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**Connecting the Dots: Positive Effect of Dance Movement Therapy with Immigrant
Children; A Literature Review**

Capstone Thesis

Lesley University

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Dance/Movement therapy

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Abstract

Growing data recommends dance/movement therapy as a promising approach for documented immigrant children's mental health. I was a documented immigrant when I was 12 years old, and dance as therapy supported me emotionally and behaviorally. This paper mainly focuses on documented immigrant children with dance/movement therapy. This paper touches on various categories of refugees and undocumented immigrants, though insights into the lives of undocumented immigrants was also added to better understand the challenges they experience in general, including mental health issues. Immigrant children face challenges in every aspect of their life, such as adjusting in their new country, peer relationships, language barriers, and conflict with their family. These struggles may lead to emotional difficulties such as anxiety, depression, isolation, and low self-esteem. Overall, dance/movement therapy could be a powerful tool to support immigrant children's mental health and behavioral difficulties. However, there is a limited amount of research about immigrant children with dance/movement therapy, therefore this literature review may act as a foundation for future studies. I found that dance/movement therapy was helpful in getting children adjusted to their new environment. Not only did dance/movement therapy help immigrant children acclimate to their new country, but it improved their overall mental and emotional well-being.

Keywords: dance/movement therapy, documented immigrant, immigrant children, immigrant children's mental health, migration, immigration, dance as therapy

Connecting the Dots: Positive Effect of Dance Movement Therapy with Immigrant Children; A Literature Review

In an increasingly interconnected world, the diversity of our country is a powerful advantage in global competition...and that being an American is not a matter of blood or birth. It's a matter of faith. It's a matter of fidelity to the shared values that we all hold so dear. That's what makes us unique. That's what makes us strong. Anybody can help us write the next great chapter in our history.

—Barack Obama, *Remarks by the President on Comprehensive Immigration Reform*

When I was 12 years old, I went to Canada to study English with my family. At that time, I could not understand what my Canadian peers and teachers were saying. I felt isolated, depressed, and behind in academics compared to my classmates. I was always anxious that I would have to read out loud and would mispronounce words. This experience reflects Kirova's (2001) statement that learning a new language impacts immigrant children's mental health because it creates an invisible barrier between them and native children. This barrier creates loneliness and rejection in their peer relationships. It was difficult for me to develop relationships with friends because I faced a significant language and cultural barrier—this left me detached from my classmates. As reported by Leth et al. (2014), there is a chance that communication disconnect will occur because of lack of language skills in immigrant children. This leads to lower self-esteem and higher levels of depression and anxiety.

I went to a Waldorf School and participated in eurythmy class, which is movement-based. Sobo (2014) declared that Waldorf education is a private alternative to public education, aiming to create holistically balanced learners by opposing the traditional division between education and wellness. Additionally, the Waldorf system of education is an independent

(private) alternative to public schooling, highlighting the arts and experiential learning and minimalizing summative testing. The number of private Waldorf schools has grown; according to Sobo (2014), among a substantial gap in academic awareness about Waldorf education's particular methodology, the prevalence of "Waldorf-inspired approaches" (p. 138) in public charter schools has soared. Waldorf education emphasizes activity, recognizes extra-physical powers, and self-identifies as a health-promoting environment.

Eurythmy is a type of movement therapy (Ogletree, 1976) and an essential part of the Waldorf education curriculum. Ogletree (1976) claimed eurythmy has a therapeutic and academic function (p. 314). Moreover, eurythmy is primarily used for different assessments on dance movement-qualities with movers (Gerlach, 2019). Eurythmy offered me therapeutic service as well; after eurythmy class, I felt more positive and connected to the people around me. Participation in eurythmy class did not require verbal communication. Therefore, it allowed me to build solid peer relationships more quickly. By engaging in eurythmy's movements with my classmates I began to feel more confident verbally communicating with my friends. My emotional well-being also started to heal. Eurythmy was my first official introduction to dance as therapy.

The recommended physical motions in eurythmy begin simple in early childhood classrooms and become more complicated as children grow and gain more bodily autonomy. "Eurythmy means beautiful or harmonious rhythm or flow" (Sobo, 2014, p. 145). The movements are said to communicate or express etheric powers that encourage development and fertility and facilitate their positive body absorption. Eurythmy increases flexibility and balance as well as social knowledge since students practice movement in groups. All must be in harmony with each other and the music for eurythmy to flow smoothly having a live accompanist also

supports the process. Movement connects the individual to social and physical settings and the culture-specific health-building influences that exist within them. My experience, as an immigrant child, inspired me to explore how/if dance/movement therapy has a positive effect on immigrant children.

Many immigrants face similar struggles due to language obstacles. Venta et al. (2019), highlight the importance of taking care of immigrants using psychotherapy. Due to the fact that they are in new environments, anxiety, depression, and isolation are common. Li (2020) argued immigrants face mental difficulties because of their wishes to maintain cultural traditions, which impacts their “emotional, psychological, and social well-being that affects thinking, feeling, or behavior” (p. 1). Positive social support and peer relationships help with mental health struggles; however, language barriers can decrease social attunement. For these reasons, this literature review will explore research about relationships between immigrants, particularly children, and examine the potential positive effects of dance/movement therapy on documented immigrant children’s mental health.

While this review does touch on both documented and undocumented immigrant children, it focuses heavily on documented immigrant children because undocumented immigrants and refugees face a unique set of circumstances, which means their mental health concerns vary. Documented immigrants have planned to move to foreign countries due to many reasons. For example, they go through a selection process, which makes their immigration legal according to the host country. On the other hand, refugee’s do not have a selected pre-immigration program. The journey is mostly sudden and forced due to traumatic exposure to war, disaster, or political violence (Buchanan et al., 2018). Thus, it is suitable to research one particular population in order to gain a full understanding of a specific population. Because of

undocumented immigrants' traumatic background, there is more research on this population, however, there is limited research that specifically focuses on dance/movement therapy as a treatment opportunity to help documented immigrant children.

