



## The effects of mothers' participation in movement therapy on the emotional functioning of their school-age children in Israel

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### ABSTRACT

The aim of the current study was to employ a quantitative methodology to examine the influence of mothers' participation in a children's movement therapy group. The theoretical model underlying this study combined the principals of both dyadic therapy (Harel, Avimeir-Patt, & Ben-Aaron, 2006) and movement therapy (Loman & Merman, 1999), to obtain a creative healing method to be used in a group setting. Participants in the study included 26 children, 17 boys and 9 girls, ages 6–8, whose mothers consented to have the children participate. The design that was adopted to this research is a randomized control trial. It was hypothesized that in the experimental group (intervention with mothers), improvement in children's self-image and behaviors would be greater than that of children in the control group (intervention without mothers), and that mothers who participated in the intervention would demonstrate improvement in parental functioning compared to mothers who did not participate in the intervention. The independent variables were assessed at two different times: before the beginning of the therapeutic intervention and after the completion of 16 therapy sessions. Findings of the study indicate (1) improvement in the children's self-image, in both groups, (2) a greater improvement in children's behavior in the experimental group than in the control group, (3) improvement in the functioning and efficacy of parental functioning in both groups (with a higher degree of improvement in the experimental group). This study paves the way for future research, which could further substantiate the importance of parental inclusion in joint therapy with the child and provide an additional validation of the field of movement therapy in general.

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### Theoretical background

#### *Dyadic (parent–child) therapy*

Dyadic therapy is a dynamic psychotherapeutic approach taken from inter-subjective theory, according to which the individual develops within and through a system of relationships with others (Masur, 2009; Tyson, 2009). This approach is based on the theory of object relationships, which focuses on the early development of the self through the individual's relationships with the *other* (Segal, 1979; Winnicott, 1971), as well as on Bowlby's theory of attachment (Bretherton, 1992).

According to Stern (2004, Chap. 13), the infant's sense of self develops and matures through the attachment to the mother, and this relationship colors the infant's subjective experience, as the child learns to relate to significant others (Stern, 2004, Chap. 13).

Fonagy, Gergely, and Target (2007) emphasized that reflectivity, i.e., the function of self-reflection, serves the parent as a basis for providing an appropriate parental response, one which can emotionally contain the child. This style of parenting enables children to organize their emotions in a coherent and effective manner, as is the case in a secure attachment. However, the parent–child relationship is affected by an entire world of inner representations (Fraiberg, Adelson, & Shapiro, 1975; Lieberman, Padro, Van Horn, & Harris, 2005; Manzano, Palacio-Espesa, & Zilka, 2005). The parent's repertoire of inner representations determines the manner in which the parent understands the child, and this in turn affects the pattern of attachment established with the child.

Studies conducted in this field (Dunsmore, Bradburn, Costanzo, & Fredrickson, 2009; Rork, 2008) demonstrate that the more positive and more approving the mother's reaction to the child, the greater the likelihood that the child will develop a positive sense of self worth. At the same time, other studies have found a correlation between cases of unbalanced parental reactions, for example, over protectiveness or negative reactions, and children with emotional difficulties and anxiety problems. The research literature indicates

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that parental influence plays a crucial role in the child's development. The great amount of knowledge accumulated on this topic of parental influence has led to the development and implementation of diverse therapeutic models, which include a variety of interventions, including parental guidance programs, behavioral guidance programs and the inclusion of parents in therapy (Eyberg et al., 2001; Harrison, 2005; Maughan, 2004; Nixon, 2002).

The common denominator among the therapeutic models that call for parental inclusion in therapy is that they make the parent-child relationship central (compared to a single focus on either parent or child). In this type of model, the parent is an active participant in the therapeutic process and the presence of the parent helps improve the relationship between parent and child and the quality of child's attachment to the parent (Cohen, 2007). Comparative studies have found that parental participation in therapy is an important and significant factor that contributes to the process and its success (Karver, Handelsman, Fields, & Bickman, 2006; Maughan, Christiansen, Jenson, Olympia, & Clark, 2005; Ray, Bratton, Rhine, & Jones, 2001). Consequently, models which implement dyadic therapy have been developed throughout the world (e.g., Lieberman, 2004; McDonough, 2000; Muir, 1992; Watillion, 1993) and in Israel in particular (Harel et al., 2006). Most of the models that use a dyadic setting focus on infants or on very young children. Berlin (2002), in contrast, emphasizes that joint work with parents should be implemented also when treating older children as well, instead of the tendency to treat parents and children separately in this patient age group. Berlin (2002) suggests that dyadic therapy for parent and child is a valuable process for children in the period of pubescent development. Sheppard (2006) believes it is even more sufficient when the child demonstrates emotional and behavioral difficulties, complicated by maternal projection.

