Spring 5-21-2022

Potential of the Arts to Promote Healing from the Social Effects of COVID-19

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Capstone Thesis

Lesley University

April 13, 2022

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Dance/Movement Therapy

Abstract

For children, the global COVID-19 pandemic can result in less socialization, changing family dynamics, and hearing of or experiencing death around them. These changes may cause adverse effects on their development, economic status, and mental health. Posttraumatic growth can help children develop new pathways of understanding themselves, their world, and relationships with others. Expressive arts therapies (EAT) offer an alternative, creative way to attract and help heal children. Dance/movement therapy (DMT) is an established alternative treatment for mental health. As a form of therapeutics for traumatic events, DMT uses the mind–body connection to express emotions, thoughts, and dreams and produce healing. Based on the literature review results, the author created arts/movement-based method interventions to help children identify and regulate their feelings throughout the pandemic. This method integrates mindfulness body scans, EAT, and DMT in a progressive painted/moving mural of feelings. It was presented to three fourth-grade integrated (with and without special education needs) classrooms (63 children aged 9 and 10 years). Through the lens of the Kestenberg Movement Profile tension flow rhythms, I observed participants in movement and painting, journaled and moved in response. Participants displayed sway, twist, strain/release, and running/drifting rhythms, consistent with traits of nurturing, adaptability, persistence, and being in the moment. These observations support the importance of treating trauma, holistic healing, body/movement, expressive arts, and emotional identification. The intervention can be applied once or in a series, in school or therapeutic settings, to help children grow from potential traumas of the COVID-19 pandemic.

Keywords: posttraumatic growth, expressive therapies, dance/movement therapy, COVID-19

Author Identity Statement: The author identifies as a straight, white, Christian woman from New England.

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Introduction

The global COVID-19 pandemic has significantly affected the lives of millions of people, including children. More than 2.2 billion children globally, approximately 28% of the world's population, are at risk for the pandemic's negative impacts. Historically, pandemics have affected humanity sociologically, economically, and psychologically. The psychological effects not only extend to children currently experiencing the pandemic but may have future long-term impacts (Akat & Karataş, 2020).

Children are among the most affected by traumatic events such as pandemics. That is, younger children may have difficulty making sense of their COVID-19 experiences and lack verbal and self-expression skills. Older children may have an increased exposure to negative input about the pandemic via social media. In all, young people may be psychologically affected more negatively than other age groups (Akat & Karataş, 2020), with posttraumatic stress symptoms being their primary presenting symptom (Furr et al., 2010). A study from China showed that the pandemic caused more stress, anxiety, intolerance, and depression in young people than in other age groups (Wang et al., 2020). Although the incidence rate varies, Küçükoğlu et al. (2015) estimated that more than 70% of traumatized children would show stress symptoms within 3 months of the trauma. The extent of the impact on children depends on many vulnerability factors, such as the child's developmental age, educational status, special needs, preexisting mental health conditions, and economic status (Singh et al., 2020).

Listernick and Badawy (2021) proposed that implications of the COVID-19 pandemic for children include school closings, less socialization, shifting family dynamics, and hearing of or

experiencing the death of friends and loved ones. Additional risk factors include being a child of a frontline worker or being quarantined due to infection or fear of infection (Singh et al., 2020). Ghosh et al. (2020) shared that children of single parents and frontline workers suffered unique problems, such as increased domestic violence and child abuse, to a larger extent than in the general population. Children from marginalized communities, who are particularly susceptible to the infection, also may suffer more significant consequences of an extended pandemic.

Research has highlighted that favorable treatment options for traumatized children include expressive arts therapies (EAT), such as art and dance/movement therapy (DMT) interventions (Alfred, 2018). Importantly, children have been shown to be capable of resilience and posttraumatic growth (PTG) following body-based interventions (van der Kolk, 2015). Posttraumatic growth is a concept that addresses the positive transformation following trauma (American Psychological Association [APA], 2016). Mohr (2014) defined PTG as "a positive experience of change that may occur as a result of a struggle with difficult challenges or trauma" (p. 155).

The World Health Organization (2018) defined mental (psychological) health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (para. 2). The American Dance Therapy Association ([ADTA], 2020), defined DMT as "psychotherapeutically using movement to promote an individual's emotional, social, cognitive, and physical integration and improve their health and well-being" (para. 1). Dance/movement therapy (DMT) uses artistic processes to promote healing and restoration, as do other creative arts therapies, but by working with bodily sensations and experiences (Dieterich-Hartwell, 2017). Through DMT, various growth outcomes can occur, including a

stronger sense of community, belonging, belief, appreciating others, finding humor, counting blessings, and following one's values (Smith et al., 2017).

Research has supported movement as a channel that can stimulate brain plasticity, modulate brainstem dysregulation, and aid healing (Walsh & Lindsay, 2018). The primary goal of DMT is to build new psychophysical capacities by expanding expressive freedom, strengthening self-esteem, and developing new emotional resources. It introduces body-based self-discovery and transformative creative expression. Body awareness has been at the forefront of DMT theory and practice (Levy, 2005). Its founders coined the term kinesthetic awareness to reflect its connections to the body. The philosophy behind DMT is that body and mind are connected, and body movements reflect emotional states. As such, gradual changes in one's movement repertoire can lead to changes in one's inner landscape and then to healing (Levy, 2005).

Researchers have been working to identify implications and viable solutions to effectively address and produce healing resources for trauma that children possibly endured during the COVID-19 pandemic. However, few studies have shown the effects on mental health outcomes. Lai et al. (2017) contended that research on adults might not transfer to children because children experience traumatic events differently. Thus, exploring the effects on children is vital to developing appropriate treatment and care for the affected children's current and future mental health, stability, and growth (Listernick & Badawy, 2021).

The goal of this capstone project is to develop a therapeutic intervention method to help children heal from the traumatic effects of the COVID-19 pandemic. To that end, I reviewed the related literature, emphasizing research on COVID-19 mental health implications, PTG, trauma-

informed therapy, and EAT—DMT, specifically—and evaluated interventions that promote healing and growth through the arts.

This thesis concept began with my internship at an elementary school during the early days of the COVID-19 pandemic. I saw some of the adverse effects the pandemic held for children. In response, I developed an art and movement sequence to address their feelings and discuss strategies for coping with their 'big feelings,' a term used at the elementary school for challenging emotions. My concerns for these children brought forth my desire to introduce these students to the tools to build coping strategies and resilience. This led me to review the literature and, based on that review, create seven therapeutic interventions implementing the expressive therapies and DMT.

The literature review below expands on the concepts introduced in this section. The sections that follow the literature review identify the study methods and results. The final section discusses the study's findings relative to the extant literature, identifies their implications for EAT practice, and makes recommendations for future related research.

Literature Review

This review highlights the current literature related to COVID-19, post-traumatic growth (PTG), healing through expressive art therapy (EAT), specifically dance/movement therapy (DMT), and trauma-informed therapy approaches.

