

Waking up the Bear- Dance/Movement Therapy Group Model with Depressed Adult Patients During Covid-19 2020

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This article is a case study that examines the effectiveness of a Dance/Movement Therapy (DMT) group model that was researched in a dissertation paper during the years 2018-2019 with adults diagnosed with depression. It introduces the DMT group model, methods, and principles as well as the employment of the DMT model during normal day treatments within a psychiatric setting. Further, the article provides a glimpse into an implementation and practice of the DMT model during Covid-19. The author emphasizes the importance of maintaining a therapeutic routine while also considering the limitations due to lockdown and other, new hospital regulations.

Depression as an embodied experience

The experiences of living with depression are essentially understood as an embodied process of an ambiguous striving against the feeling of fading. Individuals with depression struggle to overcome a numb sense of 'nothingness' and a strong resistance to act and participate in life, fighting withdrawal but paradoxically needing and embracing it as a pause from life. Doerr-Zegers, Irrázaval, Mundt, and Palette (2017) proposed characteristic disturbances of embodiment as the important, core phenomena of depression which manifest in three dimensions: a disturbance of the sensitivity (the way of finding or feeling one's self in one's own body); disturbance of the patient's embodied affective intentionality; and inverted, altered, or suspended sleep-wake rhythms (insomnia and less frequently, hypersomnia), appetite (loss and occasionally excess), digestion (often constipation, sometimes diarrhea), and libido (generally diminution, but infrequently, an increase is observed). This is usually characterized as an inhibition, which is subjectively lived by the patients generalized inability and incapacity to feel pleasure and/or anything at all.

Danielsson and Rosberg (2015) suggested that movement shakes up the . multidimensional standstill of depression; it causes an elevated heart rate, increased blood circulation and muscle contractions, and deeper inhaling and exhaling. In other words, by enhancing the biological rhythms of life, the depressed body is revitalized through movement. In their study, Danielsson and Rosberg had their patients recall instant vital responses in their exercises, such as being able to breathe more freely, spontaneous sighs and yawns, walking more vigorously, or sensing the elasticity of the muscles when stretching and releasing them. Another aspect of vitality was the experience of oscillating flow and rhythm in movements, connecting to elasticity and lightness, the body moving freely “by itself.” Therefore, dance as a therapy can bring joy and vitality and alleviate the negative effects of depression (Koch, Morlinghaus, & Fuchs, 2007).

In my research I observed Sterns' (1985) notion of "affective vitality" or “vitality affects” in depressed patients. Vitality affects are forms of affect, rather than content, described in dynamic kinetic terms, such as exploding or fleeting. Vitality affects are constantly present in every experience, whether the individual is conscious of them or not, and infants are especially sensitive to them. This research observes affective vitality as the main active ingredient and a main agent of change in depressed individuals undergoing DMT. Supporting this are arguments made regarding dance participation as a physiological response associated with exercise, such as the secretion of endorphins, the enhancement of chemical neurotransmitters (Jola & Calmeiro, 2017), and the active engagement of almost every part of the brain (Bläsing, 2018). In the 2015 Cochrane Review, Meekums et al. hypothesized and identified several reasons why a DMT intervention could be useful for depression.

Allowing creative and playful movements on a kinesthetic bodily level within the DMT group can increase creativity on a cognitive level. The creativity afforded by the “open-endedness” and “freeness” of the relatively consequence-free play of DMT encourages people to improvise and try things out that they otherwise may have not been able to do in real life. Examples of include taking on new or alternate roles or imagining what would happen if

one had different capabilities or behaved differently (Nussbaum, 2013, p. 119). DMT can be considered an “excursion into unknown places” (Tosey, 1992). The purpose of this study was to move the unknown, or to ‘wake up the bear’ by helping depressed adult patients wake from numbness to alertness by using DMT as a metaphor of healing, and transformation. The current pilot study examined the effectiveness of a Dance Movement Therapy group model on adults diagnosed with depression, seeing if the motivation to play increased a sense of affective vitality and alleviated their symptoms of depression.

The DMT group model developed and researched in 2018-2019 was divided into four stages. In the group, the trained therapist maintained a sense of flow and empathically reflected imagery and roles that were expressed or felt by patients. The therapist was present and actively participated in the action, making contact and engaging with the patients. Two questions guided the research:

1. To what extent does the DMT model lead to better results in comparison to the results of working in other available treatment-as-usual (TAU) group models?

