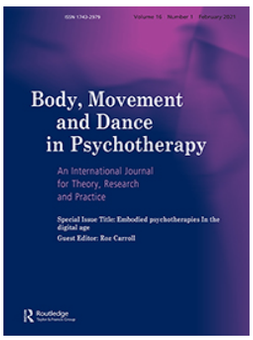

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Waking up the bear: dance/movement therapy group model with depressed adult patients during Covid-19 2020

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ABSTRACT

This article introduces a dance movement therapy group model used with adults diagnosed with depression and its adaptation to the conditions imposed by the Covid-19 pandemic that helped preserve continuity of the therapeutic group and the therapeutic relationships. The model was initially researched as a pilot project and was offered as an option in the available treatment plan. The evaluation indicates that the DMT group model increased patients' motivation to play, which then led to an increased experience of affective vitality and alleviated symptoms of depression. All participants in the groups were recruited from psychiatric units and an outpatient clinic. Because of the pandemic, the meeting spaces moved to virtual spaces allowed by mobile phone videos, online therapy and the outdoors. Work in the open air inspired new interventions that were welcomed by the groups.

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KEYWORDS Dance Movement Therapy; play; nature therapy; depression; covid 19; vitality

Introduction

There are key aspects of dance movement therapy (DMT) which contribute to the treatment of patients with depression. First, dance is considered to be a means of communicating emotions or thoughts that are difficult to translate into words or did not access conscioSusness (Wengrower, 2021). Dance is perhaps more potent than any other art form (Chaiklin & Schmais, 1993). Meekums et al. (2015) discussed how symbolic movement as a form of communication enables a creative manner of sharing difficult and inaccessible emotional materials in a nonverbal, safe way, which can lead to change in the thought and emotional processes of a participant.

DMT motivates awareness of the embodied self in participants during group therapy interventions. Verbalising the movements strengthens therapeutic relationships and interactions (Pylvänäinen, 2018). Other DMT aspects we consider appropriate for persons with depression are playfulness, mirroring, nonverbal communication, symbolising, and the body-mind connection

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(Koch et al., 2016). Vitality was one of the healing factors identified by Schmais (1985) in her foundational theoretical/descriptive article concerning group DMT. She defined 'vitalization' as 'investing people with the power to live' (p. 25).

Around the same time, Daniel Stern began to develop the concept that finally crystallised as 'forms of vitality' (Stern, 1985, 2010). Stern (2010) referred to vitality as the sensation of being alive and the modes people have of feeling their aliveness. Forms of vitality are constantly present in every experience, whether the individual is conscious of them or not (Wengrower, 2021). This concept is an important element in the work presented here and is considered one of the main therapeutic factors in DMT (Wengrower & Chaiklin, 2021).

The model of Embodied Affectivity (Fuchs & Koch, 2014) constitutes a construct that offers a framework for observing how emotions are experienced and shared on a body level and from self to other, including communication in the group. Emotions circulate from one body to the other while affecting movements, sensations, impressions, and expressions. All this may be summarised by the terms affect attunement and inter-affectivity (Stern, 1985, p. 132). For instance, the emerging affect during a joyful playing situation between mother and infant arises from the 'in-between', or from the over-arching process in which both are immersed. Affect attunement is carried by kinaesthetic empathy (Fischman, 2016; Kestenberg, 1975), which is also employed in DMT diagnostics and interventions.

Via kinaesthetic empathy, these researchers have noted body rhythms that may be used to influence various levels of affect and attitudes (Koch, 2014). These rhythms reflect what Stern called 'vitality affects' or 'vitality contours' (Stern, 1985, 2010). Affect attunement is based on matching and sharing dynamic forms of vitality across different modalities: 'I argue that dynamic forms of vitality are the most fundamental of all felt experience when dealing with other humans in motion' (Stern, 2010, p. 8).

Karkou et al. (2019) hypothesised the therapeutic factors of DMT for depression include the emotional and physiological activation of dancing, the therapeutic relationship co-created through mirroring/empathic reflection, use of music, accessing the unconscious through metaphors, imagination and symbols as well as attaining personal integration through narrative, creativity and shared reflection.

Another aspect connecting DMT with the treatment of depression lies in its abilities to promote embodiment, which concurs with the proposal that disturbances in embodiment constitute a core manifestation of depression (Doerr-Zegers et al., 2017). These researchers determined three disembodiment phenomena resulting in a devitalisation of the body, beginning with a change in the experience of the body felt mainly, but not only, as loss of energy and depressed mood. The second phenomena of disembodiment can

be characterised by anhedonia, and the third is the alteration of the biological rhythms in sleep, appetite, digestion and libido. Therefore working on vitalisation and forms of vitality with depressed persons is very suitable.