COVID-19

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Most people infected by the disease have mild symptoms; however, some people with underlying illnesses can become sick and even die (Akat & Karataş, 2020). On December 12, 2019, this disease began to spread worldwide. Its spread resulted in school closures, lockdowns, changes in social

constructs and family dynamics, and deaths. COVID-19 resulted in global trauma, increasing anxiety, depression, and mental health issues in adults and children. Children may experience more negative psychological impacts because of their difficulty making sense of their COVID-19 experiences and their lack of verbal and self-expression skills (Akat & Karataş, 2020).

Mental Health Implications

The COVID-19 pandemic resulted in the worldwide implementation of social distancing to lessen the virus's spread. Although considered an important measure to contain the disease, these lockdowns may be socially and economically disruptive and contribute to mental illness. Tull et al. (2020) examined the relationships between stay-at-home orders and the COVID-19 impact and mental health outcomes. Participants in their study included a nationwide community sample of 500 adults (47% women, 51.8% men; 0.2% transgender, 0.6% Non-binary, and 0.4% other) from 45 states in the United States. Through an internet-based platform, participants completed an online questionnaire regarding mental health outcomes, stay-at-home-order status, and the impact COVID-19 had on their daily lives.

Tull et al.'s (2020) hypothesis was partially supported. Specifically, the interaction of stay-at-home-order status and participants' perceptions of the COVID-19 impact on their daily lives did not account for significant variance in any mental health outcome explored in the study (e.g., depression, health anxiety, financial worry, social support, or loneliness). However, Tull et al. (2020) did find each factor to be associated independently with several psychological outcomes: Being under a stay-at-home order was positively associated with greater health anxiety, loneliness, and financial worry. However, contrary to their hypothesis, the perceived impact of COVID-19 was negatively associated with loneliness and positively associated with social support. These findings were consistent with research on the psychological consequences

of COVID-19 in China and past research on pandemics (e.g., Cao et al., 2020; Wang et al., 2020; Zhang et al., 2020). For instance, Hawryluck et al. (2004) found that quarantine during the 2003 SARS outbreak was correlated with high rates of depression (31.2%) and anxiety (28.9%). Furthermore, increased anxiety levels were observed during the 2009 H1N1 pandemic (Wheaton et al., 2012).

Similar Traumas

There has been minimal research around COVID-19, its long-term mental health effects, related PTG, or healing through the arts specific to these effects (Listernick & Badawy, 2021). The relative newness of the pandemic could have contributed to this gap in the literature. It may be too early to study all the pandemic's long-term mental health effects on children or how to approach them therapeutically during and after the worldwide pandemic. This limitation was reflected in the few existing studies reviewed. However, multiple studies have shown that, in general, healing from trauma and PTG is possible through somatic practices (e.g., Collier, 2016; Cruz & Berrol, 2012; Dieterich-Hartwell, 2017; Grasser et al., 2019; Reid, 2019; Remillard, 2018; Singh et al., 2020; van der Kolk, 2015; Wengrower & Chaiklin, 2020; Willard, 2020; Williams et al., 2016). Somatic practices include art, dance, therapeutics, music, emotional identification, social-skills implementation, breath, self-esteem practices, creativity, expression, and new emotional coping strategies (Eddy, 2002).

Although Lai et al. (2017) published their review before the COVID-19 pandemic, they had highlighted the dearth of research on the long-term (i.e., beyond the first year) effects on children of disasters and other traumas similar to COVID-19. They reviewed the literature on children's postdisaster risk and resilience patterns following natural disasters using Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines. According to the study,

Lai et al. (2017) had noted that some children exposed to natural disasters were at risk for chronic distress, experiencing clinically elevated posttraumatic stress symptoms starting from 3 to 6 months following the disaster. However, not all the youth who experienced the same disaster reported symptoms. This observation led Lai et al. (2017) to study why the children differed in their stress responses. They reviewed the numbers and patterns of children's postdisaster responses in eight studies on posttraumatic stress-symptom trajectories following natural disasters. Their study was the first to review children's postdisaster trajectories.

The 8,306 children in the eight studies Lai et al. (2017) reviewed were between the ages of 3 and 18 years and enrolled in school. There were differences in each study's assessment method (e.g., the age range selected, instruments used, and timing of the assessments) and results. For example, Liu et al.'s (2011) study, the only one to use the Trauma Symptom Checklist for Children, found the highest prevalence of the resilience trajectory. However, participants in that study were sampled from a camp erected after a disaster, whereas disasters had directly affected participants in the other seven studies. Further, half of the reviewed studies included only participants experiencing posttraumatic symptoms at the time of the study. Finally, three of the eight studies completed all assessments within the first year after the disaster, which could limit consideration of the long-term effects (Lai et al., 2017).

Across all the studies that Lai et al. (2017) reviewed, the children reported at least three trajectories: resilience, recovery, and chronic. Lai et al. (2017) defined the resilience trajectory as persistently low posttraumatic stress symptoms over time, the recovery trajectory as initially elevated and then decreased symptoms, and the chronic trajectory as persistently elevated symptoms. Although the results showed that how the children fit into each trajectory varied widely across the studies, all studies shared an increase in the children's PTG and need for social

support. Specifically, they found social support to be the main protective factor in all the studies. Lai et al. defined social support as "perceived care and emotional support from family members, teachers, friends, and others" (p. 573).

Posttraumatic Growth

Posttraumatic growth is a concept that explains transformation following trauma (Collier, 2016). According to Tedeschi (2016, as cited in Collier, 2016), people can develop new pathways of understanding themselves, their world, and how they relate to others.

In a pilot study, McClatchey et al. (2020) examined bereaved children's PTG, its predictors among children and adolescents, and the qualities of trauma-informed care. They applied a pre-experimental, pre-test–post-test design to measure participants' PTG before and after attending a healing camp. Participants were 65 children and adolescents aged 6 to 18 years, divided roughly equally between boys and girls. Of them, 62% were White, 35% Black, and 3% Latino. At the camp, which was geared towards those who had endured trauma, each child participated in six group-counseling sessions.

To measure PTG in their study, McClatchey et al. (2020) used the PTG-C scale. This instrument consisted of 21 questions adapted from the PTG Inventory (Tedeschi & Calhoun, 1996). The PTG-C addressed the five areas of PTG: relating to others, new possibilities, personal strength, spiritual change, and appreciation for life. The researchers used IBM SPSS version 20 to analyze the data. Their results showed that age, race, time, gender, trauma severity, and guardians were not predictors of PTG. However, children who had experienced the sudden death of a loved one had significantly higher PTG scores.

To answer whether trauma-informed care affected PTG, McClatchey et al. (2020) also conducted a paired-sample test. Changes in the pretest and post-test score means were

significant. The children who participated in the healing camp increased their PTG-C scores, supporting that they had experienced PTG and that trauma-informed care may positively affect PTG. However, the results cannot be generalized because of the study's small sample size. Further, the pre-experimental design posed a risk to the results' validity because the instrument was administered differently between pretest and posttest.

Smith et al. (2017) explored whether PTG was possible for individuals exposed to trauma who otherwise were psychologically healthy. They noted that previous studies had documented PTG in individuals with anxiety disorders, major depression, and posttraumatic stress disorder, but none addressed the possibility of PTG in people without those conditions (i.e. psychologically healthy individuals). They collected data from residents with moderate-to-high exposure to the earthquakes in Canterbury, New Zealand, in September 2010 and February 2011. That data was collected 2 to 3 years after the earthquakes, allowing time for long-term effects to emerge.

