance with technology and resources, offering teletherapy to geographically isolated clients could help to connect clinical care to community integration. This study showed the possibility of transforming in-person creative arts therapies treatment to teletherapy with promising outcomes in all the case studies, demonstrating progress towards clinical goals. It also reflected the need for offering adequate training for clinicians to increase their competency in offering teletherapy. This study emphasized the importance of following national and state legal guidelines and ethical guidelines on telehealth. Since this is a relatively new area of practice, therapists should be aware of the frequent updated policies or guidelines on distance-based service delivery. This study mentioned the tendency of integrating healthcare service to telehealth. As the use of creative arts therapies involves flexibility, adaptability, and creativity, it is natural for creative arts therapists to join this evolution.

Telehealth and Dance/Movement Therapy

Due to the global COVID-19 pandemic, Engelhard and Furlager (2020) had to convert their in-person dance/movement therapy sessions to virtual sessions with children. In their study, they hypothesized that the digital screen could act as a virtual playground. They illustrated two case studies to show their adaptation of dance/movement therapy to the virtual format. For the first case study, the therapist played with the child by changing the focus of the camera on specific body parts, mirroring and developing facial expressions to body movement, and playing with the loudness and tone of their voices using the microphone. The session showed somatic infant-like regressive themes. The therapist used her own body to reflect the child's feelings. For the other case study, the therapist transferred the in-person therapy to a phone call. The therapist used imagination to create a room together with the child. The therapist and the child both visualized the same room and did the same movements together by using detailed verbal descriptions. With physical limitations, the children started to explore the new digital space by using primitive sensory and somatic play.

The researchers stated that once sufficient trust and stability had been built through emotional attunement, there would be a transition from sensory-somatic play to symbolic play, just like the primary developmental processes that happen in mother-child connection (Engelhard & Furlager, 2020). The researchers made important conclusions concerning issues about providing remote dance/movement therapy: 1) finding a big enough private space for movement with familiar objects from the original therapy room and being creative and flexible were keys to success; 2) distinguishing somatic and kinesthetic delight in the client's movement can help to develop better movement interventions for clients; and 3) attuning with the client's movement through body awareness, mirroring, intentionality, and synchronization is a way to connect with clients in remote therapy.

To conclude, the above article demonstrates that bilingual children were more vulnerable to psychopathology. Specifically, Asian American children were more likely to

have anxiety related problems. All these studies revealed the need to provide prevention and intervention to increase the emotional regulation of Asian American children. Previous research suggested that language proficiency may cause psychopathology in bilingual children. As a result, traditional talk therapy which focused more on verbal communication may not be the most suitable for children who have a higher chance of language proficiency. Since movement is the most primitive and innate form of communication, dance/movement therapy may be a better nonverbal therapy channel for helping these children in connecting their mind and body. Because of the limitations of the current COVID-19 crisis, dance/movement therapy in the form of telehealth could be a feasible approach in helping Chinese bilingual children in establishing their emotion regulation skills. With reference to the previous research, an emotion-based prevention using emotion storybooks and drawing with application of dance/movement therapy elements, such as mirroring and enactment, was developed and introduced to the two clients. The procedures of the two case studies were illustrated below.

Methods

Participants

Participants were two Chinese bilingual children who were involved in outpatient individual telehealth therapy over Zoom for six weeks. Under the approval of my supervisor at the internship site, an emotional-based approach incorporating dance/movement therapy element was implemented. Both children live in their family home in speaking Chinese Mandarin with their parents. They have never been in counseling therapy before. Participants both were told that I was a teacher who was going to teach them something virtually every week. I used Chinese Mandarin in the therapy sessions.

Materials

Both children have access to electronic devices with cameras, microphones, and

Zoom video communication software. They were advised to prepare papers, writing and drawing utensils for the therapy sessions. The Chinese translated version of the Feelings Series storybooks by Trace Moroney (2005) were used during the sessions. Storybooks and music were shared using the share screen function of the Zoom software.

Procedure

I met with the children respectively every week on Zoom over six weeks. I met with the children's mother individually before and after each session. The purpose of the meetings with the mothers was to understand the children's status of the day and to provide a brief session plan to the parents beforehand and offer parent coaching and answer questions from them. Since one of the children was too young to be left alone, his mother was in the room with him every session. The therapy session with the other child was held individually without his mother's presence. Each therapy session lasted for 45 minutes and involved a warmup, the main theme, and a closing. The activities were tailored to the need of the children. The warmup and closing portions of the session were artistic check-in and check-out in which I asked the clients to do a movement, song or drawing to represent their feelings at the moment. I would then mirror the movement or song back to the client or do an artistic response to the client's drawing.