Another source of support of this group model is the knowledge about dancing's physiological processes, 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 et al., 2018). However, these previous arguments were not enough: the aesthetic, playful and relational aspects unique to DMT seem to constitute an important contribution to the positive impact of DMT on depressed persons as already stated by Koch et al. (2007) as well as Koch et al. (2019), Koch (2021), Wiedenhofer and Koch (2016), and Winnicot's (1971) description of play is relevant here: '[p]laying is a highly specialized form in the service of communication with oneself and others … ' (p. 41). The DMT group, then, becomes a potential space where the patient 'plays' or reveals and works on the disruptive aspects of their own personality (Kibel & Weinberg, 2010), thereby allowing the therapeutic process to operate.

Creativity as a motor for change. Facilitating creative and playful movements can increase creativity on a cognitive level. The 'open-endedness' and 'freeness' of the relatively consequence-free play of DMT may encourage people to improvise and try new things out, different ways of being/doing. This includes taking on new or alternative roles or imagining what would happen if one had behaved differently (Nussbaum, 2013, p. 119). DMT can be considered an 'excursion into unknown places' (Tosey, 1992). This 'excursion' is an exploration into Heidegger's concept of 'possible' ways of being (Wengrower, 2021). As in many therapeutic groups, our purpose was to move towards the unknown, or to 'wake up the bear,' by helping adult patients wake up from numbness to alertness. It was assumed that there would be a link between the quality of expressed vitality affect and a decrease in the symptoms of depression.

Method

Subjects

Patients admitted in the day care unit participated in the dance/movement therapy groups as part of their therapeutic plan. The outpatient clinic patients were under psychiatric follow-up and participated in individual or group psychotherapy interventions. The first group was considered the treatment group, and the second was the treatment as usual (TAU) group. This design was chosen in order to remain close to the everyday practices of the mental health centre. Patients interested in joining the DMT group were invited to an interview according to normal practice, then they were handed a set of self-evaluation

measures and given a detailed explanation of the timeframe of their commitment. The first self-evaluations were completed at the start of the intervention period (pre), and a second set was completed after three months (12 weeks) of DMT intervention (post).

Evaluation tools

The self-evaluation measures used in the study and reports in this work were the QUIDS-SR (Reilly et al., 2015) and the Hamilton Depression Rating Scale (Hamilton, 1960). In discussions with Shai, Parental Embodied Mentalising (PEM) was found to be an appropriate coding system for this pilot study (Shai & Belsky, 2016). PEM is a measurement approach that relies exclusively on nonverbal behaviour and it was used to observe the interaction between the therapist and each group member as a dyad. All dyads were filmed and coded.

Based on PEM, the construct of Global Vitality (GV) was applied as a measurement unit for this pilot research observing how interactive bodily actions are performed, thus calling attention to the 'shading' of behaviour similar to Stern's (1985) notion of 'vitality affects'. GV considers several movement qualities: *directionality*: 'where is the movement going to?'; *tension flow*: 'how much effort was involved in the movement?'; *tempo*: 'what is the movement beat?'; and *space*: 'where is the movement taking place?' (Shai & Belsky, 2016), *disembodiment*: the experience of not feeling fully present in one's own body (Fuchs, 2005). Measurements are mentioned, but not included in this article.

The DMT group intervention

The DMT groups' model protocol was divided into five stages. The first four stages included the four basic principles in the Chace approach (Chaiklin & Schmais, 1993): 1. Body Action: the therapist motivates the patients to mobilise; 2. Symbolism: the therapist and participants give expression to emotions, conveying the complexity and depth of feeling that cannot be put in to words; 3. Therapeutic Movement Relationship: the therapist visually and kinaesthetically perceives the patients' movement expression and relates with the patients through these senses; and 4. Rhythmic Group Activity: the patients become involved in this therapeutic tool which develops self-organisation, communication and body awareness. The creative process is a fifth component of this model. The therapist ensures that creativity takes place as it is one of the most crucial aspects of the DMT group session (Wengrower, 2016) and was especially beneficial for depressed patients (Winnicott, 2005).

Within the first three stages of the protocol, it was necessary to implement Winnicott's (2015, p. 24) words: 'If a patient does not play, our task is to help him do so'. Play has many manifestations in the therapeutic process, including use of humour, games, movement, metaphors, and images. A pre-planned music playlist was used during the first three stages to enhance play experiences. It was always the same list to encourage body attention in participants. The warm-up was mainly performed to flow music followed by staccato in the second stage. The third stage was an integration of the two. The familiarity with the music playlist increased concentration on the five major group components.