In that qualitative study, Smith et al. (2017) conducted semi-structured telephone interviews with 99 participants (33 men and 66 women) ages 18 to 72 years. The interviewers used prompts to ask participants about their experiences, effects of the earthquakes, and factors that could indicate PTG. The researchers recorded and transcribed the interviews and used thematic analysis to explore common themes in the transcripts. The resulting themes included improvements in self or situation, positive assessment of self and others, unemotional descriptions of events to the absence of negative elements, and a sense of burden related to the earthquake. Overall, participants described both challenges and positive outcomes. Although men and women widely reported PTG, more women than men specified the positive strategies of self-care and connecting with others.

Based on their study results, Smith et al. (2017) suggested that PTG was reflected in the participants' improved outlooks on circumstances and relationships, feeling stronger, greater appreciation for life, finding God, and spiritual change in individuals. The additional PTG theme of community-building appears to have resulted from the community-wide trauma participants suffered. Most significantly, Smith et al.'s (2017) study indicated that the "psychologically healthy" participants experienced PTG. This result, suggesting that psychological dysfunction or ongoing distress are not needed for PTG to occur, contradicted existing PTG theories. In explanation, Smith et al. (2017) suggested that current PTG process models may be incomplete.

Joyful Living

Joyful living is one approach to PTG. According to Robbins (2021), the construct of a joyful life bridges positive psychology with the concept of a good life found in existential, humanistic, and spiritual perspectives on the good life. He declared, "In the midst of a global pandemic, psychology has a duty [emphasis added] to identify dispositional or character traits . . . to cultivate resilience" (p. 1). He suggested that the mental health consequences of COVID-19 may "outstrip" the disease's physical impacts (Robbins, 2021, p. 12). However, dispositional joy—that is, the tendency towards a joyful life—might help transform suffering and tragedy into meaning. With its theme of orientation to prosocial motivations, joyful life may occupy a central place in the study of resiliency and personal growth in response to personal and collective trauma such as COVID-19 and thus result in PTG (Robbins, 2021).

Robbins (2021) used a dialogal phenomenological methodology in his study of joyful life. This qualitative approach involved cooperative group dialogue to gain insight into the data. Essentially, group participants shared their experiences through narrative descriptions and discussed the similarities and differences among them. Participants in Robbins's study included

15 women and two men he called “investigators-participants” (p. 13). All were psychology majors in southwestern Pennsylvania. Their ages ranged from 20 to 24 years; five identified as African American, and 10 as White. This group homogeneity was a study limitation, particularly related to the broad based of the findings. However, Robbins (2021) suggested that the same limitation could be favorable to the group dialogue, given its potential for a shared culture.

The investigators-participants created spontaneous, abstract, crayon drawings of joyful life and shared them with the group. They helped each other identify themes from the drawings, and the instructor (researcher) encouraged them to elaborate with autobiographical narratives. Psychodrama techniques were then used to role-play the investigators-participants’ remembered events. Next, the group explored the metaphors and tropes that emerged. Finally, the investigators-participants individually typed their narratives to serve as data for the analysis, and the group collectively interpreted the data (Robbins, 2021).

One dominant, shared metaphor emerged from the data: a seed planted in the soil, breaking open, emerging, sprouting, and flowering. Robbins (2021) explained this metaphor as capturing the investigators-participants’ timeline across their autobiographical narratives—and visually within their drawings. Within that metaphor, nine general themes emerged as structural features of the joyful life: being broken (lacking a sense of completeness), being grounded (committing to a project as the result of a tragedy), being centered (empowered to pursue a worthy goal), breaking open (aspiring to achieve), being uplifted (weightless lifting of burdens), being supra temporal (profound absorption in the present), being open to mystery (sense of the non repeatability of a profound moment), opening up and out (of the self from the body), and being together (a oneness with others).

According to Robbins (2021), the data suggested that a joyful life "may be initially enabled or conditioned upon a virtuous humility based on past difficulties or challenges" (p. 18). This explanation aligns with the concept of PTG as a positive transformation following trauma (APA, 2016). However, Robbins also recognized that the form of qualitative research he used had limitations. In addition to the sample's small size and homogeneity, there were concerns about the researcher's influence on the group dialogue and the extent of participants' autobiographical sharing (e.g., they may have withheld information to avoid social rejection or judgment).

Healing Through the Arts

Healing through the arts is an innovative, alternative, progressive way to treat trauma. This literature review explores studies of EAT and, specifically, DMT.

Expressive and Creative Arts and Body-Based Practices

COVID-19 is a new disease that has produced trauma for children (APA, 2021); healing from trauma is possible. As part of that healing, children become aware of how they feel in their bodies and how they interact with the world (APA, 2016). Bernstein (2019) believed that healing begins with discovering the body as an "ally for recovery" (p. 197). According to van der Kolk (2015), it is important to know what is happening in the body during moments of emotion when fostering body-based practices. The body can feel (know) when extreme emotions are kept inside it. For example, people may feel restriction, tightening in their bodies, or tense facial expressions. When that energy is released, the physical tension is released, and the feelings can be released. Movement helps breathing become deeper; as tensions are released, expressive sounds can be discharged. The body becomes freer, breathing freer, being in flow (van der Kolk, 2015).

Children are capable of PTG and resilience through expressive arts interventions (Alfred, 2018). Research on the application of art, dance, drama, and music therapies in a group setting with traumatized children and adolescents highlighted EAT as a favorable treatment option for traumatized children (Alfred, 2018). Expressive arts therapy helps therapists treat traumatized children and adolescents in a unique and uplifting way. For instance, therapists can use EAT to creatively unveil traumatic memories in a safe and therapeutic environment. Re-exposure and expression of parts of their traumatic experiences via dance/movement, art, music, drama, and play can encourage a favorable mindset concerning their expectations and perceptions (Alfred, 2018).

Arts-based methods offer a fun and creative way to attract children and aid their posttraumatic coping strategies (Coholic et al., 2009). Coholic et al. (2009) encouraged therapists, researchers, and practitioners to conduct more research to explore how arts-based approaches can bring positivity and healing to children dealing with trauma. Coholic et al.'s (2009) qualitative research investigated the effectiveness of a holistic arts-based group program (HAP) to develop resilience in children. They explored HAP methods based in grounded theory strategy and whether participants perceived them as helpful. This group intervention took place over 17 weeks with 36 children and 20 foster-care parents. Each child was placed in a group of four participants, and each group was matched by age and gender. All children had the opportunity to be a part of the 12-week HAP session. Additionally, 12 children (three groups) participated in a 12-week arts-and-crafts group.

Coholic et al. (2009) reported that the children in the arts-and-crafts group interrupted the process, needed attention, and were easily frustrated and distracted. Some were withdrawn, anxious, and aggressive. They compared groups to evaluate the HAP's success in developing

resilience and self-esteem. Children in Group A received the HAP after a 6-week wait period. Group B was the comparison group, participating first in the arts group and then waiting 12 weeks to attend the HAP. Group C was the control group, participating in the HAP after a 24-week pause. In all, the researchers delivered nine 12-week HAP groups and three 12-week arts-and-crafts groups throughout a year.

