



## Dance/movement therapy during adolescence – Learning about adolescence through the experiential movement of dance/movement therapy students



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### ABSTRACT

Emotional processes during adolescence occur in the psyche (mind) and the soma (body). This article will present a preliminary phenomenological study with 20 dance/movement therapy students. The objective of the research was to learn about adolescence through the type of emotional content that would surface as a result of movement experiences that focused on patterns of movement during adolescence. The participants were asked to move to the music that symbolized their adolescent years to them in the same way they used to move during adolescence. Based on their written reflections of the movement experience, two main themes emerged. In one, the adolescent body is experienced as a vehicle to express urges and desires, and in the other, the adolescent body is experienced in a threatening and revealing manner. These results serve as the basis for my discussion of the therapeutic technique and the somatic countertransference process in movement therapy with adolescents.

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### Introduction

During adolescence, the transition from childhood to adulthood takes place in the psyche (mind) and the soma (body). Various theoreticians refer to the period of adolescence as an intermediate stage, a time of transition from immaturity (Winnicott, 1969) to maturity, a time of self-investigation (Noshpitz, 2011) and instability (Arnett, 2000). Two main developmental tasks during this phase are identity formation (Erikson, 1968; Flechner, 2005) and “second individuation” (Bloss, 1967).

In addition to successfully coping with these issues, the adolescent must also cope with the appearance of secondary sexual characteristics (for example, growth of body hair, onset of menstruation, development of breasts and voice changes), changes in their body’s size, structure, balance, muscle strength and the intensity of sexual and aggressive urges (Freud, 1936). Physical and emotional changes generally do not proceed at a parallel pace. The precise timing of these changes, their nature and their meaning are not known to adolescents. It is therefore without their control or volition that the familiar childish body transforms during this period into another that is unfamiliar. The body, which represents

sexuality, now constitutes the source of pleasure, enjoyment, confusion, fear, panic, guilt and shame all at the same time.

In dance/movement therapy, emotional content related to the mind–body experience is processed via the body and through movement that takes place within a safe environment. Due to adolescents’ great preoccupation with the body, understanding the unique characteristics of therapy through movement and dance in adolescence is critical.

Despite this, a comprehensive review of the literature located only a few studies in the field of dance/movement therapy (DMT) that relate to the significance of body-focused emotional therapy during adolescence (Block, 2001; Eke & Gent, 2010; Groenlund, Renck, & Vaboe, 2006). In this context, an understanding of the significance of the experience of movement for the therapeutic process is lacking, as is an understanding of the processes in the therapeutic relationship. That is, by means of the countertransference and projective identification processes that take place during movement, the dance therapist confronts early experiences from her own adolescence. The present article presents preliminary research with 20 DMT students. The research examined psycho-somatic content resulting from experiential movement focused on the participants’ experiences from adolescence. Two central themes were identified and will constitute the basis for the discussion regarding the uniqueness of movement therapy for adolescents.

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## Literature review

### *Dynamic perspective on the mind–body experience in adolescence*

Freud (1936) was the first to refer to the dynamic processes that occur during adolescence. She relates to the frightening effect provoked by the intensity of sexual and aggressive urges in adolescence. According to Freud, the quantity rather than the quality of explosive urges threatens the adolescent because, among other things, the ability to contain the urges within fantasy or thought has not yet been achieved during this stage. Enjoying the body and sexuality arouses anxiety; so, instead of expressing the volatile urges, adolescents may resist them and impose strict prohibitions upon themselves. In these cases, adolescents will tend to use defense mechanisms such as rationalization and intellectualization. These transfer the frame of reference from the body to thought (Freud, 1936).

Winnicott (1969) notes adolescents' inability to predict the timing of physical changes. All they can do is wait for the changes that are on the way. The anticipation is a strain for adolescents, and according to him, it is especially difficult for those whose sexual development is late. Late bloomers are likely to imitate those who developed early; thus, they are likely to arrive at a counterfeit maturity based more on identification than on an actual growth process.

Winnicott (1969) relates to another dimension of physical maturity, the acquisition of physical strength. The adolescent's actual physical abilities endow the use of violence with new significance. Along with physical growth, cunning and knowledge appear in adolescence. However, only with the passage of time and through life experience, according to Winnicott, will the adolescent boy and girl gradually be able to accept responsibility for everything that takes place in their own private fantasy world. In the meantime, there is a strong tendency for aggressiveness to appear in an unregulated manner during adolescence.