This literature review begins by briefly investigating different categories of immigrants, including documented immigrants, non-documented immigrants, and refugees. Secondly, difficulties documented immigrants face in general, including mental health difficulties, are explored for documented immigrants and their children. Next, I investigate how dance/movement therapy can support immigrant children compared to traditional therapy. This study explores the positive effects of dance/movement therapy for immigrant children and the struggles they face when they move to a new country. Furthermore, I examine school-based mental health programs for immigrant children and limitations such as the children's priority of helping their family overcome obstacles such as poverty and cultural gaps instead of working on their own mental health and well-being, I claim that dance/movement therapy can effectively benefit immigrant children. Hence, this literature review expands the use of dance/movement therapy to support immigrant children's mental health.

Literature Review

Immigrants, Undocumented Immigrants, Documented Immigrants, Refugees

Globalization has the power to change economies, communities, populations, and families. International trade and capital flows, along with political, religious, and ethnic upheavals on a broad scale have led to unprecedented levels of global migration in recent decades. As a result, there were almost 200 million documented and undocumented immigrants worldwide at the beginning of the new millennium (Chuang & Moreno, 2011). As stated by McBrien (2017), migrants are among the most inclusive populations, composed of all peoples

who move from one place to another, moving from their own country or crossing international borders. Buchanan et al. (2018) declared that documented immigrants go through a selection process while undocumented immigrants and refugees cannot go through these legal channels of migration due to traumatic exposure to war, disaster, and political violence.

De Feyter et al. (2020) defined immigrants as people who were born in a country other than their host country (p. 446). Furthermore, children born in the United States who have foreign-born parents are considered members of an immigrant family of differing generations. However, the most widely used definition is based on parental country of origin. First-generation immigrants are individuals who were born in another country with parents who were also born outside of the new country. Second-generation immigrants are people who have different host countries than their parents. Third-generation citizens are those whose parents and themselves were born in their current country. Typically, third-generation citizens are simply considered native non-immigrants. Some studies use the age of arrival as a standard for defining the immigrant generation. Those who arrive before age six are known as a “1.5 generation” or “preschool generation” (p. 446), and those who come after age 6 are known as first generation immigrants.

McBrien (2017) stated that migration can be a result of numerous factors, such as economic status and political, cultural, and environmental catalysts. These people are often emigrating to find more desirable jobs in a new location, better climates, or more affordable settings. Every country has a different standard for determining whether immigration is legal or illegal. People who have been processed and accepted are considered *legal immigrants* or *documented immigrants* (McBrien, 2017). These immigrants go through a selection process, which makes their immigration legal according to the country they enter (Buchanan et al., 2018).

The process of immigration places tremendous stress upon these individuals, as during this process, families are often separated for a long time. This separation, along with the added pressure to survive in a new land, can cause mental health issues such as depression (Chuang & Moreno, 2011).

Undocumented immigrants are sometimes referred to as *illegal immigrants*. These are people who cross into another country without the host country's approval of their resettlement (McBrien, 2017). There are numerous reasons why undocumented immigrants make this decision, such as a need for better lives for themselves and their children, fear of persecution, poverty in their own country, and a desire to be reunited with family members who have already resettled. Undocumented immigrants' journeys expose them to dangerous situations, such as dehydration, hunger, environmental factors, and human smugglers. For undocumented immigrants, it is critical to keep their immigrant status secret, because in recent years, undocumented parents within the U.S. have been deported back to their home country and separated from their children. These deportations often result in the isolation of children from their parents as they are left in the U.S.

Refugees also fall under the broad category of immigrants. However, they were forced to leave their homeland instead of leaving by choice because of a fear for the lives of their family and themselves instead of by choice. Frequently, they do not have the chance to plan their departure; most of the time, their travel is sudden and unplanned. Therefore, refugees do not always have time to collect important documents, like birth certificates or nationality papers (McBrien, 2017). According to Poter and Haslam (2005), refugees are the population of people forced to abandon their home countries and communities because of war, political violence, and related threats. The journey is mostly sudden and forced due to the urgency of escaping danger.

With these sudden and forced factors, refugees do not have a selected pre-immigration program (Buchanan et al., 2018).

Moving to a new country is a massive change in life. Li (2020) claimed the difficulties immigrants face include acculturation, maintaining cultural tradition, financial struggles, and significant detriments to mental, emotional, and psychological health along with trouble interacting socially (p. 6220). Many of these metrics affect thinking, feeling, and/or behavior (p. 6220). Moreover, it is often hard for some immigrants to access mental health services, such as counseling and therapy.

Dance/Movement Therapy Definition

The American Dance Movement Association (ADTA) defines dance/movement therapy as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (2020, para. 1). According to Tortora (2010), since the 1940s, dance/movement therapy has been a category of psychotherapeutic practice and in 1966 the ADTA was founded.

Strassel et al. (2011) stated that dance/movement therapy practices psychotherapeutic movement to establish an individual’s emotional, cognitive, physical, and social integration. Dance/movement therapy can also support individuals with developmental, medical, social, physical, or psychological disabilities (p. 50). Dance has been a powerful therapeutic tool since ancient times. In the past, dance was connected to healing tools and impacted the major events in a human’s life, such as pregnancy, birth, sickness, or death. It has been common to use dance as a healing ritual for thousands of years, but dance/movement therapy was not professionally established until the 1950s. Some dance/movement therapists do private practice with individuals who are interested in personal growth. In mental health settings, dance/movement therapists

support people with autism and brain-injuries, learning-disabled children, the elderly, and disabled adults (p. 50). Furthermore, dance/movement therapy can also be employed in daycare centers, health promotion programs, rehabilitation centers, medical settings, schools, and nursing homes.

Strassel et al. (2011) also mention that dance/movement therapy has been shown to be positively effective in people with developmental, medical, social, physical, and psychological impairments (p. 50). Additionally, it has been widely used to decrease stress and anxiety related to chronic diseases and cancer, but also ease mental and psychological difficulties (p. 50). Dance/movement therapy has been shown to develop clients' emotions, body image, and self-esteem (p. 50).

Dance/movement therapy relies on four premises (ADTA,2020). The first premise states that movement is the first language we learn. Non-verbal and movement communication starts in the womb and continues throughout life. Dance/movement therapists believe that non-verbal language is as powerful as verbal language throughout the therapeutic process. The second premise states that mind, body, and spirit are connected. The third premise states that "movement can be functional, communicative, developmental, and expressive" (para. 3). Dance/movement therapists can witness, evaluate, and intervene by observing the movement, which develops the clients' therapeutic relationship. Movement can be functional, communicative, developmental, and expressive. The final premise states movement is a primary mode of intervention as well as an assessment tool.