When the interventions were completed, Coholic et al. (2009) conducted videotaped interviews with the children, transcribed the videos, and qualitatively analyzed the transcripts to discover themes and make connections. They considered the research data integration between categories and themes to be a way of putting theoretical order to the mass of data they collected. Coholic et al. (2009) reported that the children coped in much healthier ways following the HAP. Specifically, they gained self-knowledge, learned and applied new coping skills, coped more constructively, connected more with their feelings, and more positively perceived themselves.

Brooks et al. (2020) conducted a qualitative evaluation of Artspace, a clinical program that combined creative arts and mental and physical health care for female youth. The year-long Artspace program integrated weekly art sessions with mental health sessions and qualitative evaluation for participants (e.g., with a nurse, counselor, and medical doctor). Brooks et al.'s (2020) results indicated that Artspace benefited youth who had experienced trauma or health impacts from exposure to social or health issues. Artspace also helped with recovery by providing equitable access, social inclusion, and direct art therapeutic access. This study spotlighted the importance of the long-term sustainability of mental health. It demonstrated positive outcomes of healing art programs by facilitating long-term growth and healing. Further, it added to the call for arts programs to attract youth to (physical) health care (Brooks et al., 2020).

In the 1960s, psychologist Mihaly Csikszentmihalyi termed artists' total immersion in their tasks, often disregarding hunger or fatigue, as the flow state (Boniwell, 2008). Haring et al. (2020) explored the transformative effects of flow on children's trauma and liminality, a phase of development, change and transformation. They collected research from several trauma-informed theorists, such as Malchiodi (2012), Cozolino (2005), and Perry & Szalavitz (2017), examining the effects of trauma and traumatic experiences, followed by a discussion of art therapy and its positive experiences. In examining the participants' liminality and flow experiences, Haring et al. (2020) proffered that children have fewer inhibitions than adults and effortlessly reach the flow state while playing games or being involved in art activities. According to Haring et al. (2020), when children engage in nonverbal activities, they invest their imagination and focus in an integrative process. This involves total involvement and helps them experience "let go in the flow" (p. 26).

Scott's (2003) work supported Haring et al.'s (2020) proposal. Scott (2003) suggested that children find it easier to move between the real and the imaginary worlds and are at ease in this beyond-the-self state: "Their borders are fluid and their perceptions open" (p. 128). Haring et al. (2020) further studied the importance of spirituality or religion to reach this flow state. They demonstrated that the process of art-making could comfort people with childhood trauma and promote PTG. They concluded that practicing art can be an expressive healing tool to investigate the concept of liminality and transition between life stages.

Kestenberg Movement Profile

The Kestenberg movement profile (KMP) is structured as a psychological profile achieved through notating and graphing an individual's body movement. Judith Kestenberg developed this "tension-flow" system, relating meaning to the developmental method. She

proposed that experiences stored in the body may reflect the body's movement qualities and rhythms, naming this KMP tension flow rhythms (Loman & Foley, 1996). The KMP tension flow rhythms are sucking, snapping, biting, twisting, strain/release, running/drifting, starting/stopping, swaying, surging/birthing, jumping, and spurting/ramming.

According to Hastie (2021), body movements exert influence on individual attitudes and personal perceptions—each movement means something:

The sucking rhythm helps us soothe and take in nourishment. The snapping/biting rhythm helps us with boundaries and concentration. The twisting rhythm helps us be flexible, generous, adaptable, mobile, exploratory and playful. The strain/release helps with stability and persistence. The running/drifting can help those to relax and be in the moment. The starting/stopping rhythms can help get things done and take action. The swaying rhythm helps people integrate, synthesize and be nurturing. The surging/birthing rhythm helps us birth and transform. The jumping rhythm shows excitement and the ability to have fun, and the spurting ramming rhythm helps us get tasks done Hastie (2021).

Dance/Movement Therapy

One established form of healing through the arts is dance/movement therapy (DMT). "Dance/movement therapy is the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individuals" (ADTA, 2020, para 1). Wengrower and Chaiklin (2020) considered dance a healing activity. They stated that dance expresses emotions, thoughts, and dreams through the body. Dance is therapeutic, they proposed, helping reduce anxiety, support social interaction, channel aggressions, and foster growth. Levy (2005) reported DMT as being used in mental health, rehabilitation, medical, educational, and forensic settings; nursing homes and daycare centers; disease prevention and health promotion programs;

and private practice and music therapy interventions to support wellness, stress, pain, express feelings, and improve communication.

Musicant (2001) discussed authentic movement and creative movement interventions or approaches to DMT. Authentic movement and creative movement are used within DMT practices as an improvisational practice that allows freedom in the body. In a therapy context, it is a vehicle for an embodied exploration of active imagination with the client as the mover and the therapist as the witness. It also serves artists—dancers, writers, painters, actors, and others—as a practice to source their work and promote healing (Gluck, 2013). Gluck (2013) proposed that in authentic movement, the mover asks a question, such as, "What are my emotions?" or "What does my body need right now?" Then the mover closes their eyes, pauses, breathes, listens, and opens to the natural movement impulse—and follows that impulse.

Alfred's (2018) literature review showed that EAT helped children and adolescents safely express their traumatic experiences. In addition, EAT facilitated the development of the competence and hope they need to live their lives to their fullest capacity despite their traumatic history. That review supported the use of the arts for therapeutic purposes and benefits, speaking of art therapy as improving cognitive and sensorimotor functions. It addressed clients' self-regulation and tuning in with themselves to help provide self-analysis and self-insight.

Among the studies Alfred (2018) reviewed, Tsung-Chin et al. (2013) researched children at high risk for posttraumatic stress disorder following the September 21, 1999 earthquake in Taiwan. They used an intensive program with DMT, which falls under the umbrella of EAT. In Tsung-Chin et al.'s study, participants consisted of 15 elementary school children (nine boys and six girls), ages 7 to 11 years. They participated in a 2-day program for 6 hours each day (total 12 hours). The sessions followed a basic DMT structure that included a warm-up, middle, and

end. The researchers asked the children to explore themselves through games and creative movement and encouraged them to express their authentic feelings freely. On both days of the program, the researchers provided props (e.g., toys, stretch fabric, tambourines, ribbons, cloth rooms, cushions, mops, buckets, and other things around the room) for the sessions.

In Tsung-Chin et al.'s (2013) program, the warm-up maintained the same structure over the 2 days, whereas the middle and end changed. Those researchers addressed the warm-up as an introduction, helping participants become familiar with each other and develop empathy. The middle and end included play and connection. The children organized their experiences over the 2 days into a simple skit presented at the end of the program. Following the skits, each child walked along a path, and the other participants cheered them. The researchers found that the program may have enhanced the participating children's self-awareness.

Bernstein (2019) focused on DMT approaches that produce empowerment and healing through the arts. She addressed various approaches that aid in healing trauma's physical and emotional effects. Capitalizing on empowerment-focused movement, a type of treatment, Bernstein's trauma-recovery approach, called empowerment-focused DMT, is intended to allow the full potential of expressive dance in the healing process. Based on the theories and methods of Blanche Evan, an original dance movement therapist, empowered-focused DMT includes creative expression, strengthening self-esteem, creating new emotional resources, and empowerment. According to Bernstein, Evan's methods were developed for clients with sufficient ego strength to feel safe in deep exploration of emotions. Evans emphasized balancing dance education with allowing the dancer to improvise based on self-chosen themes (Bernstein, 2019).