2. To what extent does the special characteristic of the DMT model defined as “play” affect the treatment results of people diagnosed with depression?

It is assumed that patients diagnosed with depression and treated with DMT would achieve better results than TAU patients. It was believed that this affect would be visible in a decrease in the symptoms of depression. Further, it was also assumed that there will be a direct link between the frequency of expressed vitality affect to the decrease in the symptoms of depression.

Intervention Procedure –Dance Movement Therapy Group Model

The DMT group model intervention promoted play-based interventions where participants become child-like, benefiting from the therapist’s healthy emotional regulation through mirroring and helping to calm their overactive nervous systems. When the therapist models a calming presence, mirror

neurons connect the two intersubjective experiences of therapist and client, granting the client greater capacity for self-regulation in a similar way to how a baby's heart rhythm adapts to the rhythm of the attachment figure when held (Badenoch, 2008).

The DMT group model was divided into four stages. The first three stages included five major components: (1) Body Action: the therapist motivates the patients to mobilize; (2) Symbolism: the therapist and participants give expression to their own inner emotions, conveying in a single moment the complexity and depth of feeling that cannot be put in to words; (3) Therapeutic movement relationship: the therapist visually and kinesthetically perceives the patients' movement expression; (4) Rhythmic group activity: a therapeutic tool for communication and body awareness; and (5) The creative process one of the most crucial aspects of the DMT group session that was especially beneficial for depressed patients. Within the first three stages of the protocol, it was necessary to implement Winnicott's (2015) words: "If a patient does not play, our task is to help him do so" (p. 24). Play has a lavish meaning in the therapeutic process, including use of humor, games, movement, metaphors, and images. A music playlist that was pre-planned was used and played during the first three stages to enhance play experiences.

In the last section of the group model, Dieterich-Hartwell's (2017) concept of "kinesthetic awareness" was emphasized. Kinesthetic awareness describes how one can create a sense of arousal using his or her sensations to connect to one's own body. During this section, patients were asked to increase their alertness to "inner world sensation" (Musicant, 2001) as well as to the world of senses, specifically taste, sound, vision, touch, and smell, to increase observation and sensations. This was primarily accomplished by engaging with breathing and letting go of thoughts. This stage might be challenging, especially after a long session of rhythmic movement. During this time, the sound is turned off and all participants are asked to be on their own instead of together. Participants with poor self-image or who are restless and preoccupied may experience a new way of healing and can practice a new way of relating to self and others during this final stage (Musicant, 2001).

Overall, the results of using the model suggested that adult patients diagnosed with depression are slightly, although not significantly, influenced by a DMT group intervention. Somewhat surprisingly, the vitality affects observed in (i.e., disembodiment, directionality, tempo, space, tension flow, global vitality) appeared slightly more explicit in the treatment group than the control group. Indeed, the treatment group showed "global vitality." Global vitality (GV) considers how interactive bodily actions are performed, thus calling attention to the "shading" of behavior or "color," which is similar to Stern's (1985) notion of "vitality affects." From pre- to post-intervention, the change in SD was 1.17 compared to 0.89 in the control group (Cohen's d 0.50 compared to Cohen's d 0.00). The results demonstrated the model's potential value of increasing vitality affects as a form of an agent of change for treating depressed adult patients. This same model was then implemented with a hospital during COVID-19.

COVID-19 – Preparation and Challenges - A case study

The increase in numbers of people diagnosed positive with Covid-19 was called: GAL. In Hebrew GAL means wave, a vibration of energy that transfers in the water. While swimming in the ocean, we can jump over a wave, decide to go under, or at times, we are left without a choice as the waves decide for us. There is neither familiar rhythm, speed, or direction. The idea of being in control vanishes. Much like in a whirlpool, you can't fight it but rather let it take you and lead you to a new place in space.

The whirlpool of COVID-19 has led us to a new space in a new reality. Meeting and engaging patients in the therapeutic process, minimizing a sense of loneliness, supporting one another, and decreasing anxiety related to the looming potential for hospitalization (Yalom, 1995) may now seem like an unrealistic therapeutic plan. Offering patients diagnosed with depression the use of movement as a constructive tool or path to ease their fear and embarrassment and to allow for interpersonal relationships to be manifested in common movement, shared laughter, play, and creative expressions of the body (Sandel, Chaiklin, & Lohn. 2005) has become forbidden due to new COVID-19 restrictions and rules. Hospitals were forced to adjust, adopt and

adapt to the Ministry of Health's ever-changing regulations in the COVID-19 wave. All outpatient groups have been stopped, and patients have received one-on-one interventions only. At the same time, inpatient groups are minimized to small, four-person groups that must maintain two meters of space from each other.