The main theme of the first session was to build rapport with the children by asking them to use dance, movement, songs, and imaginary play to introduce themselves and their favorite activities to me. The main theme of the second to the fifth sessions was introduced by using the Feeling Series storybooks by Trace Moroney (2005). Each session focused on one of the feeling stories, which were happy, sad, scared, and angry. Both children were asked to enact the emotional responses of the story character together with me during storytelling. They were invited to enact their own emotional responses according to the specific feeling. They were asked to express the situation that induces the specific feeling

through imaginary play with stuffed animals or drawing. Emotional regulation techniques with reference to Izard et al. (2008) and Kornblum (2002), such as holding tight and breathing techniques were introduced and practiced during the session.

The main theme of the sixth session was a review of the four feelings stories. A feeling guessing game was introduced. Either the child or I would enact the feelings and have another person guess the feeling. The child was invited to enact situations with more than one feeling that have been covered in the previous sessions. This increases the understanding of the interconnectedness of the stated feelings. Holding tight and breathing techniques were practiced to increase their emotional regulation.

Tracking

Progress notes were written after each session. Information recorded in these progress notes was my observation, assessments, and a brief description of what has been implemented, together with client's response during the session. I also recorded my own movement response video after each session. Therefore, a total of twelve videos were recorded. The progress of the session was described from my movement response videos using Laban Movement Analysis (LMA; Bartenieff & Lewis, 1980). LMA includes the observation of four different metrics: movement of the body, effort, space, and shape levels (BESS; Bartenieff & Lewis, 1980). With reference to LMA (Bartenieff & Lewis, 1980), description on body level movements included body parts and organization of body patterns, such as body posture, sequence of movement patterns and body attitude. Description of the effort level included the qualities of movement, such as the indulging and compressing movement qualities from the flow, weight, time, and space of the movement. Space could be documented in personal space (kinesphere), general space, and organization of space. Lastly, the shape level was recorded based on the subject's movements in relationship to something, such as self-motivated shape change (shape flow) and shape change that was motivated by

people/environment through bridging to the people/environment (directional) or molding with the people/environment (carving).

Results

Case study 1

Rapport was built easily in the first session through singing and dancing. The session was executed on Zoom with the child being located in his bedroom. With the help of his mother, he could stay focused and engaged actively most of the time every session. He would move very closely to the camera when he was interested in what I was showing him. He initiated the session occasionally by playing hide and seek with me. He might hide under his bed, chair, and wardrobe. He might jump to his bed, cover himself with his blanket or lie on his big teddy bear. This child showed excitement by running around his room and tended to move away from the camera. His mother would need to adjust the camera for me to see this child. His mother would repeat what I have said to this child and gave encouragement to him from time to time to increase his attention. This child liked to take his stuffed animals out of his bed every session. He moved smoothly and easily without any difficulty. He responded to me quickly and could show a wide range of facial expression and body movement.

This child showed great interest in reading storybooks. He responded to me and was able to enact the situations mentioned in the stories. He was able to show faces of the four emotions (happy, sad, scared, and angry). He was able to understand and tell part of the story by looking at the picture in the storybooks. It was easy for him to relate to and re-enact situations in which he felt happy, sad, and scared. He seemed to have little experience with showing anger. He could show angry faces to me, but he could not re-enact any situation where he felt personally angry.

When sadness and fear were mentioned, he could quickly respond by hiding himself, holding tight his stuffed animals, and using “squish and blow” (Kornblum, 2002) breathing

technique. This indicated that he was able to remember and perform these coping strategies by himself without prompting.

From the movement response video, there were several frequent, upward, and large arm movements with a straight back-and-forth torso movement from time to time. I used bound flow much of the time, lightness over strength, and quickness over slowness. I used far reach space with directional spoke-like arm movement. I tended to move in different directions and mainly stayed in the sagittal plane. There were a few times that I moved my arms and hands reaching towards the screen.