Tortora (2010) claimed that as a method for psychological expansion and well-being, dance/movement therapy is a creative art therapy which applies a specific technique along with music, art, drama, and poetry therapy. Unlike traditional forms, creative arts therapies are able to

uncover feeling and experiences without verbal communication. Creative art therapy allows clients to interact with a deeper sense of self. The principal method of dance/movement therapy is self-expression and therapeutic intervention using the body, body in motion, and direct non-verbal analysis (Tortora, 2010).

Levy (2005) affirmed that dance therapy, using dance movement as a therapeutic and/or healing tool, is a practice started from the idea that the body and the mind act in tandem. Its foundational belief is that body movement indicates internal emotional health, and if the movement changes, it can positively support mental health. Dance/movement therapy can help healthy individuals who are suffering from mental illnesses and physical and mental disabilities (Levy,2005). The ultimate goal of dance/movement therapy is to improve the patient's insight into wholeness by feeling the fundamental unity of body, mind, and spirit. Using body movement, especially dance, as a therapeutic tool is as ancient as the act of dancing itself. In many ancient societies, dance was essential in peoples' daily life. Dance was a communication tool to express one's feelings, interface with others, and commune with nature. Today, the complexity and intensity of contemporary lifestyle has led many people to feel isolated from themselves, others, and nature, which has caused the separation of body and mind (Levy, 2005).

In Tortora's article (2019), "Children Are Born to Dance! Pediatric Medical Dance/Movement Therapy: The View from Integrative Pediatric Oncology," she claims body and mind integration is the foundation of dance/movement therapy. Dance/movement therapy empowers clients to express their non-verbal experiences through dance/movement-based activities, which improves creative self-expression. Tortora claims dance/movement therapy sessions can be in a group, family, dyadic, or individual setting to support the needs of the clients (2019). Exploring their feelings from happiness to fear can create a sense of empowerment and

can allow clients to better attune themselves to their bodies. Dance/movement therapy also supports body awareness, increases mobility, flexibility, and “supports regaining skills in all areas of development” (p. 23). Tortora discussed how dance/movement therapists highlight the role of dance as a form of cultural identity and understand that modern dance/movement therapy’s origins began with the healing strength of dance across all ancient cultures (2019). Dance/movement therapists practice one or more non-verbal analysis systems: Laban Movement Analysis (LMA) and Kestenberg Movement Profile (KMP) are the most commonly used. LMA was developed by the modern dancer Rudolf Laban in the 1960s, and it is the original, non-verbal analysis assessment. LMA analyzes qualitative and quantitative components of movements and the processes included to fully interpret the stages of movement rather than merely describing the movers’ intention (Tortora, 2019). Tortora’s 2010 article, LMA implements a systematic approach to comprehensively evaluate a client through non-verbal communication. This system acknowledges the meaning of the non-verbal action as well as how it is presented (p. 38).

The KMP, produced by the psychiatrist Judith Kestenberg, also in the 1960s, “is ‘a Laban-derived method’ used to categorize actions that includes a development and psychological interpretation of the mover’s movement repertoire” (Tortora, 2019, p. 5). The author also states that, dance/movement therapists observe the qualitative side of the patient’s movement patterns to understand better how their body movements may reflect their coping skills and emotional status with these analysis methods. Within the non-verbal analysis, the dance/movement therapist can understand the level of physical engagement the client can maintain, the theme, and the creative expressive movements’ metaphorical nature (Tortora, 2019).

Dance/Movement Therapy with Children

Tortora (2010) studied the practice of a multisensory psychotherapeutic treatment method which can benefit the primary attachment relationship (p. 37). Tortora utilized the program called Ways of Seeing, which is rooted in dance/movement therapy elements. The program combines “dance, movement, music, artistic expression, and Laban non-verbal movement analysis” (p. 37). The main principle of the Ways of Seeing program is body awareness which highlights the understanding somatic and non-verbal functions in early childhood. Moreover, the principle is established from the children’s earliest experiences which can impact the body on a somatic, kinesthetic, and sensory level. By forming how an infant perceives the world, this body awareness impacts body-oriented experiences at every stage of development (p. 40). When the infant starts their first dance, they increase their awareness of their own body throughout non-verbal communications. The infant starts to anticipate emotional interactions and “a sense of self-efficacy develops” (p. 40) during these positive experiences. In addition, dance/movement therapy can indirectly support children with special needs by providing a new opportunity to learn new skills and modify their patterned behaviors (Leventhal, 1980, as cited in Koolae, 2014).

The 13th International Panel at the ADTA’s 2007 annual conference focused on the various practices of dance/movement therapy with children from around the world (Capello, 2008). Early intervention is a crucial developmental stage in life to diagnose and prevent future pathologies in adulthood. The presenters from various countries claimed how children and families experienced the positive effect and healing capability of dance/movement therapy.

Maralia Reza, from Argentina, introduced a special school in Cordoba (Capello, 2008). In this school setting, dance/movement therapy is used as the first intervention tool for

emotionally disturbed children who are having a difficult time with cognition, social relationships, and interpersonal relationships. Participating in the dance/movement therapy group session supports the children in learning and exploring emotional, physical, and social integration. Dance/movement therapy can support foreign language educators in increasing awareness and non-verbal skills to improve students' language ability. A body-based learning method allows teachers to acknowledge how children's bodies can connect through movement and explore dance/movement therapy. Experiencing the powerful symbolic component embedded in the movement language allows the teachers to understand the students' needs and any health issues related to self-esteem, body image, and/or social identity.

Heeah Choi from South Korea stated Korean children and adolescents experience intensive academic stress and peer relationship issues (Capello, 2008). Choi also claimed the Korea Social Health Center reported 67% of children experience stress over academic pressure and 57% show difficulties in peer relationships (p. 29). As a dance/movement therapist, Choi often meets children who do not know how to play or do not have a chance to move their bodies freely. Lack of physical activities affects children's body awareness. The majority of the children show behavioral problems such as attention deficit disorder, aggressiveness, and poor social skills. Choi argued that by using dance/movement as a tool to communicate, children could express their feelings without frustration and explore their emotional needs. When children move with others like their family members or friends, they discover how to connect with them. Dance/movement therapy benefits children not only in their physical development, but also their mental growth. Moreover, dance/movement therapy allows them to explore themselves.