COVID-19 – Expectation and Reality – Outpatient clinic patients

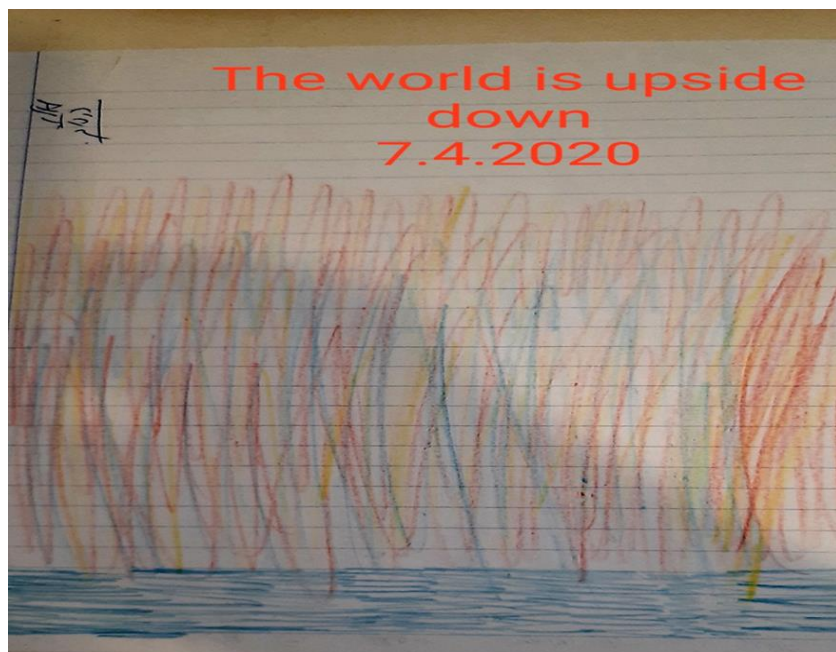
Monday morning at 09:00 AM, and it is time for the group. I pick up the phone hoping that we can meet by way of video. The first patient is a 64-year-old female, "R," considered high risk and depressed; she is well-known to the outpatient clinic. She asks me to keep it only on voice call; "No video," she says. The second patient in the group that morning is a 63 female as well, joining the conversation while the third one does not respond. We are wondering what happened to "D"? Taking turns, we engage in conversation. At times, one takes most of the space and the other, with respect, stays quiet. I try to lead the conversation, allowing the two of them to share and respond like we do in the group. The main theme of the conversation is COVID-19, and the various concerns related to it. The idea of staying at home feels good and safe for "R," yet threatening and uncomfortable for "S" who misses the coffee shops, the swimming pool, and her pupils at school. "R" finds it to be a perfect time to take care of her ill father, while "S" is worried of staying home with her husband. Both miss their children and grandchildren who were advised not to visit as they are at-high risk if they were to fall ill. As the conversation develops, I think to myself: *How do I promote play?* Playing facilitates growth and therefore health. Playing renews vitality, playing leads into group relationships, playing can be a form of communication in psychotherapy, and lastly, psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and another (Winnicott, 1971, p. 41). There is no space to play in the call, and I feel the challenge of encouraging the memory of playful meetings in movement. In the third week of lockdown we manage to practice a warm-up together, stretching while listening to our familiar music and relying on our memories; no video only the voice allowing regulations. Later, we are able to share our experiences of moving alone yet together.

Tuesday morning 09:00 AM, and it's time for a group. Adults in their forties this time, and we're on WhatsApp video. Three of the five are willing to participate. We verbalize most of what we feel, our concerns "A" has not seen her son who is in the army for three weeks and her husband who works for EL AL (Israeli airline) is on unpaid leave. "E" has four young children at home, and she struggles to find a quiet space to be in and conduct the session. "M" is in her kitchen and expresses that she doesn't feel safe in her own house to talk about things. Shortly, reception problems occurred, and we are forced to end our session in a voice conference call. We all agree that it will take time to adjust to this new reality. All three female patients are familiar to the outpatient clinic and are diagnosed with depression.