Case study 2

This child interacted with me easily in the first session using imaginary play and drawing. The session was held in his mother's home office. He tended to tell me that he would miss me right before ending each session. He was comfortable showing himself in front of the camera. He was very responsive and enjoyed drawing in each session. He stayed seated on his chair in front of the camera most of the time. He tended to move in a small, limited space with his neck pulled forward, shoulders held high, concave chest, and arms held close to his body. Although he had hurt himself badly accidentally on the last two sessions, he showed a happy mood every session except the one which talked about sadness. This was evidenced by a big smile on his face throughout each session. He was very attentive during the story reading. He could tell some parts of the story by looking at the picture of the storybooks. It was easy for him to relate to, draw and re-enact situations in which he felt happy, sad, and scared. When talking about being happy and scared, he could easily relate to incidents that happened between himself and his mother.

He drew many incidents that were related to sadness and cried frequently during the session which sadness was the focused theme. On this day, he had just undergone a bullying experience by his peers. I showed empathy to him and practiced balloon breathing and five

fingers breathing. He did not want to leave at the end of the session and strongly emphasized that he would miss me.

He seemed to have difficulty in understanding anger. When he showed his angry face to me, it was more like a happy face. He could not relate himself to an angry situation. After that, I encouraged his mother to try to label his emotions. He was able to recognize his anger after his mother labeled this emotion after that session. He was able to perform holding himself tight in a self-hugging pose, balloon breathing and five fingers breathing when reminded.

From the movement response video, there were several frequent and medium arm movements with a slightly concave body posture. I used bound flow slightly more of the time, lightness over strength, and my movement was relatively sustained. I used more near reach space with directional and carving arm movement. I tended to move in the vertical plane. This reflected a restrictive way of reaching out with a little playful attitude.

Discussion

The current study examined the effect of an emotion-based approach with application of dance/movement therapy elements in a telehealth format on emotional regulation of Chinese bilingual children, offered by a Chinese therapist using the children's primary language. Two children were included in this paper as separate case studies. Check-in with the child's mother was done before and after the session. Since one of the children was too young to be left alone, his mother stayed with him in every session. The other child was able to attend the session individually with me. Rapport was built easily during the first session for both children. Happy, sad, scared, and angry emotions were introduced through storybooks, enactment, and other forms of arts such as drawing, singing, and dancing. Coping strategies included holding tight and breathing techniques, such as balloon, five fingers breathing, and "squint and blow" (Kornblum, 2002) were taught and practiced every session. Parent

coaching about appropriate parent-child interaction was provided before and/or after every session.

Parental Reaction and Emotional Regulation

Both children were able to relate to happy, sad, and scared emotions. They could enact or draw and express verbally about incidents relating to the three emotions. However, both children seemed to have trouble relating to their anger. Moreover, both mothers tend not to label or talk about negative emotions with their children. When one of the children talked about his injured arm or a fear-related topic, his mother would ask him not to look at his injured arm and switch to other topics that are unrelated to his fear. On the other hand, the other child's mother prefers to use lecturing and punitive reactions to deal with his behavioral problems without addressing his emotions.

Although parental reaction was not the focus of this research, parents' reaction to children's negative emotions seem to be an important factor that influences how children regulate and express their emotions. Therefore, I extended my research on exploring the relationship between parental reaction and emotional regulation of children. This notion seems to correlate with the literature as follows. There has been a general tendency for Asian American culture to control and discourage emotional expression (Tao et al., 2005). Research has shown that parental discouragement of emotional expression was related to an increase in childhood distress and anxiety (Suveg et al., 2005). Results from the longitudinal study of Tao et al. (2010) revealed that Chinese parents' punitive reactions were positively associated with children's externalizing problems after four years. Their results also showed that Chinese parents' problem and emotion-focused reactions were negatively associated with internalizing problems after four years. Although they failed to find the relation between minimizing reactions or encouragement of emotional expression and Chinese children's adjustment, they raised the awareness of the ambiguity in the meaning of minimizing

reactions. They suggested that if the purpose of minimizing reactions was to help children to feel better, this might improve children's emotional regulation and adjustment. On the other hand, if the purpose of minimizing reactions was to dismiss or punish children, this might lower children's adjustment.

Referring to the two case studies, the purpose of minimizing reactions of one of the mothers was to dismiss her child's fear, whereas the purpose of minimizing the other mother's reactions was to punish her child for behavioral problems. As a result, the minimizing reactions of both mothers might have decreased their children's emotional regulation and adjustment. Through the intervention, one child learned to use breathing techniques to cope with his fear and reduced the actions of freezing, hiding himself, or walking away from his fear. On the other hand, after one mother learned to label and validate her child's emotion, the child took a shorter time to regulate his emotion and was able to follow his mother's instruction to deal with the problem. This indicated that parent coaching might be a significant intervention for children's emotional regulation and adjustment.