Immigrants' Mental Health

Lee et al. (2012) researched the mental health condition of international marriage on immigrant women in Korea and how it affects their children's emotional and behavioral difficulties. Lee et al. affirmed since immigration includes stressful processes—for example, adjusting to the host country, cultural expectations, and learning the native language—immigrants might suffer from mental health diagnoses. Understanding the immigrants' mental health struggles is important for policies to support their cultural adaptation and social integration to the new country. According to Lee et al., compared to native Korean women, intermarried immigrant women in Korea show higher risks of having intense levels of anxiety. Children of immigrant women were likely experiencing more internal and external struggles compared to native Korean children group.

Lee et al. (2012) claimed that the immigrant women showed higher anxiety levels and general psychological issues. However, depression levels were the same for the immigrant group and the native Korean group. Immigrant women arrived in South Korea with the expectation of increasing wealth and financially supporting their families in their homelands. Children of immigrant women tend to show more emotional or/and behavioral struggles compared to native Korean children if their mothers have a similar level of anxiety. Moreover, the immigrant women with higher anxiety depicted a higher tendency to seek help for their children's difficulties; on the other hand, the anxiety level did not influence the native Korean women's help-seeking decisions.

Lincoln et al. (2020) studied the relationship between discrimination and mental health for young Somali adults. Lincoln et al. stated that experiencing discrimination has influenced Somalian immigrant's mental health, such as anxiety, depression, and post-traumatic stress symptoms, which affected both community and individual-level factors (p. 10). At the individual

level, higher discrimination scores resulted in challenging times when adjusting to the new country, resulting in severe mental health issues.

Mental Health Concerns in Immigrant Children

Kirova (2001) argued immigrant children may experience mistrust and loneliness. Their study aimed to capture the lived sense of isolation in the lives of multicultural and multilingual students. It is essential for educators to be more aware of different cultural and linguistic backgrounds when dealing with different children and families. Teachers face the problem of determining how to navigate the language differences within diverse student bodies, but for these students, language is only one of the many issues faced. Since there is not much research about immigrant children's loneliness in a school setting, it is difficult for educators to design appropriate educational goals and choose the most effective program to support all students.

Kirova (2001) declared that it takes time to rebuild broken relationships when children are adjusting to a new environment. Immigrant children might feel overwhelmed by the loss in their sense of home as well as their happiness of playing outdoors when they arrive in the new nation. The new language also influences immigrant children's mental health because they feel excluded from native children when communicating. Struggles with communication as well as physical development can impact children's mental health. The majority of English as Second Language children experience a time when they mix or combine different languages, which forms a feeling of vulnerability. There is a relationship between loneliness and peer rejection. Kirova stated that the issue is how the rejected children behave and how their peers respond towards them. The challenge of the native language creates a concrete cultural and linguistic barrier between immigrant children and other students in school.

For immigrant children, overcoming this invisible barrier is a prolonged and stressful process, and during this process they may experience shame and discrimination (Kirova, 2001). Immigrant children endure the incapability to interact fluently with their peers which influences their mental health, including feelings of loneliness and isolation. Their understanding of time is connected to their feeling of loneliness, and they may feel as if time goes by slowly due to their language disparities with the rest of their peers. Not only when they were struggling, or when no one wanted to play with them, but even when friends invited them to social activities like sleepover or birthday parties, time seemed go by very slowly to these children.

Kirova (2001) declared because of the difficulty of crossing the language/cultural barrier to *belong* in their peers' world, these children may experience a void between them and other children, as well as a void within their own self-image. Emotions like exclusion, feeling unwelcome, and hate, affect a child's self-esteem and sense of self-worth, as well as their school attendance. They do not have a positive self-image because they believe they lack something that everyone else has. Kirova (2001) claimed:

Perhaps the most painful loneliness is not when we are alone, but when we are in the presence of others and yet feel separated, excluded, and cut off from the shared world of the others. But we are not at peace with our inner life world, either. (p. 264)

Lu et al. (2020) stated, as legal restrictions tighten and the cost of immigration rises, immigration is becoming increasingly serial, with one or a few family members migrating first, followed by others. In this process, children are often the last to move abroad. Therefore, the majority of immigrant children are isolated and separated from their parents or families for a period of time before being reunited with them in the new country. Chuang and Moreno (2011) argued immigration occasionally requires family members to separate from one another and

adapt to different family configurations and operational procedures, which may be traumatic for both parents and children. Family separations, which may last months or even years, are frequent in today's immigration process. According to Lu et al. (2020), immigrant children who experienced separation from their parents during the immigration process show a higher chance of emotional and behavioral complications and lower academic achievement than immigrant children who migrated with their parents. The research reveals that immigrant children who experienced separation showed more anxiety and depression than those who had not experienced separation, particularly in the first years after reunion.

Lu et al. (2020) claimed, immigration is a stressful process because both parents and children need to adjust to a new culture, language, and different societal norms. However, the majority of immigrant children also have to go through family separation, which confuses children's adaptation to their own families, school, and societies in the new country. Chuang and Moreno (2011) also concluded that 90% of Haitian and Central American immigrant teenagers said they had been separated from one or more parents at some stage (p. 259). These separations can trigger problems in the parent-child relationship, such as feelings of abandonment during the separation and distance and distrust after the parents and children are reunited (Chuang & Moreno, 2011). Lu et al. (2020) affirmed the research, finding that for immigrant children who experienced separation from their parents, the experience has impacted their academic and psychosocial outcomes as compared to those who did not experience the separation. They showed more inadequate educational achievement and a higher chance of emotional and behavioral difficulties than the children who immigrated with their parents.

Lu et al. (2020) claimed family separation negatively impacted children's psychosocial health and English acquisition. The social climate played a significant role in these dimensions.

Lu et al. argued that children might experience a lack of stimulation and interrupted parenting due to separation, impeding their learning and social growth. Following the family reunion, the separation experience caused significant adjustment problems for the children, resulting in social disturbances and school learning difficulties. The issues they faced in adjusting went beyond the general acculturation issues that all immigrant children face. Lu et al. (2020) stated that the research emphasizes the importance of comprehending immigrant children's varied migration experiences. The results show the vulnerabilities that immigrant children carry to their new homes. The experience of separation and reunification can complicate children's integration into their families, schools, neighborhoods, and society as a whole.