In the last section of the group model, kinaesthetic and interoceptive awareness were applied (Dieterich-Hartwell, 2017). During this section of the group model, 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 the patients with breathing and focusing on their senses 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 manner of healing and can practice a new way of relating to self and others during this final stage (Musicant, 2001). Prior to Covid-19 protocols, these the sessions were run in the units' premises.

The pandemic's influence: Findings and descriptions of some sessions

Covid-19: a whirlpool

The increase in numbers of people diagnosed positive with Covid-19 was called 'gal' (wave). 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: the sensation of being in control vanishes. Much like in a whirlpool, it leads to a new place in space.

Due to Covid-19 regulations, groups in the inpatients units were cancelled to keep social distancing. Meeting patients now includes minimising a sense of loneliness and decreasing anxiety related to the looming potential for hospitalisation; frequently this may 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 to allow for interpersonal relationships in common movement, play and creative expressions (Chaiklin & Schmais, 1993) has become forbidden due to new Covid-19 restrictions and rules.

The therapist allocated the groups in the basketball field and the gardens within the hospital. However, the space in which the process took place constantly changed due to hospital requirements.

As the outpatient participants were not allowed to come to the hospital because the lockdown limited mobility to a hundred metres, the meetings were held using telehealth measures. Both outpatient clinic patients and inpatient unit DMT sessions are described to encapsulate the current realities of therapy in Covid-19 as well as how these different groups reacted to the DMT model.

Outpatient clinic DMT groups

Monday morning at 09:00 AM, and it is time for the group. The therapist picks up the phone hoping to meet the group by way of video. The first patient is a 64-year-old female, 'R', considered high risk for Covid-19 and depressed; she is well-known to the outpatient clinic. 'R' asks to keep it only on voice call; 'No video', she says. 'S', the second patient in the group that morning, is a 63 female, joining the conversation while the third one does not respond. The group is wondering what happened to 'D'? Taking turns, conversation begins to develop. At times, one takes most of the space and the other, with respect, stays quiet. The therapist tries to lead the conversation, allowing the two patients to share and respond like usual 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, the therapist asks herself: How do I promote play? There is no space to play in the telephone call, and she feels the challenge of encouraging the memory of playful meetings in movement. In the third week of lockdown the group manages to practice a warm-up together, stretching while listening to the familiar music and relying on memories of previous sessions; there is no video, only the voice providing movement suggestions. Later, there is a sharing of the experiences of moving alone yet together.

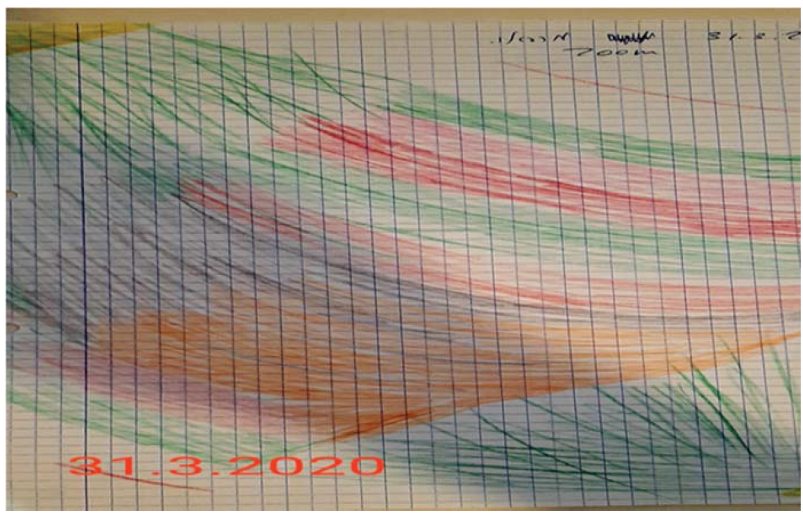
Tuesday morning 09:00 AM, and it's time for a group. Adults in their forties this time, all patients are familiar to the outpatient clinic and the group is on WhatsApp video. Three of the five are willing to participate. Everybody present verbalises most of what they feel, and their concerns: 'A' has not seen her son who is in the military service for three weeks and her husband who works for an airline is on unpaid leave. 'E' has four young children at home, and she struggles to find a quiet space to be in and participate in the

session. 'M' is in her kitchen and expresses that she doesn't feel safe in her own house to talk about personal matters. Shortly, technical reception problems occur, and the session is forced to end in a voice conference call. All agree that it will take time to adjust to this new reality.

