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Moving toward cohesion: Group dance/movement therapy with children in psychiatry

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Abstract

This paper describes dance/movement therapy (DMT) with children ages 5–8 on a short-term inpatient psychiatric unit in a major teaching hospital. The authors contend that DMT is a valuable treatment modality for creating cohesion in groups of children who have previously been chaotic and disorganized. They also contend that this sense of cohesion provides support, and a safe, nonjudgmental atmosphere in which the children are able to work toward attaining therapeutic goals. The development of body image, self-awareness, and awareness of others are important components of DMT sessions described in this paper, and serve as the foundation upon which cohesion is built. To illustrate the effectiveness of DMT in promoting group cohesion, a specific session is described. Changes in behavior that were observed in the group, and on the unit, included improved impulse control, frustration tolerance, gratification delay, and ability to get along with others.

Keywords: Dance/movement therapy; Children; Cohesion; Short-term inpatient psychiatry

Short-term hospitalization serves an important function in the treatment of children with psychiatric disorders. However, this type of environment is fast-paced and constantly changing, especially in teaching hospitals where there are many rotating team members. The pace and changes in adult supervision from day to evening and day to day can seem chaotic and counter-therapeutic to children who are already disorganized.

In the years that the authors worked in this setting, they found that dance/movement therapy (DMT) made a valuable treatment contribution by creating group cohesion that helped to minimize the negative effects of the environment, while enhancing treatment goals. This paper describes DMT work with children ages 5–8 on a short-term inpatient psychiatric unit in a major teaching hospital, and to this end, information is included on the setting, characteristics of short-term inpatient psychiatric treatment of children, and the therapeutic benefits of both cohesion and a "present moment," "here-and-now" orientation. Finally, group DMT with children is discussed.

Characteristics of short-term hospitalization

Short-term inpatient psychiatry was described in detail by Yalom (1983). Although his writing refers to adults in this type of setting, his observations reflect the situation we are familiar with on our unit with children as well. Yalom

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mentions frequent patient turnover, and the wide range of diagnoses and behaviors of patients in the same group in which treatment must be geared toward resolution of acute problems and/or crises. The group members may be unmotivated, resistant, and reluctant. There is no time to prepare or screen patients in advance of a group, and the therapist is seen in many other roles on the unit throughout the day. Yalom also states that setting clear, realistic goals, both for individual patients and for groups, is essential for inpatient group therapists. Helping each group member become aware of his or her own individual goals is part of every group on the unit we describe, including the DMT groups. The aim is to reduce problematic behaviors, and to provide more effective coping skills, which in turn help the patient function outside the hospital.

Under the current managed care environment, the length of stay on inpatient psychiatric units has become increasingly brief, and a present moment or here-and-now approach may have great value. Stern (2004) describes the present moment in therapy (and in everyday life) as revealing "... a world in a grain of sand, clinically worth examining in and of itself" (p. 138). Yalom (1985) describes the here-and-now as the "heart of the therapeutic process—the power cell that energizes the therapy group" (p. 471). The immediacy of the here-and-now distills the therapeutic process to the core issues. The expressive arts therapies are modalities that focus on what is unfolding at the present moment in the relationship, and can be seen as the main context for the emergence of material in a session.

A patient's immediate interpersonal movement behavior in the here-and-now of the group is a reflection, an expression, of how he or she is on the "outside." It follows then that changes in a patient's maladaptive behaviors within the hospital may influence the individual's ability to understand and cope with the external environment, the world outside the hospital. In a DMT group, they may learn and improve cognitive and social skills, develop self-awareness, and discover and express emotions through actual practice. Movement, by its very nature, exists in the present moment. A basic assumption of DMT is that changes in movement behavior create changes in one's psyche, and vice versa (Schmais, 1974). How DMT facilitates such changes is discussed later in this paper.

Cohesion

Yalom (1985) postulated that cohesion is necessary for effective group therapy; that a group remains focused on interactions in the here-and-now is a cohesive group. The characteristics of a cohesive group include acceptance and acknowledgement of each individual as a valued member. In order for cohesion to develop in a group, two criteria must be met: the members must experience the group's activities as rewarding; and the group task must relate to the group members' social, emotional, cognitive, and developmental levels or abilities. A cohesive group provides support, a safe container, and the experience of being part of something larger than oneself to members.

Rutan and Stone (2001) describe a cohesive group as an environment in which wishes and needs are acknowledged, where there is trust that members will not injure other members, and there will be an effort to understand each other. This may have a soothing, calming effect, and can be growth-producing. "For almost everyone this is a corrective emotional experience; for some this is sufficient treatment. These individuals can stabilize themselves in the group setting and continue to grow on their own after terminating" (p. 170).

DMT pioneer Marian Chace developed principles and methods that have become the theoretical basis of much dance/movement therapy (Sandel, Chaiklin, & Lohn, 1993). One of these core principles is "empathic reflection" or "mirroring." This refers to the therapist's ability to "kinesthetically perceive, reflect, and react to [the] ... patient's emotional expressions through her own body movements and voice tone ... involving herself in a movement relationship or interaction with the patient as a way of reflecting a deep emotional acceptance and communication .... In essence, ... [this says to the patient], in movement, 'I understand you, I hear you, and it's okay' " (Levy, 1992, pp. 25–26). Mirroring is an example of a nonjudgmental movement interaction, existing in the here-and-now. This provides a sense of safety, acceptance, and trust, while also meeting the participants on their level. In this way, mirroring helps cohesion develop nonverbally.

Rutan and Stone (2001) present a similar philosophy when they describe the contribution of the therapist to group cohesion. The clinician utilizes eye contact, posture, and gestures in a supportive and respectful way. This promotes a sense of safety, and serves as a model for the rest of the group. Eventually, they too will be able to contribute to the group cohesion.

Most of the patients with whom we worked were from chaotic, isolated, and physically and emotionally unsafe environments. Case histories indicated that they had few, if any, opportunities for positive social interaction, acceptance, or healthy intimate relationships. Their participation in a cohesive therapy group can be healing and may promote