Leth et al. (2014) proclaimed, in many cultures, children and adolescents with immigrant parents are in the ethnic minority. The impacts of being a member of an ethnic minority and having traumatized parents on children's mental health is a commonly studied phenomenon. Similar patterns have been discovered in youth samples from around the world. Immigrant children in Turkey, for example, have considerably lower self-esteem and greater levels of depression and anxiety than non-immigrant children. Numerous factors may impact the risk of these populations' mental health, such as the family's socioeconomic status, parent's employment, and educational level. Therefore, it is often challenging to form a stable outcome associated with immigrant children's mental health issues.

Leth et al. (2014) examined psychological difficulties among Danish children and youth with refugee and immigrant backgrounds. According to Leth et al., compared to native Danish children, immigrant children reported higher levels of behavior problems and refugees reported higher levels of both conduct and peer problems. When these children interact with others, such as peers or teachers, their lack of Danish language skills may cause a communicational

disconnect and lead to potential tensions, extending to the higher levels of behavior symptoms. Moreover, in a study conducted in London, researchers found that for both refugee and immigrant children, not speaking English as a first language seems to be a significant risk factor for psychological stress (Leavey et al., 2004 as cited in Leth et al., 2014, p. 34). Overall, Leth et al. (2014) found that children with immigrant parents are more vulnerable to mental health problems.

Children in immigrant families are the fastest-growing segment of the United States population, accounting for 18.2 million children under the age of 18 (De Feyter et al., 2020, p. 446). De Feyter et al. (2020) analyzed immigrant and non-immigrant children's attendance after considering demographic and socio-economic factors (p. 449). Despite lower academic preparedness levels when entering kindergarten, children from immigrant families performed well compared to children from other low-income populations.

De Feyter et al. (2020) stated that since immigrant families have a higher chance of experiencing poverty and a lack of the parents' educational achievement, children enter school less prepared in linguistic and cognitive areas than non-immigrant families. Immigrant mothers show lower levels of understanding of their children's development. Moreover, they tend to read less to their children compared to native mothers. Their family structure negatively impacts immigrant mother's mental health, which causes higher stress levels. Sixty percent of immigrant parents have limited English fluency. Thirty percent of their children live in linguistically isolated households where no one over the age of 14 is fluent in the new language (p. 447). Moreover, immigrant families are likely to experience language barriers in English.

Chuang and Moreno (2011) explained that immigrant children also serve as intermediaries or "brokers" (p. 160) between the two cultural and linguistic worlds, translating

and interpreting their parents in sometimes challenging circumstances. As reported by Chuang and Moreno (2011), when parents depend on their older children to serve as language and cultural brokers, family roles are inverted, potentially leading to further parent-child disagreement. Language and cultural brokering place children in dominant positions in their families, which may or may not be developmentally appropriate. Chuang and Moreno (2011) described that the children will act as the cultural and language brokers for parents because of the immigrant parents' linguistic limitations. The broader community shows the significance of cultural variation in understanding immigrant family dynamics and the complex and bi-directional existence of the parent-child relationship. Based on the research by Chuang and Moreno (2011), the role reversals have negative consequences for children and adolescents, including mental and somatic difficulties and psychological issues like anxiety, depression, and low self-esteem.

Thompson et al. (2018) used a narrative therapy approach to support immigrant children that act as intermediaries who are challenged when expressing their feelings through words. With the narrative therapy approach, "language broker" children may increase self-awareness and repair family relationships. Thompson et al. (2018) declared language brokering might allow immigrant children to be more comfortable in their new host county and culture through a broader spectrum of experiences. However, they may be exposed to medical, financial, and/or legal knowledge which is not age-appropriate, and this may lead them to take the adult family members' burdens and concerns upon themselves (p. 303). Therefore, it may be traumatic for immigrant children to be aware of their caregivers' personal information, especially when discussing violence and sexuality. According to Thompson et al. (2018), children may feel

uncomfortable speaking for their caregiver, and being a language broker might cause frustration, embarrassment, and lead to being perceived as burdensome children.

The longer these children spent as language brokers, the more negative feelings increase (Thompson et al., 2018). Language broker children have to take on a parental role which will cause role reversal in a family dynamic. This role reversal will result in negatively distorted self-perception, and they may experience a loss in the connection to their home culture, degrading peer and familial relationships, and a disconnect to parts of their identity (p. 304). Language broker children have reported that they feel helpless and have difficulty discussing their problems with their caregivers because they knew their adult family members' struggles, which leads to a lack of family interaction (Thompson et al., 2018).

Chuang and Moreno (2011) declared that the age of arrival in the new nation and how easily family members acculturate is another significant cross-cultural factor for recognizing acculturation-related family conflict. Children acculturate faster than their parents. Even if children spend several periods in American schools, parents are less likely to spend as much time in the community. Such contributing influences on the children include proximity to diverse peer groups, participation in different cultural activities, and a desire for various recreational activities. Immigrant children participate in more *American* activities, and parents tend to retain more ethnic practices. Multiple studies have found that people who arrive in the United States during their early or middle childhood are more likely to adopt behaviors, language preferences, and racial labels that are more in line with the host community. Immigrants who arrived around puberty or adulthood, on the other hand, are more likely to maintain their native country's interests and behaviors.

De Feyter et al. (2020) stated that children from immigrant families tend to be behind their peers in pre-academic cognition and language skills; however, they are usually more prepared in social and behavioral areas. Children from immigrant communities in Miami, for example, lagged behind their native-born peers in cognitive and language abilities at the age of four. Still, teachers scored them higher on tests of social-emotional and behavioral skills (De Feyter & Winsler, 2009, as cited in De Feyter et al., 2020, p. 448).

Chuang and Moreno (2011) addressed the immigration process itself, stating it is a complex and lengthy source of stress for both parents and children. It can put additional pressure on family relationships. Therefore, immigrant families might face social and cultural difficulties that are particularly demanding of the parent-child relationship, regardless of their origin or settlement culture (Chuang & Moreno, 2011). The majority of immigrant parents and children learn a new host language(s), participate in proactive new social norms, and embrace new values as they move to a new country. When it comes to family structure, the forms and rates at which parents and their children acculturate differ significantly.