Cultural Effect on Parenting and Emotional Regulation

Parenting was not the focus of this research as well. From my observation in the treatment process, it seemed to me that parenting has been significantly affecting emotional regulation of children. As a result, I decided to do more research on exploring how Asian Chinese culture has been affecting parenting and emotional regulation of children. Previous research illustrated that Asian American parents who held traditional cultural values, such as collectivism and hierarchy, tended to have higher levels of parental control by using restricted rules or criticism over their children (Shek, 2006). Parental control in Asian American families was related to higher negative parent-child relationships and more depression and anxiety in the children (Lau et al., 1990; Quach, 2008). In addition, parental control was positively related to depression and anxiety in Chinese adolescents. Parental warmth was

negatively related to depression and anxiety in Chinese adolescents (Quach, 2008).

When looking at the parent-child interaction and listening to the description of parent-child interaction from children's and mothers' point of view, it was obvious to me that one of the children's mothers tended to play, communicate, and interact with her child together with more physical touch and positive facial expressions. This may indicate that she has more parental warmth and has less parental control on her child. Therefore, this mother reported that her child was willing to approach her and tell her about his fear. In contrast, the other child's mother reported that she tended to use punitive reactions and lecturing to the child when responding to his negative emotions and behavioral problems. The child also reported that he has very little interaction and communication with his mother every day. In my opinion, there has been a low tendency for this mother to show parental warmth to this child. As a result, the child tended not to talk about his negative emotions and was less likely to approach and communicate with his mother. With high parental control and low parental warmth, it seemed to me that this child tended to have a more negative parent-child relationship and a more depressed and anxious mood. It is my interpretation that this reaction appeared to be relevant to the results from previous research.

Language and Ethnicity Match and Therapist-Client Relationship

Rapport was built easily for both children. Both children were able to interact, sing, dance, and do imaginary play or enactment with me on the first session. The telehealth format did not reduce the interaction of both children with me. One mother helped me to adjust the camera and with verbal description of her child so that I could see the child even when he went to another corner of his room. This was relevant to the results of previous research in which client-therapist language and ethnicity match were important variables that affected the outcomes of therapy and could speed up the relationship building process (Flaskerud & Liu, 1991).

Mirroring and Rapport Building

During the sessions, I used mirroring to join the children with full acceptance without judgment. Mirroring is an important technique used in dance/movement therapy. By using mirroring, I could give the children the feeling of being understood and empathized with to reach therapeutic effects. With reference to Berrol (2006), the identical sets of neurons could be activated in the other person's brain by just witnessing a person performing an action or expressing an emotion or behavior. Mirroring allows empathy to occur which is associated with attachment, attunement, social cognition, and morality. Therefore, mirroring may have eased the rapport building process with both children.

Storybooks and Enactment and Children Emotional Regulation

Both children were very engaged in the interactive reading of the emotion storybooks. They were able to name, enact, and express facial expressions related to the target emotion. By using enactment and other forms of arts, such as drawing, singing, and dancing, this could allow children to express themselves in nonverbal channels of communication (Mendelsohn, 1999; Wesson & Salmon, 2001). These creative and artistic activities could make it easier for children to express verbally inaccessible feelings in a safe and supportive environment (Mendelsohn, 1999; Wesson & Salmon, 2001). Children will have more capability to control their feelings and emotion-related experiences if they have gained their ability on understanding and articulating them (Izard et al., 2008).

Body-Based Emotional Regulation Techniques

It is my belief and was evidenced in the findings of this study that when children learned to use effective ways of regulating their emotions, this will increase their emotional regulation in daily life. By introducing the holding tight technique through hugging self or holding tight to something soft, this could decrease the energy of emotion arousal immediately (Izard et al., 2008). In addition, breathing techniques could act as tension

reduction (Izard et al., 2008). These two techniques required the whole body to get involved. By changing the body position and performing a body action, this can increase the body-mind connection and help the children to gain a sense of self-control (Koshland, 2004). These techniques seemed to be easier for one of the children to learn and practice. He could perform these techniques without me or his mother to remind him during or outside the session. On the other hand, the other child required me to remind him in order to perform these techniques during the session. This may relate to parental involvement in children's emotional regulation. One mother stays with her child every day. He does not go to school and his mother is not working. Moreover, this child's mother practices the emotional regulation techniques with him during and outside of the sessions. It is my interpretation that this will increase his conscious application of emotional regulation in daily life. However, the other child's mother works during the daytime and this child also needs to go to school. There is less opportunity for him to interact with his mother. Nevertheless, his mother has been trying to label and validate his emotions which has reduced his time for emotional regulation. This indicated and confirmed my interpretation that parental involvement in emotional regulation intervention is very important to children.