Bernstein (2019) developed her empowerment-focused approach while conducting DMT and training with sex-trafficking survivors and marginalized populations in Kolkata, India. Since then, it has been applied globally, considering the contexts of culture and trauma. This approach targets mainly adults overcoming childhood body-based trauma, noting that when trauma overshadows support for early developmental steps, the uncertainty may lead to insecure self-image in adulthood.

According to Bernstein (2019), empowerment-focused DMT aims to help trauma survivors address the emotional and physical impacts of trauma that so often persist in the body, emotion, and spirit. Although some trauma therapies focus on the specific origin of the body-based trauma of the past, Bernstein's empowerment-focused DMT instead aims to heal by transforming the survivor's body experience in the present. It provides survivors "a sense of agency and builds the courage to express creativity and individuality in other contexts" (p. 194) by developing their awareness of unrecognized strengths.

The method elevates the power of imagery and symbolism to draw upon personal dignity, courage, and forcefulness. "One needs imagination to envision a life outside the one already known and develop hope for a future not yet created" (Bernstein, 2019, p. 200). Prioritizing emotional safety to avoid potential re traumatization during therapy allows inner strengths to build emotional capacities, self-esteem, and psychophysical resources. Then, new avenues can open for expression, insight, and transformation of trauma-related restrictions (Bernstein, 2019).

Trauma-Informed Therapy

Trauma-informed therapy does not pertain to a specific intervention but caters to interventions in the context of the individual's trauma history, specific needs, and potential triggers. It is a lens through which therapists view their clients, accounting for the impact of

trauma on emotions, regulation, and behavior (Marschall, 2021, as cited in Magee, n.d.). In Reid's (2019) study of EAT for healing gang trauma, she noted that trauma is a multisensory experience. As such, she proposed that EAT—combined with trauma-informed care—provide a more complete treatment method. Cozolino (2005) addressed the ways people might shape one another's embodied brain. Specifically, if children experience unpredictability from trauma, their stress can become extreme. Their stress-response systems then become dysfunctional, and their ability to problem-solve, reason, and separate what is safe decreases. These responses can result in dysregulated and misunderstood behaviors that are considered negative.

Children might display these negative behaviors as their stress-response symptoms emerge. In trauma-informed classrooms, the adult recognizes that a child's defiance or withdrawal could indicate the child is in pain. Trauma-informed approaches and classrooms have coping strategies or plans in place when the adult notices a child's emotions are escalating (Cozolino, 2005).

Trauma among young children and its impact on educational settings is growing. Cumming et al. (2017, as cited in Romaro, 2020) postulated that the needs of children who experienced trauma may have gone unmet primarily because children lack self-identification and emotional-regulation skills. Romaro (2020) focused on shared skills supporting early childhood teachers to produce trauma-informed therapy approaches. Their research questions asked: What should early childhood teachers know about trauma experiences regarding children, what are the emotional and behavioral patterns of children who experienced trauma, and how can we support children's emotional well-being in the classroom? They conducted qualitative interviews to gather insight related to trauma concerns from 14 community-based providers of services to families and children. According to the study results, teachers may not correlate children's

behavior to traumatic events. Nevertheless, teachers can use trauma-informed therapy approaches and strategies, such as positive social-emotional responses and attuning with the students, to help the children.

Mohr (2014) explored children's PTG in an art-based research project and healing through the arts. Focused on trauma-informed therapy approaches that demonstrate holistic healing interventions and their positive outcomes for PTG, Mohr (2014) shared evidence of growth after traumatic events, such as natural disasters. Following the 2007 earthquakes in Peru's Inca region, Mohr worked with a group of 11 children who had survived. The children, aged 11 to 19 years, participated in a 9-month arts-based intervention. Mohr's research drew on photography, with children creating art and sharing it with the community, and demonstrated positive healing outcomes with the children and trauma-informed care. Through photography, mixed-media collage, and storylines in their collages, the children explored themes of their personal strengths, support, and changes since the earthquake.

Mohr's (2014) interviews with the children provided data for the study results. The most characteristic results were the children's needs—and abilities—to relate, connect, and honor memories, particularly with family and community. Mohr (2014) concluded that PTG in the sampled children took two forms: inner and community-focused. The study findings supported that children's PTG is possible in recovery from trauma and natural disasters through an arts-based therapeutic approach. Several themes emerged from the artistic responses, including remembering loved ones, experiencing a stronger life purpose, inner balance, and growth and renewal. Mohr's program brought the children together and allowed them to facilitate connections with themselves and the community.

Summary

The overarching theoretical basis for the studies explored in this literature review is that PTG is possible. Healing through the arts via EAT—and DMT, specifically—and other somatic practices engage the mind, body, and brain connections. These can be viewed through the lens of the KMP. The benefits of DMT include reducing anxiety, supporting social interaction and self-regulation, and channeling emotions while fostering transformations (Wengrower & Chaiklin, 2020). Trauma-informed therapy approaches can aid in therapeutic and teacher–student relationships.

Methods

For my method, I designed interventions for children to practice emotional identification and regulation during the COVID-19 pandemic. An intervention is the process of intervening to improve a situation. A dance/movement therapy (DMT) intervention aims to help individuals achieve emotional, cognitive, physical, and social integration through dance/movement. Thus, I created these interventions to help students with their emotional identification, regulation, and growth, specifically, to help them work towards posttraumatic growth (PTG).

Students

Students who participated in the groups were part of three fourth-grade classes at the elementary school in Norwell, Massachusetts, where I interned. These were inclusive classrooms, integrating children with and without special needs or diagnoses. In total, 63 children aged 9 and 10 years took part in the interventions.

Setting

The intervention sessions took place within the regular classroom that each participating class used. However, I supplied the music and painting materials. The students were already

familiar with me (as the “Move Your Feelings” teacher) and knew that we would move every time I entered their classroom.

Intervention

The intervention integrated sections on mindfulness body scans, expressive art therapy (EAT), and DMT with the creation of a progressive painted and moving mural of feelings. The same intervention was conducted in each classroom. I applied the intervention in two visits to two classrooms and three visits to the third classroom between March 17 and April 1, 2022. Each intervention lasted 30 to 45 minutes. Although I did not require the children to participate, all did voluntarily (as did the classroom teachers and aides). I introduced the sessions with wording such as:

We are coming together to take a breath and step away from our work for about half an hour. We will concentrate on where we are in our bodies and identify an emotion of where we may be in this given moment throughout our day. We will then paint and move that feeling.

We began each intervention with music I considered calming, such as reggae instrumentals or the Minecraft soundtrack, and the music played softly throughout the time. During the interventions, the children were encouraged not to speak. Instead, they were asked to allow their minds and bodies to engage in the activities to support a potential flow state.

Throughout each session and section of the intervention, I observed the students’ body movements and drawings, mentally noting Kestenberg Movement Profile (KMP) tension-flow rhythms and considering their developmental ages. Each intervention consisted of the participants’ walking body scan, emotional check-in, and music prompt to paint their emotions at that moment.