Chuang and Moreno (2011) affirmed that some immigrant parents and U.S.-born teenagers might encounter increased relationship tension without a mutual and universal primary language and cultural orientation. However, there are distinct fields of vulnerability in first-generation youth's family processes. As Chuang and Moreno (2011) declared, changes in practice regarding the two competing cultures can cause confusing social interactions during acculturation. It can be challenging for immigrant families to adapt to the cultural differences between family and the new community. Making specific changes to the modern cultural context of learning, thereby addressing cultural discontinuities between home and school, is one of the

cross-cultural difficulties encountered by refugee youth when they join the American education system (p. 264).

Dance/Movement Therapy With Immigrant Populations

Bareka et al. (2019) conducted the intervention with Greek refugee children from 4 to 12 years of age. The phenomena of the Greek refugee crisis and the development and construction of children's sense of self—which is a symbolic example of the embodied political self—were studied in depth. To encourage children to recreate their own homes by promoting body consciousness, self-confidence, and faith in themselves, Bareka et al. suggested a dance/movement therapy intervention as a valuable method to assist in the process of self-reconstruction, understanding the value of the dialogical/multi-voiced self, and the psychological, political, and articulated aspects of self (2019). They stressed the dialogical self's ability to provide wholeness, relationship, and attachment. As a result, Bareka et al. (2019) developed the embodied political self, a more precise and complete concept (p. 91). Finally, dance/movement therapy promotes body consciousness in children, allowing them to become more independent, but still promoting self-affirmation and socialization. "Movement can serve as a container for difficult experiences, and at the same time as a tool that bridges the children's experience and dialogues with their embodied multi-voiced selves" (p. 91).

De Valenzuela (2014) aimed to form a dance/movement therapy community for Hispanic immigrant women. Several dance/movement therapists who practiced diversity emphasize the importance of understanding and celebrating both distinction and universality. This proposed short-term group for Hispanic immigrant mothers in a school environment integrates dance/movement therapy concepts and acknowledges the population's particular needs, clinical interests, and beliefs (p. 92). As reported by Pallaro (1997), considering the body

is so interested in adapting to the new environment, it is crucial that the sharing and intervention take place physically and through movement. De Valenzuela (2014) stated that since the body is the medium by which one encounters life, events such as immigration significantly affect the body. According to De Valenzuela, with the support of a dance/movement therapy group, these ideals can be embraced and replicated for Hispanic immigrant mothers while also offering an outlet for personal experimentation. Dolin claimed, “Just as the healthy development of our children depends upon the presence of a self-object, so it seems that our motherhood mindset and mid-life identities thrive when honored through presence and attention” (Dolin, 2007, as cited in De Valenzuela, 2014, p. 103).

When the client’s needs extend beyond the group’s timeframe, the dance/movement therapist may determine levels of anxiety and depression and suggest additional support (De Valenzuela, 2014). To support women with specific problems, the facilitator should educate them about the benefits of sensory perception using body scans, breathing, progressive stimulation, brain gym, and yoga methods to cope with clinical conditions like fear and depression (p. 104). For each dance/movement session with Hispanic immigrant mothers, the researchers used Chace’s method (a notable founder of the dance/movement therapy field), which includes mirroring as a fundamental aspect, to clarify and extend the movement repertoire as a goal. This helped the participants to get a sense of group, community, and belongings (De Valenzuela, 2014, p. 103).

Shen (2018) argued, Chinese immigrant mothers were under a lot of stress due to language barriers, cultural adaptation, self-identity, lifestyle changes, and the limited amount and quality of resources they had received, making them feel alienated from society (p. 91). Movements were used in the program to offer non-verbal encouragement and allow the

immigrant mothers to recognize their abilities, gain trust, find companionship, share resources, and encourage more group mutual aid (p. 91). Within only over a year after initiating this project, Shen discovered that more social consciousness is needed to shift the status quo of these disadvantaged communities in society. This group of immigrant mothers may seem to be invisible to the general public, but they continue to contribute to society in various ways and engage in daily activities (p. 91).

Aranda et al. (2020) declared that movement therapeutic groups will provide a transitional environment for clients to find peace between their old lives and what they are now facing in a new place (p. 166). The body and movement self-expression examined, who the participants are, their history, and their origins. The participants can feel free to be themselves, identify with their culture, and communicate their differences. In dance/movement therapy metaphor may also promote a sense of encouragement and power, self-care, honesty, and a more optimistic self-image (Aranda et al., 2020).

Pallaro (1997) described certain aspects of dance/movement therapy as essential to acclimating to a new environment (p. 101). According to Pallaro it becomes apparent that one's coping strategies, which are embedded in one's culture, will not be successful when transplanted to a new environment; the idea of adaptation will become vital in terms of psychological change or maladjustment. Pallaro affirmed that "dance/movement therapy offers a laboratory in which adaptive or maladaptive behaviors are brought to awareness, in which the demands of the self and those of the dominant culture are embodied, amplified, nurtured or challenged" (p. 228).

Pallaro (1997) states dance/movement therapy is a positive way to approach clients from various cultural backgrounds because of the primary concept that body movement is a fundamental communication tool used across the world (p. 227). As reported by Pallaro (1997),

“Dance/movement therapy enables the Asian American individual to experience, at a movement-felt level, polarized aspects of belonging to two dramatically different cultural milieus and provides useful tools for integration of those experiences” (p. 235). It becomes obvious that an individual’s modes of coping, rooted in a particular culture, may not be effective if transplanted to a different cultural environment; the concept of adaptation, in terms of psychological adjustment or maladjustment, then becomes crucial. Dance/movement therapy offers a laboratory in which adaptive or maladaptive behaviors are brought to awareness, where the demands of the self and those of the dominant culture are embodied, amplified, nurtured, or challenged (p. 228).

Pylvänäinen (2008), a dance/movement therapist and clinical psychologist, revealed the knowledge of the body’s role in the transition of being in a new environment. When adjusting to new environments, Pylvänäinen stated, it’s crucial that sharing and intervention occur on a body level and through physical expression, because the body is engaging with a new environment. While the individual may have thoughts and feelings about the new environment, their body is simultaneously going through a crucial process. The individual’s body reacts to the amount of space available to them: this is the body’s response to the environment’s sense of security or challenges. Pylvänäinen (2008) declared that the body responds by attempting to satisfy the physical and psychological demands imposed on the person by the new country’s social standards. In daily circumstances, the body is constantly implicated in movement communication. In this situation, the body may not be able to get enough rest. Dance is an invaluable tool for positive intervention in a new environment as it helps one to relate to both themselves and others at the same time.