During the third week of lockdown, sessions are managed through WhatsApp video. It feels as though they are prepared better this time wanting for this session to succeed. 'E' with her young kids is smoking in her kitchen, 'D' has found a quiet room with good reception, and 'M' in her own kitchen. The therapist asks them to bring paper and markers and take a few minutes to illustrate how they feel today, directing their attention to their bodies as well, and thus increasing their awareness to how the body feels at that moment. After this, participants and therapist share their pictures. Not surprisingly the main theme is a whirlpool. The drawings have many colours; quick disorganised hand movements coloured and shaped the images. One participant holds a few colour pencils together as if they were one, not paying attention to the beginning nor the end, no sense of boundaries, no rhythm no holding nor breathing, mainly scribble. The group practices placing the phones so everybody can move and at the same time see each other, sharing the imagined colouring gestures on their body. The therapist encourages them to repeat the warm-up exercise they are familiar with. This gives 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? 2. Do you feel any change on a body level compared to the feelings you began with? For the first time patients could answer verbally and describe body sensations and feelings that were initially inaccessible.

The changes seen on a body level: directionality, tempo, space, tension flow, disembodiment yes/no – all reveal the effect of play and communication. They are a manifestation of a mental state observed on a body level. From these results, the patients become agents and owners of their body and actions; realise that they can share their mental states, both positive and negative, with others; and that other people can and want to communicate with them on a mental level. The therapist and the group try 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, 2016, p. 25) all on WhatsApp. At times WiFi connection is poor, children and other sources of disruptions occur, yet the familiarity of the group model makes 'coming back' to the group accessible.

Drawing 1. Patient 'A': Expressing her feelings on paper



Drawing 2. Patient 'R': Staying home is safe

DMT in the inpatient units 3 and 2

Inpatient Unit 3 Thursday Morning 08:30AM. Thursday morning and we are walking 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 to 65 with mixed diagnoses. All have masks on, so there is some difficulty breathing and moving. The group gets together in a circle, music player in the middle, a patient from another unit looks at the gathering. Some 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 to start? Three patients are with the therapist in the warm-up and slowly others join, yet soon they all want to just lie down on the grass. Aiming to help the patients to feel their bodies with their senses instead of their thoughts, thus addressing the embodiment disturbance (Doerr-Zegers et al., 2017), the therapist guides 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. A practice of guided bodyfull (Caldwell, 2018) breathing and relaxation is included, the body becoming a music instrument played by the rhythm of the breath. The breath is like waves that move away; thoughts are not ignored but rather put aside and breathed away. This is primarily accomplished by engaging with breathing and letting go of the thoughts. In fact, the group is led to skip from stage one of the model to the last stage of kinaesthetic and interoceptive awareness and engage in a breathing exercise. The reactions are good; they do not manage to verbalise their experience, yet their bodies look less restless, they all stay together, breathing, looking up to the sky to the trees above and their leaves slightly moving, quietly loosening up.

In the following weeks, the meetings are held under a pergola to be protected from the sun as the weather warms up. At some moment the group realises that this space belongs to other units and have to move again, back to the unit's hallway. 'J' brought his guitar, the warm-up began, yet soon enough all are sitting listening to 'J' playing and singing. Specifically, the guitar helps us to stay focused while the unit around is noisy and hectic, accomplishing a similar loosening up sensation as on the grass.

Inpatient Unit 2 Thursday Morning 10:00 AM. Today, the patients are adult depressed persons aged 18 to 70. Until now, sessions were held once a week in the hospitals' basement where there is a comfortable space to move around. Along with various new hospital regulations – for example, it is not permitted to conduct indoor movement sessions – there is also a regulation that impels us to find a space where two-metre interpersonal distance can be kept. The only option is under a tree located in the green field of the hospitals' premises. The therapist places a circle of chairs, positions the loudspeaker in the centre and the group begins to move in the open air. Nature becomes part of the session, and in addition to increasing awareness to the body, the fundamental experience of sensing nature is included in the model. For example: Some took their shoes off and felt the grass, others reached out their arms so they could touch the branches of the trees or listened to the birds while we breathe. Nevertheless, there are a few distractions as the

group is moving around the hospital grounds. Staff members observing, staring at times, and the themes such as safety, secrecy and intimacy in the group are hardly kept as the boundaries of the setting are broken. Nevertheless, the vitality of not only the bodies but also nature are experienced.