Walking Body Scan

The walking body scan incorporated a mindfulness practice focusing attention on parts of the body. The children were asked to walk around the classroom and notice any tension, feelings, or sensations that arose as they did (approximately 5 minutes). Afterward, I asked each student to label the emotion they felt at that moment (i.e., an "emotional check-in").

Progressive Community Mural

Next, I asked the children to paint how they felt at that moment on the progressive community mural (about 15 minutes). The mural was progressive in that the children added to it after each intervention. All 63 participants painted on the same large paper (double the size the teachers typically roll out for bulletin boards). The children could choose from the paints (blue, green, red, black, white, teal, and pink) and the various types and sizes of brushes. All the children in the class painted at the same time and could paint on either side of the paper.

Creative Movement

After the children painted, I encouraged them to move authentically (about 10 minutes) and end with a pose or shape representing how they were feeling. The movement sequence ended with another emotional check-in, a walking body scan, and deep cleansing breaths (an additional 5 minutes).

Journaling

After each intervention, I first encouraged the children to reflect on and journal (on loose leaf paper) their thoughts and feeling about their intervention experience. I then reviewed coping strategies with the children, that the school psychologist had originally made. We developed and refined these strategies to help the students deal with challenging emotions that might arise during the interventions or throughout the school day.

The school psychologist and I had used these strategies in previous lessons and interventions with the same classes. Therefore, the children were familiar with most of the strategies and had practiced using them in response to feelings. These strategies were to move the feeling (express the emotion with their bodies), draw the feeling, squeeze and release, get a drink of cold water, take five deep breaths, do a grounding exercise (something that will bring you into the present moment), think about your pet, think about your favorite things, talk it out, read a story, do a calm classroom activity, take a break, practice belly breathing, think of a happy memory, let it go, and get silly. I added new strategies for this new intervention, such as dance it out and walk in nature.

Final Session

At the final intervention session, I asked the children to check in with their bodies, paint their feelings, and hold the shape of their feelings as they had in the earlier sessions. In addition, I encouraged them to piece together all their emotion shapes (poses) from the previous interventions through creative movement.

Observations

For my observations during each intervention session, I observed the participants while they painted or moved specifically noting KMP tension-flow rhythms. As soon as possible after each session ended, I journaled my observations and "dwell[ed] with . . . them in quiet contemplation" (Parse et al., 1985, p. 5) to help uncover their meaning for each participant. I then journaled my responses to the tension-flow rhythms I observed.

Based on these observations, I thought of and wrote about other strategies that might help the students with their big feelings during the COVID-19 pandemic. Further, I elaborated on my feelings throughout each intervention-session process: the emotions and moments of comfort and

discomfort that arose in me. I moved my body in response to those feelings. Those artistic response movements allowed me a more sensory understanding of the participants' subjective experiences.

Finally, I re-read my journal and wrote about my observations. This allowed me to group my observations into the main themes presented in the Results section.

Results

Walking Body Scan

In my observations of the children in the mindfulness practice of a walking body scan, I noted a wide variety of movement. Some children moved alone or quickly; others hand-and-hand with each other; still others moved slowly, dragging their feet through the space or hanging their arms by their sides. Some focused on breathing, and others looked around, smiling and giggling at their friends.

Progressive Community Mural

The children painted many emotions on the progressive community mural. Some painted literal objects, such as faces with smiles, or wrote words (e.g., "happy"). Others added red and black zigzag lines, lightning bolts, suns, skulls, stars, paint blobs, and swirling shapes. They used all the brush sizes to mix and apply all colors of the supplied paint—a vibrant collage of reds, whites, pinks, blues, greens, yellows, teals, and blacks. By the end of all the interventions, they covered both sides of the paper and painted over earlier expressions of feelings.

Creative Movement Through a KMP Lens

I observed the children through the KMP lens and noticed different tension-flow rhythms displayed in their paintings and movements. Based on my observations through the KMP lens and my reflective journaling, I noted eight KMP tension flow rhythms (swaying, twisting,

strain/release, running/drifting, starting/stopping, surging/birthing, jumping, and spurting/ramming), but the first four were most prominent and resonated most. The twisting rhythm could have been displaying flexibility, generosity, adaptability, mobility, exploration, and play. The strain/release rhythm may have created stability and persistence. The running/drifting perhaps helped the students relax and be in the moment, whereas he starting/stopping rhythms possibly helped students get things done and take action. The swaying rhythm may have assisted with integration, synthesis, and nurturing, and the surging/birthing rhythm could have encouraged transformation. The jumping rhythm may have displayed excitement and the ability to have fun, and the spurting/ramming rhythm could have helped with getting tasks done (Hastie, 2021).

While the children moved, some smiled or bore no expression; others frowned or wore excited expressions. In their poses, I observed some that were angular and upright and others low and grounded. Some children held their heads in their hands, and others were on their knees with arms outstretched, resembling a starfish. Some stood by their desks; some moved and traveled through the space.

Reflective Response

When reflecting on this experience, I felt the need to journal and move as a response to process the children's and my emotions simultaneously. Watching so many emotions being painted, embodied, moved, and reflected felt like a great honor and responsibility. It made me consider how many emotions children have throughout the day. Based on my experience working with children throughout the pandemic, some children lack self-regulation skills or coping strategies to combat big feelings.

My personal movement responses also felt different at different times. Some days, I felt confident that the interventions were helpful for the students; other days, I was unsure. Some days, I tried to reflect and embody all the students' emotions with my movement responses; other days, I focused on the various emotions that arose in me while moving.

However, my journal responses reflected themes of happiness: happiness that children are learning to identify, that I could implement a dance/movement therapy intervention with them, and that they remembered strategies even when feelings were big or overwhelming.

Discussion

In creating a method, I developed an expressive art therapy (EAT) and dance/movement therapy (DMT) intervention as an opportunity for children to use the expressive arts throughout the school day. They could take a break from academics to emotionally check in with their bodies and label their feelings amid the COVID-19 pandemic. Haring et al. (2020) spoke to the transformative effects of flow on children's trauma and liminality and how, through art therapy, they can be viewed positively. They suggested that imagination and relaxation can occur in an integrative process and lead to the flow state when children engage in nonverbal activities.

While facilitating these interventions, I noticed the children emotionally identify their feelings through painting and dance/movement. As they gathered around the mural, some worked quietly and alone to paint their emotions. This behavior coincides with Alfred (2018), who supported self-regulation and tuning in with oneself to allow self-analysis and insight. However, most intervention participants smiled, painting hand-and-hand or close together. Smith et al. (2017) noted the importance of positive strategies of self-care and connecting with others.