As mentioned by Pylvänäinen (2008), while they are communicating with others in their new country, there can be several complications for a non-native speaker. The author reported that these might include their general ability to communicate, their confidence in themselves and their language skills/gestures, as well as any limitations that cause feelings of stress, anxiety, frustration, and low self-esteem. These factors all take a toll on the individual and are stored in their body. Pylvänäinen claimed the body may not be able to get enough rest in a new environment, a crucial piece of mental and physical well-being. Dance is an invaluable tool for positive intervention in such settings as everything helps one to relate to both themselves and others simultaneously. Dance/movement therapy sessions form a secure space for experiences and communication in the social, interactive, and emotional body-self. Therapy through movement and dance is something they are able to relate to, as dance and doing are part of their culture rather than “talking about” (Cohn, 1997, p. 289). As stated by Chaiklin and Schmais, “The universality of the non-verbal symbols can cut across barriers due to illness, age and culture” (Chaiklin & Schmais, 1986, as cited in Cohn, 1997).

Expressive Therapy in School Settings

Moneta and Rousseau (2008) examined an intervention for immigrant adolescents with behavioral and learning difficulties. The intervention was conducted in a school setting based on drama therapy, where it explores emotional expression and strategies of emotional regulation using qualitative methods of analysis (p. 329). This qualitative study investigated drama therapy, a tool used to express emotional well-being to immigrant adolescents who are having struggles with behavior and academics. Moneta and Rousseau reported that immigrant teens are having a challenging time experiencing a wide range of emotions in a healthy way, notably negative feelings, such as anger. Moneta and Rousseau observed that all participants, including the most

silent student, shared at the end of the intervention a greater understanding and appreciation for their peers. The authors proposed that drama therapy could promote emotional expression and awareness via “contextualization of emotional experiences” (p. 338). The outcome of this qualitative study shows that drama therapy has the ability to hold a safe space for vulnerable adolescents, which will support them and encourage them to express their emotions through the interplay. Drama therapy also can be beneficial for social and emotional learning (p. 339).

Rousseau et al. (2003) conducted a school-based workshop on mythology for 2 years in a row. The first step of this workshop is a mixture of verbal and non-verbal definition of creative expression (p. 3). The children were guided to come up with a story of a character, who went through immigration in four steps: “the past (life in the homeland before migration), the trip itself, the arrival in the host country, and the future” (p. 3). At each stage, children were asked to draw a picture and then talked and wrote about the character’s story. As time has progressed, many research studies have shown that creative expression therapies can be considered to be a positive tool when working with immigrant children by supporting them to develop and build their identity. Rousseau et al. (2003) examined children’s migration experiences using the mythology workshop to promote healing through storytelling and art. The children’s myths were categorized in three main sections. Homeland myths, which are symbols of their homeland culture or history; this section may include their family’s past. Stimulus myths were directed during the workshop, which included diverse elements. Lastly, Host Country myths are ones that combine the symbols and heroes of the popular culture of the host country. All of these categories relate to the child’s sense of identity.

Rousseau et al. (2003) argued that sharing stimulus myths to children grants them more structure when sharing their stories. This helps children who have difficulty verbalizing their

immigration process to make a connection in the two cultures they experienced. Rousseau et al. proposed that newly arrived immigrants and refugee children utilize mythic therapeutic exercises, including elements from their home culture, the host country, and peers' multiple cultures to represent their immigration journey. "Symbolic and mythic references frequently help children represent the culture gap between home and school, [and] past and present" (p. 9). However, if the symbols are wide or vague, there is a chance for children to disclose loss, separation, and trauma because it allows them to separate themselves from the characters they create. This qualitative analysis of the creative expression workshop provides a positive first stage to understanding the immigrant children's struggles through a mythological lens. Rousseau et al. (2003) examined a quantitative assessment of the workshops' abilities to develop a way for newly arrived immigrants and refugee children to fill the gap between their two countries (p. 10). The workshop focused on participants' well-being, self-esteem, and academic performance (p. 10).

Rousseau et al. (2005) investigated the impact of a creative expression curriculum intended to prevent emotional and behavioral difficulties and increase self-esteem in immigrant and refugee children attending multiethnic schools. This study's findings indicate that creative expression workshops can enhance immigrant and refugee children's self-esteem while also lessening emotional and behavioral symptoms. Furthermore, this study aims to build a bridge between the children's home country and the host country that can be more apparent in those elementary school children who find the divide more complex to bridge. One hundred and thirty-eight students, ages 7 to 13, participated in the intervention and enrolled in the 12-week program, which included integration classes for immigrant children and daily classes at two elementary schools (p. 180). Rousseau et al. (2005) affirm that when adjusting for baseline data, the children

in the study groups showed lower levels of internalizing and externalizing symptoms and higher levels of feelings of popularity and happiness than the control groups' children.

Moreover, Rousseau et al.'s (2005) research determines that innovative intervention in the classroom will improve self-esteem and symptomatology in immigrant and refugee children of diverse cultures and backgrounds. The impact on self-esteem was particularly noticeable in boys in integration classes. Gender, age, or fluency in the new language had an insignificant effect on the intervention's internalizing and externalizing symptoms.

Positive Effect of Dance/Movement Therapy for Immigrant Children

As I mentioned, there is a lack of information about how dance/movement therapy can help documented immigrant children. However, based on initial reflections from this literature review, I hypothesize that dance/movement therapy can be a persuasive approach for immigrant children. As Lee et al. (2012) stated, immigrant mothers have higher levels of anxiety and mental health issues. If their mothers have a similar level of anxiety, the children of immigrant mothers tend to have more mental and/or behavioral difficulties as opposed to native children. Lee et al. (2012) argued that immigrant mothers are more inclined to seek help for their children than native mothers. De Valenzuela (2014) examined the study with immigrant mothers through a dance/movement therapy approach. De Valenzuela explained that with this dance/movement therapy approach, immigrant mothers become less isolated and feel welcomed and supported around them in the host country (2014). Lee et al. (2012) claimed, immigrant mothers' mental health is closely related to their children's mental health and behavior problems. If immigrant mothers have dance/movement therapy as a therapeutic resource, there is a higher chance for them to help their children using this approach than not.