#### *Dyadic therapy through movement*

Most of the existing literature on dyadic therapy deals with traditional verbal psychotherapy. Within the field of creative arts therapies in general and in movement therapy in particular, there is almost no literature available, and only few therapists implement dyadic models in their work.

The psychoanalyst Kestenberg (1975) observed the interactions between mothers and their infants and, based on these, she constructed a diagnostic and therapeutic tool called the Kestenberg Movement Profile (KMP). Through the observation of patterns of human movement, this tool can create a movement profile of the observed individual, which can provide information on the individual's developmental and clinical characteristics, as well as about the temperament and the personality of the person observed. The KMP utilizes nine categories of movement quality, which shed light on the developmental functioning of both mother and infant, their movement preferences (the strength of movement, the potential for movement, weakness and deficiency of movement), areas of psychological harmony and conflict between them, and their attitudes towards others. Kestenberg (1975) used this diagnostic profiling instrument in her psychodynamic movement therapy sessions with mothers and infants (Loman & Foley, 1996; Loman & Merman, 1999; Sossin, 1999).

Loman (1998) encourages the use of Kestenberg's assessment instrument not only for therapists but also for parents. By observing the quality of the child's movement, parents can enrich their parenting skills while interacting with the children. Although parents are not trained to diagnose or use nonverbal communication methods, they nevertheless can devise creative ways to interact with the children using Kestenberg's assessment instrument. A correspondence between the movements of parent and child contributes to a sense of security and trust: the mother allows her body to adjust to the child (much as she did when she first held

the infant) and thus she can provide the empathic support that her child requires. At the same time, the child gains confidence in his or her body movements and experiences reciprocal physical adjustment (Sossin, 1999). Beebe (2003), in her work employed Kestenberg's assessment instrument and investigated natural and daily interactions between parent and infant, using photography and video recordings, which she then analyzed in terms of modulation, flow of movement and reciprocal adjustments. Selected segments of the analyzed recordings helped increase the mothers' awareness of non-communicational behaviors with their children. The essence of the therapeutic intervention was in providing the mothers with feedback. Thus, they were able to see themselves in action, recognize their strengths, and use modeling and psychodynamic information, in order to better engage with the children.

Clearly the field of dyadic movement therapy is in its infancy, and it is mostly used for clinical rather than research purposes. The next section will attempt to examine the relationship between dyadic movement therapy and group therapy.

#### *Dyadic group therapy using movement*

There have been numerous studies demonstrating the efficacy of group therapy for treating children with a range of varying difficulties, such as anxiety, attention deficit disorder, trauma, sexual abuse, behavioral problems, and learning disabilities. A review of these studies indicates that group therapy with children has a significant effect on the interpersonal therapeutic process and that the group format is clearly efficacious (Kedall, Furr, & Podell, 2010; Lomonaco, Scheidlinger, & Aronson, 2000; Schechtman & Mor, 2010). Thus, group therapy is considered a useful instrument for treating children and a catalyst for processes involving change and growth. Moreover, groups using dance or movement therapy with children have also been shown to bring added value in improving the child's self-image and sense of belonging, as well as for achieving group cohesiveness and developing members' social skills (Cohen, 1983; Erfer & Ziv, 2006; Ritter & Graff Low, 1996).

There is a great deal of research literature on group therapy and numerous studies on group therapy involving mothers with their children. These studies described various types of verbal psychotherapy groups, including mothers and infants following clinical depression (Clark, Tluczek, & Brown, 2008; Toth, Rogosch, Manly, & Cicchetti, 2006), mothers and infants at high risk due to drug abuse (Belt & Punamkai, 2007), cognitive behavioral therapy intended for adolescent girls in crisis and involving their mothers' participation (Hitt, 2005; Owens, Scofield, & Taylor, 2003), and workshops for improving the relationships between mothers and adolescent daughters (Tolpin & Tolpin-Levitt, 1998). In contrast, in the field of creative arts therapies, the research literature is lacking: there are very few models demonstrating the use of group therapy for mothers and their children using art therapy (Hosea, 2006; Ponteri, 2001). In the field of movement therapy, there are even fewer studies, most of which deal with theoretical rather than empirical research.

So far we have presented studies on dyadic group therapy. In the field of movement therapy, there are only few who worked with children and their parents together. The first therapist is Davies (2003), who claims that the use of movement and the body in therapy helps foster positive relationships between adult caregivers and children, which in turn helps the adults cope with various behavioral challenges. The second therapist, Meekums (1992), is influenced by the family-system approach, which she uses as a model for working jointly with mothers and their young children (and not babies) who have experienced sexual abuse. The third therapist, Murphy (1998), who proposes a parental guidance model that teaches "good enough parenting", and which integrates the movement therapy model within family therapy. The difference

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