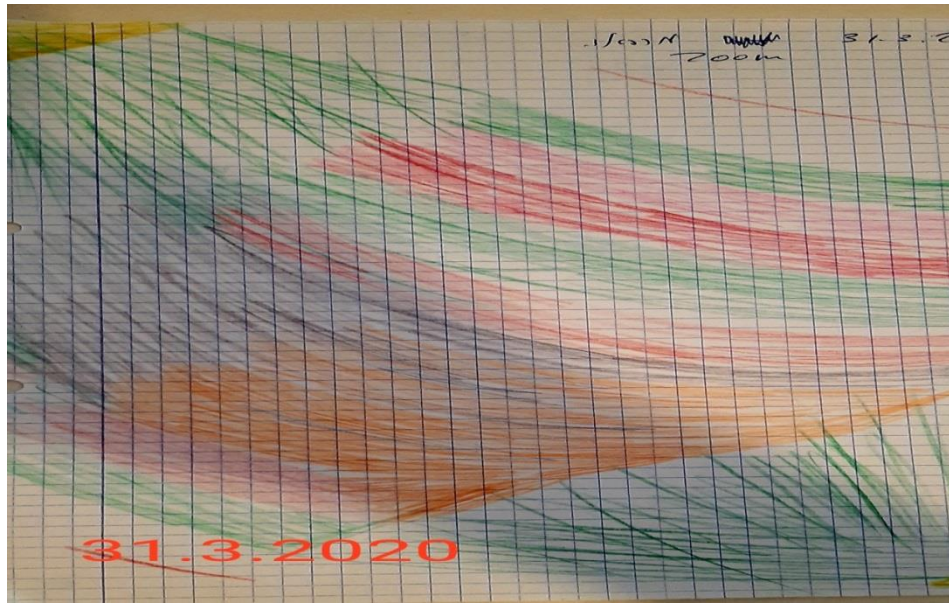
During the third week of lockdown, we manage to meet on WhatsApp video. It felt as though they were prepared better this time wanting for this session to succeed. "E" with her young kids smoking in her kitchen, "D" has found a quiet room with reception, and "M" in her own kitchen. I ask them to bring paper and markers and take a few minutes to just put on paper how they feel today, increasing their awareness to how the body feels at that moment. After this, we share our paintings. Not surprisingly the main theme is a whirlpool. The paintings have mainly colors; quick disorganized hand movements colored and shaped the images. We practice placing the phones so we can move and at the same time see each other sharing our coloring practice on our body. I try to guide them to repeat the warmup exercise they are familiar with. This gives me a deep sense of appreciation for the model, the repetition of which has been etched in their collective memory and allows for this exchange to happen as they recall the different stages of the music, the breathing exercises at the end, and finally, the verbal sharing. During this stage, and at the end of every session, the following two questions were asked: (1) How did you feel in the group today? and (2) Do you feel any change on a body level compared to the feelings you began with?

The changes seen on a body level are indications of a form of play and communication. What was being attempted was to find a way to restore the creative entry into life and make the initial creative approach external. The DMT therapist and the group tried to amplify the bodies' experiences of new

places in space to play with them and create new sense of the body a “symbolic and metaphoric body as well” (Wengrower, 2009, p. 25) all on WhatsApp. At times WiFi connection was poor, children and other disruptions occurred, yet the familiarity of the group model made "coming back" to the group accessible.



"A" – expressing her feelings on paper



COVIDS-19 – Expectation and Reality – DMT in the inpatient units 3 and 2
Wednesday morning

Unit 3 is going through renovations and the room where the groups took place is under construction. I decided to maintain the group and change groups' location to the basketball court outside. It is springtime, and the weather is comfortable. The group is made up of a mix of young and adult patients ages ranging from 18-65 with mixed diagnoses. I have my mask on; it is not easy to breath and move. We get together in a circle, music in the middle, a person (patient from another unit) looks at us. Others lie down on the grass, stating that they are tired from the morning medication, while others want to go back to the unit as they feel weak. How do I start? Three patients are with me in the warmup and slowly others join yet soon they all want to just lay down on the grass. I guide the group to pay attention to the sounds around them the touch in their hands, the smell in their nose, and taste in their mouth all so they could feel their bodies in a different way, not with their thoughts but rather with their senses. The idea here was to practice breathing and relaxation, and so I guided them to breath in and out, inhale and exhale while the attention was on the rhythm of the breathing, like the body playing music that they are aware of how no music is being played. The breath was like waves that can move away; thoughts were not ignored but rather put aside and breathed away. This

was primarily accomplished by engaging with breathing and letting go of the thoughts. In fact, we skipped from stage one of the model to the last stage and engaged in a breathing exercise. The reactions were good; they did not manage to verbalize their experience, yet their body seemed less restless, they all stayed together, breathing, looking up to the sky to the trees above, quietly loosening up.