Discussion

The main factors that enabled the continuity of the therapeutic relationship and the groups, included the novelty of working with nature, maintaining the familiar format of the group model and the therapist's ability to generate new and familiar sensorial and movement experiences. These factors allowed all groups to deepen their confidence and trust in interpersonal interaction.

Several conclusions can be made from adapting the DMT model during the beginning of the Covid-19 pandemic. First, creativity and *'thinking out of the box'* were meaningful intervention aspects identified as essential for coping with the hospital regulations related to groups. Also, familiarity: the patients had a clear body memory of the movements and the music so that continuity was established despite different modalities of care, such as tele-health, or different locations, such as a pergola. Third, adjusting to the new times and understanding that using telehealth for therapy is the norm (Weinberg, 2020). Finally, the therapist and patients became playful with nature, especially when nature was transformed into a 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 '*embodying nature'* is a tool for observing how emotions circulate from experiencing and enjoying 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 agents of change for treating adult patients. It must be kept in mind that this model practiced in nature offered the 'embodied nature' to become part of the working model.

Throughout times of such crises as Covid-19, the therapist's calming, playful and creative presence is crucial. There is a pronounced view that from the moment the patient enters the dynamic flow created by movement there will emerge a moment of 'mutual recognition' (Rappoport, 2015). When this happens, patient and therapist both realise they are sharing a common experience. In the present case, an experience of an external and unknown threat named Covid-19 increased uncertainty and instability on a body-mind level, and an experience was shared of surmounting the obstacles placed by the new reality.

One of the unique abilities of the dance movement therapist is to engage with patients in movement and focus on expressive communication. Further, playful activity and moving within the group enable participants' joyful and childlike movements (Lauffenburger, 2020). 'Because experimentation and play are at the centre of dance movement therapy, change becomes a natural experience and not a feared or orchestrated event' (Lauffenburger, 2020, p. 27). 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).

In light of the research of Stern et al. (1998), Samaritter (2010) saw DMT as offering the potential for intersubjective meetings. The adult patients' increase in vitality qualities seen in changes in Global Vitality units (GV), such as directionality, tempo, space, tension flow and disembodiment yes/no, seem to show some evidence of the influences of the DMT model since it may have brought about joint movement and 'moments of meetings' (Stern et al., 1998). Considering the characteristics of the new hospital regulations related to Covid-19, the therapist suggests initiating DMT interventions in other settings, such as basketball fields, green fields, mobile phones, to decrease dropouts and increase patients' motivation to co-operate during an unstable reality. With repeated exposure to 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) related to the current health crises.

A note on therapy in the outdoors – nature as a moving body

A constriction imposed by the pandemic was confronted with flexibility; the objective was to keep the therapeutic relationship and the DMT groups. An unexpected new agent of change was found: Nature. Berger designed a working model which he designated Nature Therapy (Berger & Tiry, 2012). A commonality the groups described above have with his model is that being in nature was a cardinal component of the setting; nature became part of the session. However, the fundamental experience of *sensing nature* is the highlight included in the work with the patients with depression. In the description above, the relaxing influence of being in the open-air and being aware of the natural surroundings can be seen.

Shreeves (2006) described her experience incorporating nature observation in DMT. Allegranti (2021) included Materialism as part of her theoretical background for her work. Following Barad (2007, as cited in Allegranti, 2021), she sustains that besides existing in a grid of human (bio-psycho-social) forces, people '*intra*-act', i.e., there is a 'mutually constitutive process of

being *within* and *part of* the world rather than the interaction of separate entities' (Allegranti, 2021, p. 162)

There are investigations on the beneficial effects of green spaces in hospitals. Ulrich (1984) verified that being exposed to nature has a measurable effect in the recovery process of persons after surgery. Nature exposure has had positive effects on work environments and the personal affiliated with them (Hyvönen et al., 2018).

Grinde and Grindal Patil (2009) denominated Biophilia to the regard for plants and living creatures developed by humans along history and across cultures. After reviewing fifty empirical studies, they found support for the construct of Biophilia; they concluded that interaction with Nature is positive for mental health and wellbeing and that stress reduction is considered a crucial aspect in the health benefits of nature. Stress lays in the roots of numerous health problems, including anxiety disorders and depression.

Challenged by the restricting situation, we came up with a quite spontaneous solution. However, there is more to dwell on the benefits of Nature: the common aspects with dance as aesthetic experiences and the possibility of mixing settings during therapy.

Disclosure statement

No potential conflict of interest was reported by the authors.

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