The children were prompted to use painting and dance as coping strategies to express their emotions. While they painted or moved, I observed KMP tension-flow rhythms (Hastie,

2021); swaying, twisting, strain/release, and running/drifting were most prevalent. I saw changes in the colors. Some children started painting with just one color, while others mixed several paint colors (starting/stopping, taking action). They dabbed, blotted, and overlapped their paintings with others already on the mural (spurting/ramming, getting the task done). They twisted or strained/released body movements throughout the movement section. According to Hastie (2021), the twisting rhythms could mean the children were trying to be flexible, generous, adaptable, mobile, exploratory, and playful; the strain/release may have indicated stability and persistence. The children who ran or drifted could have been trying to relax and be in the moment. Children could also be trying to integrate, synthesize and be nurturing or even transform. Perhaps they are excited and want to have fun or are just viewing this as a task. Through art and movement, I observed the students connect with their bodies and with others in the classroom. These interventions gave them time and a safe place and way to express their feelings through the arts and to observe the feelings of other children around them.

Gluck (2013) supported creative and authentic movement while emotionally checking in with one's body to discover feelings at any given moment, and Bernstein (2017) believed healing starts with discovering the body as a partner for healing. Similarly, I encouraged the children in my intervention to authentically move the emotion, move the way they were feeling and end with a pose or shape to represent that emotion.

Bernstein (2017) supported the need for imagination to picture life outside the one people were living and create hope for a future. At the end of each intervention, the children were encouraged to remember coping strategies to help them throughout the day by aiding with big feelings or feelings of things that they were feeling during the COVID-19 pandemic. The

progressive community painted/moving mural allowed them creative outlets to externalize their feelings throughout the day.

Implications

This method seemed to work well both as a one-time intervention or in a series. The activities could be useful in school or therapeutic settings and facilitated by teachers or clinicians to foster DMT and EAT as an emotional outlet for emotional identification and self-regulation.

Body awareness is part of DMT theory and practice. Its founders coined the term, kinesthetic awareness, to reflect its connections to the body (Walsh & Lindsay, 2018). This intervention could also help build community, as supported in the research (e.g., Smith et al., 2017), to help produce PTG. Participants could be encouraged to check in with their bodies during walking meditation, paint their emotions, move their emotions, and reflect through drawing or journaling. Ideally, children in the classroom or therapeutic settings could participate in these intervention activities regularly to fully absorb the power in emotional identification and self-regulation and use EAT as a coping strategy.

Overall, the children responded cooperatively to emotional identification through this EAT and DMT intervention, showing art and dance as possible outlets for expressing emotions through the body. According to Wengrower and Chaiklin (2020), they also can be considered therapeutic. The observed results of this intervention are an encouragement for DMT and EAT practices as practical coping strategies for children's feelings amid the COVID-19 pandemic.

Recommendations for Future Research

Although the long-term mental health outcomes of the COVID-19 pandemic have yet to be determined, EAT and DMT interventions can be facilitated to help children with emotional identification and regulation. Future studies could include more research on these mental health

outcomes, PTG, and EAT and DMT interventions as emotional outlets amid the COVID-19 pandemic.

References

Akat, M., & Karataş, K. (2020). Psychological effects of COVID-19 pandemic on society and its reflections on education. *Electronic Turkish Studies*, *15*(4), 1–13. https://doi.org/10.7827/TurkishStudies.44336

Alfred, S. (2018). *Expressive arts group therapy with children and adolescents who have experienced trauma* [Master's thesis, Lesley University]. Lesley University DigitalCommons. https://digitalcommons.lesley.edu/expressive_theses/40

American Dance Therapy Association. (2020). *What is dance/movement therapy?* https://adta.memberclicks.net/what-is-dancemovement-therapy

American Psychological Association. (2016). *2016 Annual Report of the American Psychological Association (APA).* https://ar2016.apa.org/

Bernstein, B. (2019). Empowerment-focused dance/movement therapy for trauma recovery. *American Journal of Dance Therapy*, *41*(2), 193–213. http://doi.org/10.1007/s10465-019-09310-w

Boniwell, I. (2008). *Living in flow: What is it and how to enter the flow state?* Positive Psychology. http://positivepsychology.org.uk/living-in-flow/

Brooks, M., Hooker, C., & Barclay, L. (2020). Artspace: Enabling young women's recovery through visual arts: A qualitative study. *Health Promotion Journal of Australia*, *31*(3), 391–401. https://doi.org/10.1002/hpja.328

Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research*, *287*, Article 112934. https://doi.org/10.1016/j.psychres.2020.112934Coholic, D., Lougheed, S., & Cadell, S. (2009). Exploring the helpfulness of arts-based methods with

children living in foster care. *Traumatology*, *15*(3), 64–71. https://doi.org/10.1177%2F1534765609341590

Collier, L. (2016, November). Growth after trauma: Why are some people more resilient than others—and can it be taught? *Monitor on Psychology*, *47*(10). https://www.apa.org/monitor/2016/11/growth-trauma

Cozolino, L. J. (2005). The impact of trauma on the brain. *Psychotherapy in Australia*, *11*(3), 22–35.

Cruz, R. F., & Berrol, C. F. (Eds.). (2012). *Dance/movement therapists in action: A working guide to research options* (2nd ed.). Charles C. Thomas.

Dieterich-Hartwell, R. (2017). Dance/movement therapy in the treatment of post traumatic stress: A reference model. *The Arts in Psychotherapy*, *54*, 38–46. https://doi.org/10.1016/j.aip.2017.02.010

Eddy, M. (2002). Somatic practices and dance: Global influences. *Dance Research Journal*, *34*(2), 46–62. https://doi.org/10.2307/1478459/ Furr, J. M., Comer, J. S., Edmunds, J. M., & Kendall, P. C. (2010). Disasters and youth: A meta-analytic examination of posttraumatic stress. *Journal of Consulting and Clinical Psychology*, *78*, 765–780. https://doi.org/10.1037/a0021482

Ghosh, R., Dubey, M. J., Chatterjee, S., & Dubey, S. (2020). Impact of COVID-19 on children: Special focus on the psychosocial aspect. *Minerva Pediatrica*, *72*(3), 226–235. https://doi.org/10.23736/S0026-4946.20.05887-9

Gluck, J. (2013). Authentic movement: Insight improvisation. *Insightimprov.org.* http://insightimprov.org/pdfs/book_chapters/authentic_movement.pdf

Grasser, L. R., Al-Saghir, H., Wanna, C., Spinei, J., & Javanbakht, A. (2019). Moving through the trauma: Dance/movement therapy as a somatic-based intervention for addressing trauma and stress among Syrian refugee children. *Journal of the American Academy of Child and Adolescent Psychiatry, 58*(11), 1124–1126. http://doi.org/10.1016/j.jaac.2019.07.007

Haring, U., Sorin, R., & Caltabiano, N. (2020). Exploring the transformative effects of flow on children's liminality and trauma. *Art/Research International*, *5*(1), 16–46. https://doi.org/10.18432/ari29492

Hastie, S. (2021). *Kestenberg and the Sand Point movement* [Workshop handout]. The Movement Arc. https://themovementarc.com/programs/workshops/

Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases*, *10*, 1206–1212. https://doi.org/10.3201%2Feid1007.030703

Küçükoğlu, S., Yildirim, N., & Burak Dursun, O. (2015). Posttraumatic stress symptoms seen in children within the 3-month period after the Van earthquake in Turkey. *International Journal of Nursing Practice*, *21*(5), 542–549. https://doi.org/10.1111/ijn.12305

Lai, B. S., Lewis, R., Livings, M. S., Greca, A. M., Esnard, A., La Greca, A. M., & Esnard, A.-M. (2017). Posttraumatic stress symptom trajectories among children after disaster exposure: A review. *Journal of Traumatic Stress*, *30*(6), 571–582. https://doi.org/10.1002/jts.22242

Levy, F. J. (2005). *Dance movement therapy: A healing art.* National Dance Association.