This complexity with which the adolescent copes can be expressed in therapy that also makes use of the body and movement. It can be assumed that through music and movement in an open space, the adolescent will be able to encounter emotions and feelings related to the changing body, express conflicted feelings (such as anger, rejection and confusion) toward his body in an active way and express childish, feminine and masculine sides.

### *Movement therapy with adolescents – what do we know to date?*

From observing work with adolescents, it appears that movement can be used preventively and therapeutically with adolescents (Block, 2001; Eke & Gent, 2010). Preventive movement focuses on helping adolescents explore “the radical changes in body image and awareness [they are undergoing] and the transient feelings of depersonalization this engenders” (Emunah, 1990, p. 103). Movement also leads to the expression of creativity within adolescents in healthy and actualizing ways (May, 1975). “Therapeutically, movement allows adolescents to express their conflicts in an active, behavioral form that is often easier for them to communicate. Thus, adolescents who are angry or confused can show their feelings in a safe and dynamic form by enacting them through movement that may be accompanied by music” (Veach & Gladding, 2006, p. 73).

In research that examined the contribution of participating in movement therapy for adolescents suffering from depression, results supported the assumption that movement therapy is a meaningful tool during this period. Jeong et al. (2005) research into psychological health changes in adolescents diagnosed with mild depression (following 12 weeks of DMT) found that adolescents experienced an increase in plasma serotonin concentration and a

decrease in dopamine levels. This has led to the suggestion that DMT may aid in stabilizing the sympathetic nervous system. This research has large implications for the support of DMT because a further study in Sweden found that after three months of DMT, teenage girls suffering from depression experienced an alleviation of the symptoms (Groenlund et al., 2006).

Alongside the research that supports the efficacy of movement therapy in adolescence, the clinical literature on movement therapy recommends avoiding spontaneous motion when treating adolescents. Brodie (1982) argues that when working with adolescents, one cannot move with them in a spontaneous-expressive manner, and attempting to do so is a cause of frustration for many dance/movement therapists. According to Brodie, treating adolescents compels the dance/movement therapist to distance herself from her basic training and use other, non-body-focused therapeutic methods. Johnson and Eicher (1990) reinforce this view. In their clinical work, they found that groups of adolescents with behavioral problems represent a challenge for the movement therapist. They argue that the adolescent's fear of regressive manifestations is related to the avoidance of all spontaneous movement, play or work using imagery that can be interpreted as childish. They recommend integrating drama when treating adolescents and avoiding therapeutic suggestions that include projective movement. These threaten the adolescent and lead to resistance to treatment.

It is possible that structured movement provides adolescents with the containment they need to feel secure in sharing emotional experiences via their bodies. In contrast, free movement can open up areas in adolescents' emotions that they cannot select and control and may give rise to internal content that they do not yet understand and/or do not possess the emotional mechanisms to confront.

The absence of the emotional maturity needed to contain the changes in the body's structure and the intensity of one's urges can arouse a fear of intimate encounters with the body. Therefore, dance/movement therapists' familiarity with adolescents' mind–body experience is of great importance. Such familiarity can assist the therapist both in selecting the method of intervention and in identifying and containing the bodily sensations she experiences in the somatic countertransference process. The objective of the present study was to learn about adolescence through experiential movement of participants who focused on their adolescent experiences. The study's underlying assumption was that movement would arouse the adolescent experience in the body and that in so doing, a better understanding of adolescent psycho-somatic processes would be facilitated. Another assumption was that in adulthood, when the maturity acquired enables the containment of the intensity of one's impulses, working on the emotional content associated with the period of adolescence through spontaneous movement would be possible.

## Method

### *A phenomenological approach*

As a dance/movement therapist, I have been working for the past decade with adolescents suffering from emotional and mental problems. In meetings with adolescents at the clinic, their ambivalent relationship to their body can be observed. Among many of the adolescents being treated, there is an increased preoccupation with bodily sensations and external appearance. Feelings and emotions are intensely experienced and expressed verbally and through the body. These also reverberate in the therapist's body in the countertransference and projective identity processes.

Two main patterns typify the expression of movement in the treatment space. On the one hand, there are rapid transitions

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