Children's Response to Telehealth

Due to the high demand of mental health service, both children have been in the waiting list for months. Under the influence of the global COVID-19 pandemic, telehealth made it possible for therapist to provide therapy in a safe and convenient way without considering about the time for commute and restriction on social distancing. This could connect clinical care to the isolated community (Spooner et al., 2019). With the assistance of the children's parents, children have no problem on using the telehealth service. Although both children have never had been in psychotherapy before, this pandemic has increased their access to electronic devices and application through virtual learning and home schooling. As

a result, both children could interact easily with me on the first session. When I could emotionally attune to the clients, trust and stability would then be established (Engelhard & Furlager, 2020). The result of this study reflected the high adaptability and flexibility of children on telehealth psychotherapy. Since the use of creative arts therapies tends to be flexible, adaptable, and creative, it is possible for creative arts therapists to join the evolution of integrating healthcare service to telehealth with promising outcomes and demonstrating progress towards clinical goals (Spooner et al., 2019).

The Movement Response Videos

The twelve movement response videos reminded me the positive feelings that I had with these two children during the intervention. I presented with an energetic and playful attitude in the movement response videos for one of the children. I saw excitement and abruptness in my movement which reminded me the way I interacted with this child. My movement reflected intention to interact with others when my arms and hands reaching towards the screen. From the videos, I thought of the willingness and eagerness of this child to interact with me during the intervention. He used to show me his stuffed animals and storybooks that he likes in every session. My straight torso from the videos seemed to reflect a positive sense of self with uplifting spirit. This reminded me the way this child spoke was loud and clear which gave me an impression of self-confidence and good self-image. I saw that I was open and ready to release my energy through my large and quick body movement from the videos. My strong and quick movement reminded me the way this child performed practiced the “squish and blow” (Kornblum, 2002) breathing technique. This child showed great interest in doing “squish and blow” (Kornblum, 2002) during the session which gave me a positive feeling towards the intervention that I have brought to him.

On the other hand, I showed a positive and playful attitude with slightly restrictive movement in the movement response videos for the other child. This reminded me the feeling

of excitement when I saw this child and interacted with him using drawing and enactment. My movement from the videos was sustained, light, and gentle. When I thought about this child, I felt more comfortable moving in a restricted space and in a careful and controlled manner. The slightly concave body posture from the videos seemed to reflect that I was holding back some of my feelings in my movement with little anxiety. From my movement, it seemed like I was eager to express myself with movement, but at the same time I was hesitant to do so. The directional and carving arm movement indicated that I showed eagerness to interact and communicate with others. This reminded me about the feeling I had when this child told me that he felt bored alone at home, requested for longer session, and said he would miss me at the end of each session. I thought of the moment when I was playing an imaginary cooking game with this child in the first session. Although the child and I were in different space, separated by the screen, and there was no physical contact during the intervention, I could feel the deep connection between us through our movement and interaction.

Recommendation and Limitation

The positive inference on the results of trying out a method with the two children could not be explained solely by the application of dance/movement therapy elements on the telehealth format. Some mediating factors that might have contributed to this research were: (a) language and ethnicity match between therapist and client, (b) parental coaching and intervention, (c) incorporation of storybooks and different forms of arts, and (d) body-based emotional regulation techniques. As a result, future research is recommended to examine the effect of each of the above factors on Chinese bilingual children. Furthermore, research comparing the therapeutic effects between dance/movement therapy on the telehealth format and the in-person format is suggested to show whether there would be an equivalent effect between the two.

Conclusion

The current study showed that the two children responded positively to intervention. Factors such as language and ethnicity match, parental involvement, utilization of storybooks and different art modalities, and body-based emotional regulation techniques could be facilitating the positive results of this research. Further studies have to be done on examining the effect of each factor contributing to Chinese bilingual children, and the comparison of the therapeutic effects between dance/movement therapy on the telehealth format and the in-person format.

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

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