After the violent earthquake in Taiwan in 1999, Lee et al. (2013) conducted the first preliminary research of dance/movement therapy in a school-based intervention program for children at high risk for posttraumatic stress disorder (PTSD). Lee et al. (2013) argued that the body is used as a dance/movement therapy tool to initiate the prospect of healing. Instead of directly teaching children the connection between awareness and practice, dance/movement therapy encourages their bodies to guide them into re-experiencing the past and producing something in that context (p. 151). Through an expressive approach, dance/movement therapy is an essential model for therapeutic intervention, especially for psychologically traumatized children who lack language ability. The language barrier is one of the profound struggles immigrant children go through in the host country. As Lee et al. (2013) declared dance/movement therapy can be a positive approach for immigrant children since it does not require verbal communication compared to traditional therapy which may present issues pertaining to language barriers.

Kirova (2001) claimed loneliness and mistrust are common for immigrant children in school settings and during after school activities. As Pierce (2014) affirms,

Group movement environments can offer opportunities for clients to apply the regulatory and integrative skills outlined above within the context of social relationships. Movement groups can focus on any range of interventions, including skills-based psycho-education, peer support, creative expression, choreography, narrative creation, and interactive movement experientials. (p. 13)

Furthermore, sharing music, dance, and rhythmic interactions have improved pro-social attitudes and subjective feelings of belonging as a community.

Lanzillo (2009) examined the research about how effective dance/movement therapy is at reducing aggression and raising empathy in children ages 8 to 12 who attend an accredited private school for children with emotional and behavioral issues. According to Lanzillo (2009), dance/movement therapy can support children by reducing aggression and increasing empathy, self-awareness, positive engagement, trusting relationships, self-awareness, and group cohesion (p. 77). Therefore, dance/movement therapy may also be used as a school classroom program to develop cognitive skills and compassion in children and to reduce behavioral difficulties.

Caf et al. (1997) studied the effects of creative movement and dance on children who struggle with verbal communication, self-awareness, and emotional expression. The participants were children between the ages of 7 and 10 and had learning difficulties because of hypoactivity. Caf et al.'s study used several different assessments taken from the literature in order to measure progress within the participants regarding their creativity and communication skills despite their struggles. The study found that movement and dance could be beneficial to children with hypoactivity. After the 4 months of the workshop, improvements in the creativity, body image, speech, and communication skills of hypoactive children were significant (p. 364).

Koolae et al. (2014) claimed dance/movement therapy can help to develop effective coping skills, impulse control, and self-esteem, as well as introduce "social support and interactions, self-awareness, improving body language, and body boundaries in addition to building empathy and ability to form healthy relationships with others" (p. 6). This study was conducted with a quasi-experimental pre-posttest with the control group (p. 3). The researchers randomly selected 30 children from four private pre-schools in Tehran and divided the children into two groups. Through the 10-week study, the dependent variables, aggression and anxiety were measured twice. Children's Inventory of Anger (ChIA), Spence Children's Anxiety Scale

(SCAS), and Analysis of Covariance (ANCOVA) was used to collect the data (p. 3). After dance/movement therapy treatment, the experimental group had a reduced level of aggression and anxiety. The result of this study (Koolae et al., 2014) suggests that dance/movement therapy can be helpful for all children with anger and anxiety. In addition, the study also finds that dance/movement therapy may provide children with a sense of safety, self-awareness, mindfulness, and mental health (p. 3).

Discussion

The purpose of this literature review was to find the potential positive effects of dance/movement therapy to support documented immigrant children's mental health. The literature review delved into different categories of immigrants, the definition of dance/movement therapy, dance/movement therapy with children, mental health concerns in immigrant children and immigrant families, studies about dance/movement therapy with immigrant populations, expressive therapy in a school setting, and the positive effects of dance/movement therapy with immigrant children.

Growing data suggests that dance/movement therapy is a promising approach for documented immigrant children. However, there is a lack of information about how exactly dance/movement therapy can help. In this literature review, I presented how dance/movement therapy can be a powerful tool for documented immigrant children who are struggling emotionally and behaviorally in an unknown land. As Pylvänäinen (2008) argued, the individuals' body keeps the pressure and stress internally when adjusting to the new country. Dance can be a powerful tool for positive intervention in the new environment to help these individuals and others.

Peer relationship impacts a significant role in immigrant children's mental health. As Pierce (2014) declares,

Group movement environments can offer opportunities for clients to apply the regulatory and integrative skills outlined above within the context of social relationships. Movement groups can focus on any range of interventions, including skills-based psycho-education, peer support, creative expression, choreography, narrative creation, and interactive movement experientials. (p. 13)

Lanzillo (2009) reported that dance/movement therapy could support children with emotional and behavioral issues by decreasing aggression and increasing empathy, self-awareness, engaging in positive, trusting relationships, and group cohesion (p. 77). Therefore, I believe it is essential to have a dance/movement therapy program in a school setting that can be profitable for immigrant children's mental health and behavioral difficulties.

I found that there is a lack of research about the positive effects of dance/movement therapy for this population. As a result, for future studies, dance/movement therapists must continue to research to establish evidence for dance/movement therapy's effectiveness in supporting documented immigrant children.

Limitations

While the data available shows optimism for the effectiveness of dance/movement therapy in documented immigrant children, in order to be accepted into the academic discourse, further studies must be done. After reviewing the literature about immigrant children, the difficulties they face, and dance/movement therapy, it has become more apparent that much more profound research is required in the dance/movement therapy field. Not many studies have presented evidence of the positive effects of dance/movement therapy with immigrant children.

In particular, there are not many studies with an effective scientific assessment to measure accurate effects of dance/movement therapy. Future studies should have a strong focus on clear assessment techniques. The inclusion of these assessments will lead to a more substantial knowledge base in the dance/movement therapy field and lay the foundation for future advancements and innovations.

There is also a paucity of subjects that can be studied, as mental health is often overlooked in favor of more concrete issues that immigrants feel the need to resolve above others. As De Feyter et al. (2020) asserted, immigrant families may experience poverty in the host country. Therefore, it might be difficult for immigrant families and children to access the proper mental health service, or mental health may not be the priority of their lives. Without a complete overhaul of immigration policy in many countries, this problem may persist, making access to appropriate subjects difficult to obtain. This literature review can be the foundation of future studies to prove the positive effect of dance/movement therapy for immigrant children.

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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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