The following weeks we meet in a pergola so that we are protected from the sun as the weather warms up. Then we realize that this space belongs to other units and we have to move again this time back to the unit. In the unit's hallway. "J" brings his guitar and so we initiate the warm up yet soon enough we are all sitting listening to "J" playing and singing. Specifically, the guitar helps us stay focused while the unit around us is noisy and hectic accomplishing a similar loosening up sensation as we had on the grass.

Unit 2 Thursday Morning

Patients are adult depressed patients age 18-70. Until now, we met once a week in the hospitals' basement where there is a comfortable space to move around. Along with various new hospital regulations not only were we unable to maintain our indoor movement sessions, we had to find a space where we can maintain two-meter space between us. Again, our only option was under the tree. I placed a circle of chairs, placed the speaker in the middle and here we begin to move in nature. Nature became part of our session and in addition to increasing our awareness to our body we included the fundamental experience of sensing nature. For example: some took their shoes off and felt the grass, others reached their arms so they could touch the branches of the trees, or we listened to the birds while we breathed. Nevertheless, we had a few distractions as we were moving around the hospital grounds. I remember staff members observing, staring at times, and the themes such as safety, secrecy and intimacy in the group were hardly kept as the boundaries of the setting were broken. Nevertheless, we practiced the vitality of not only our bodies but also nature.

The main factors enabled synchrony and safety are working creatively with nature and maintaining the familiar format of the group model. To be added is

the therapists' ability to generate new and familiar movement experiences, and by that deepening confidence and trust in interpersonal interaction.

Healing factors brought on by COVID-19

Several observational conclusions can be made from the implementation of the DMT model during the beginning of the COVID-19 pandemic. First, creativity and "thinking out of the box" were the main healing factors identified as essential for coping with the strict hospital regulations related to groups. Also, familiarity, the group model practiced in this research was familiar in a sense that the patients had a clear body memory of the movements and the music and it can be practiced at times when meetings are done only via phone. Finally, we become playful with nature, especially when it becomes part of the group it has its own "say" in terms of weather, shade, sounds and shapes. Nature has a form of a 'moving body. The pattern of the "*Embodied nature*" is a tool for observing how emotions circulate from nature to ones' body to the other while influencing its movements, feelings, senses, and expressions.

The implementation of the DMT model intervention points to the potential value of creativity, familiarity, and nature as a 'moving body' as forms of an agent of change for treating depressed adult patients. It must be kept in mind that this model practiced in nature offers the "Embodied nature" to become part of this preliminary assessment. This knowledge may be added to the effects of DMT in the treatment of inpatient and outpatient psychiatric patients diagnosed with depression. During COVID-19, DMT group interventions will be continued as a long-term project in the current setting in order to further study the efficacy of the DMT protocol.

During times of such crises as COVID-19, the therapist's calming presence is crucial, there is a pronounced view that the moment the patient enters the dynamic flow created by movement there will emerge a moment of "mutual recognition" when the patient and therapist both realize, at the same time, that they are sharing a common experience. Samartitter (2010) sees DMT as offering the potential for intersubjective meetings. The depressed adult patients' increase in vitality qualities as seen in this research seem to

show some evidence of the effectiveness of the DMT model with intervention groups since it may have brought about joint movement and “moments of meetings” in changing relationships and moving into a deeper affective vitality level. Considering the implicit and explicit characteristics of the new hospital regulations related to COVID-19, the researcher suggests initiating another setting of DMT interventions, which would decrease dropouts and increase patients’ motivation to cooperate during an unstable reality. With repeated exposure to such self-regulation and acceptance of emotion, patients can use the safety of the therapeutic relationship to approach, rather than avoid, difficult emotional states, revisit hurtful experiences, and develop more adaptive coping responses (Perry, 2006; Siegel, 2010) related to the current health crises.

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