Listernick, Z. I., & Badawy, S. M. (2021). Mental health implications of the COVID-19 pandemic among children and adolescents: What do we know so far? *Pediatric Health, Medicine and Therapeutics*, *12*, 543–549. https://doi.org/10.2147%2FPHMT.S315887

Liu, M., Li, W., Zhanbiao, S., Zhen, Z., Kan, Z., & Jianhua, S. (2011). Mental health problems among children one year after Sichuan Earthquake in China: A follow-up study. *PLoS One*, *6*(2), Article e14706. https://doi.org/10.1371/jounal.pone.0014706

Loman, S., & Foley, M. A. (1996). Models for understanding the nonverbal process in relationships. *The Arts in Psychotherapy*, *23*(4), 341–350. https://doi.org/10.1016/0197-4556(96)00005-6

Magee, R. (n.d.). *Mindfulness teacher training*. Engaged Mindfulness Institute. https://www.engagedmindfulness.org/

Malchiodi, C. A. (Ed). (2003). *Handbook of art therapy*. Guilford Press.

McClatchey, I. S. (2020). Trauma-informed care and posttraumatic growth among bereaved youth: A pilot study. *Omega: Journal of Death & Dying*, *82*(2), 196–213. https://doi.org/10.1177%2F0030222818804629

Mohr, E. (2014). Posttraumatic growth in youth survivors of a disaster: An arts-based research project. *Art Therapy*, 31, 155–162. https://doi.org/10.1080/07421656.2015.963487

Musicant, S. (2001). Authentic movement: Clinical considerations. *American Journal of Dance Therapy*, *23*, 17–28. https://doi.org/10.1023/A:1010728322515

Perry, B. D., & Szalavitz, N. (2017). *The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love and healing* (3rd ed.). Basic Books.

Reid, M. (2019). *Expressive arts therapy for healing gang trauma: A community engagement* [Master's thesis, Lesley University]. Lesley University DigitalCommons, https://digitalcommons.lesley.edu/expressive_theses/215

Remillard, L. (2018). *Discovering how dance/movement therapy and movement-based therapies aid children experiencing embodied grief* [Master's thesis, Lesley University]. Lesley University DigitalCommons, https://digitalcommons.lesley.edu/expressive_theses/94

Robbins, B. D. (2021). The joyful life: An existential-humanistic approach to positive psychology in the time of a pandemic. *Frontiers in Psychology*, *12*, Article 648600. https://doi.org/10.3389/fpsyg.2021.648600

Romaro, S. (2020, October 26). *Home*. Awaken Pittsburgh. Retrieved April 11, 2022, from https://awakenpittsburgh.org/

Scott, D. G. (2003). Spirituality in child and youth care: Considering spiritual development and "relational consciousness." *Child & Youth Care Forum*, *32*, 117–131. https://doi.org/10.1023/A:1022593103824

Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Research*, *293*, Article 113429. https://doi.org/10.1016/j.psychres.2020.113429

Smith, R., McIntosh, V. V. W., Carter, J. D., Colhoun, H., Jordan, J., Carter, F. A., & Bell, C. J. (2017). In some strange way, trouble is good for people: Posttraumatic growth following the Canterbury earthquake sequence. *Australasian Journal of Disaster and Trauma Studies*, *21*(1), 31.

Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455–471. https://doi.org/10.1007/BF02103658

Tsung-Chin, L., Yaw-Sheng, L., Chung-Hsin, C., & Ming-Hung W. (2013). Dance/movement therapy for children suffering from earthquake trauma in Taiwan: A preliminary exploration. *The Arts in Psychotherapy, 40*, 151–157. http://doi.org/10.1016/j.aip.2012.12.002

Tull, M. T., Edmonds, K. A., Scamaldo, K. M., Richmond, J. R., Rose, J. P., & Gratz, K. L. (2020). Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life. *Psychiatry Research, 289*, Article 113098. https://doi.org/10.1016/j.psychres.2020.113098

van der Kolk, B. (2015). *The body keeps the score: Brain, mind and body in the healing of trauma.* [E-book]. Penguin Books.

Walsh, M., & Lindsay, A. (Hosts). (2018, March 24). The dance of trauma with Amber Elizabeth Gray (No. 56) [Audio podcast episode]. In *Embodiment Unlimited.* https://embodimentunlimited.com/56-the-dance-of-trauma-with-amber-elizabeth-grey/

Wang, H., Xia, Q., Xiong, Z., Li, Z., Yiwen Yuan, W. X, Liu, Y., & Li, Z. (2020). The psychological distress and coping styles in the early stages of the 2019 coronavirus disease (COVID-19) epidemic in the general mainland Chinese population: A web-based survey. *PLoS One*, *5*(5), Article e0233410. https://doi.org/10.1371/journal.pone.0233410

Wengrower, H., & Chaiklin, S. (Eds.). (2020). *Dance and creativity within dance movement therapy: International perspectives*. Routledge.

Wheaton, M. G., Abramowitz, J. S., Berman, N. C., Fabricant, L. E., & Olatunji, B. O. (2012). Psychological predictors of anxiety in response to the H1N1 (swine flu) pandemic. *Cognitive Therapy and Research, 36,* 210–218. https://doi.org/10.1007/s10608-011-9353-3

Willard, C. (2020). *Build resilience and posttraumatic growth in kids & community: Mindfulness practices for therapists, educators and families* [Webinar]. PESI. https://catalog.pesi.com/item/62883

Williams, P. B., Mangelsdorf, H. H., Kontra, C., Nusbaum, H. C., & Hoeckner, B. (2016). The relationship between mental and somatic practices and wisdom. *PLoS One*, *11*(2), 1–14. https://doi.org/10.1371/journal.pone.0149369

World Health Organization. (2018, March 30). *Mental health: Strengthening our response*. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress, and life satisfaction of working adults in China one month into the COVID-19 outbreak. *Psychiatry Research, 288,* Article 112958. https://doi.org/10.1016/j.psychres.2020.112958

Author Acknowledgements

I would like to express my sincerest gratitude to Dr. Nancy Beardall and Dr. Jacelyn Biondo for pushing me to my fullest potential in my thesis-writing process. I would also like to thank my modality supervisor, Ashley Abesamra, and Michelle Joubert, as well as my on-site supervisor, Michelle Henderson. I also wish to give a special thanks to the school psychologist where I implemented my interventions, Kimberlee LaSalle, who supported my ideas around EAT and DMT interventions. Continually, I wish to acknowledge and thank my amazing family, specifically Dad and Mom, my Brother and Sister in law, and all my nieces and nephews. Additionally, my supportive boyfriend, Chris Hanks, and his family, who helped me emotionally during this process. Lastly, I want to thank the amazing friends I have gained at Lesley University and ones I had prior to my graduate school experience. Thank you for motivating me, keeping me inspired and focused on the journey ahead.