



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



Einat Shuper Engelhard, PhD, DMT*

Dance Movement Therapy Department, Kibbutzim College, Tel-Aviv, Israel

ARTICLE INFO

Article history:

Available online 6 September 2014

Keywords:

Mind–body
Adolescents
Dance/movement therapy (DMT)

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.

© 2014 Elsevier Ltd. All rights reserved.

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.

* Correspondence to: Kfar Haroeh, Israel. Tel.: +972 546379406.
E-mail address: einatsh2@bezeqint.net

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

between energetic childishness and obviously feminine or masculine movement, and on the other, there exists alienation from bodily sensations in cases where the quantity of ambivalent urges and emotions toward the body arouses anxiety in the adolescent. These can escalate to the point of a split between physical sensations and the experience of the self. In such cases, the adolescent will avoid the experience of moving, his body language is withdrawn and there is a reduced range of movement.

In the present study, with the aim of learning about adolescence and the experience of the body and movement in adolescence, the phenomenological-qualitative method was used. “The aim of a phenomenological study is to determine what an experience means for the persons who have had the experience and are able to provide a compressive description of it” (Moustakas, 1994, p. 13). The choice of the research paradigm and tools, whose limitations will be discussed below, stemmed from the desire and aspiration to investigate processes that are largely non-verbal via the subjective experiences of the participants.

Participants

The participants were 20 dance/movement therapy students from two different training programs in Israel. To recruit participants, I used this convenience sample due to the dearth of movement therapy training programs at the time. With the exception of one student, all the students in the two training programs consented to participation in the study. All the students in the sample were women ranging in age from 24 to 36 ($SD = 4.71$) years and all had completed their Bachelor's degree, with 16 of them in the helping professions. All the study participants were students in a theory course on therapy during adolescence.

Procedure

The research participants were asked to attend a group movement meeting on the topic of working with adolescents. There were two group meetings, with half of the participants attending each meeting. The participants were asked to bring music they often danced to in their adolescence to the meeting. At the meeting, each participant was asked to move in turn to the sounds of the music she brought just “as she used to dance during adolescence.” The instruction encouraged the participants to move in a manner similar to the way they moved in their adolescence. The music served to stimulate movement and to prod recall of movement patterns from the past.

Each participant was invited to move using the type of movement that was characteristic of how she moved in adolescence (as she recalled it). After a number of moments, all of the participants were invited to join the participant in her movement, paying attention to the nature of her movement. Thus, each participant experienced her own movement as well as that of every other participant in the group.

The group provided the participants with an additional stimulus in that it enabled the experience of visibility. This was likely to arouse emotions related to the body and movement in front of a group of peers in adolescence. Joining in the movement of each of the participants enabled each participant to experience a range of movement elements connected to adolescence.

Following the movement experience, the students were asked to engage in a writing stream about the encounter's experiential movement. The participants were asked to write down everything that came to their minds, with no internal judgment/censor and with no restriction on time, emotions, feelings or thoughts. The anonymous written reflections were collected with the aim of their serving as a major tool in the exploratory research presented herein.

Data analysis

Classification of the participants' reflections into categories was achieved through content analysis of all the data gathered while maintaining the accepted criteria for assessing research reliability. The analysis into categories was performed in several stages. Initially, each reflection was divided into themes and sub-themes, followed by the consolidation of the themes resulting from the participants' reflections into meaningful units. This division was performed with the goal of identifying themes common to all or to most of the reflections. This method ensured that no single reflection would influence the selection of the themes that appear in the study while remaining true to each participant's subjective voice (Shkedi, 2003). With the completion of the analysis of the written reflections, their findings were integrated with the current professional literature with the objective of formulating conclusions that would increase the clinical and theoretical understanding of this topic.

Results

Two main themes emerged from the participants' descriptions. The first theme, “movement as expression,” relates to the body's movement as the sole and safe method for expressing the participant's internal reality. The second theme, “movement as threat,” relates to the body's movement as an intimidating and revealing experience. I will present brief descriptions written by the participants in the movement exercise that relate to each of the themes, and I will then discuss their implications for understanding the techniques of therapy and the somatic countertransference processes in movement therapy with adolescents.

“Movement as expression”

The description included in the “movement as expression” theme refers to movement as a safe and unique tool through which intensity, sexual fantasy and aggressiveness can be expressed in a manner not available through other means. The participants explain that the many intense feelings that erupt from the “body inward” do not find a suitable path for expression other than through movement, which represents a means of constructing identity. Through movement, they sense their strength and express the emotions from their inner world.

“...I felt understood through the music, that there was room for my experience. I had many emotions, I had no place to discharge all the intensity that burned within me. The only expression I found all along was dance...”

“...For me, dance is an anchor, a home, stability, with clear rules, a means of emotional expression that relates to me and sees my points of strength. Through dance, I built myself and my identity at that time...”

“Movement as threat”

Descriptions in the “movement as threat” theme include references to the body and to movement as areas of threat and exposure. The participants' descriptions indicated that their discomfort in movement was related to a number of issues concerning fragmentation: the split between the desire to show one's self and to be seen and the fear of exposing threatening urges, the split between internal feelings and their physical manifestation and the split between expressions of movement in front of others and expressions of movement when no one is watching.

1. The split in the desire to show one's self and to be seen and the fear of exposing threatening urges:

"...this was an emotional experience... by joining in the movement with the other participants I was able to move that which I feared, to move my desires that did not receive expression, to move that which I judged "improper." I felt as if I was painting my own body in additional shades, that I was enabling myself to experience other feelings and emotions that resided within me but were not expressed. Through each one in the group, I expressed parts that were experienced as forbidden in my rigid internal order that characterized my adolescent life. I enabled the participants to enter my painful and frightening places. For the first time as a teenager I was not alone in these places..."

"I move and check how those surrounding me are looking at me. I recall the wish to be seen and the fear that they will really see. Today, I enjoy my ability to move and remember the physical embarrassment this aroused in me in my youth..."

"... The movement penetrated me at lightning speed. The same speed that characterized the beat and flow of things when I was an adolescent. Without any processing, within a minute, I found myself part of a great drama, feeling the desire to be heard alongside the wish to disappear..."

2. The split between internal feelings and their physical expression during adolescence:

"...I remembered a song that was the soundtrack of my adolescence in middle school. When I heard it, a strong sense of lack of air, suffocation and disgust surfaced. I felt a desire to scream alongside a fear of doing so. An experience of despair..."

"...During the movement I went back to being the same young girl I was. My body's movements were seductive. When I was moving, I was flooded by the same physical sensations, my upper body was tense and became more rigid, my arms and hips were my extensions, which were daring. I made twisting and playful movements, the legs provided the rhythm and the entire body was busy with display..."

"...As a girl, I lived within a very great divide between intensely strong feelings of pain, sadness, fear and anxieties that overcame me and the outward appearance of stability, pleasantness, calm and happiness in which I cloaked myself in front of my friends..."

"...The intense feelings I had were mainly focused inward and there was no possibility of expressing them. The message I was left with, to a degree until today, is that if I express them, they can take me, and the person with me, apart. My body did convey maturity and femininity but I did not grow emotionally into that body. I matured quickly and there was no more room for the girl that I was. The fantasy of returning to that same girl, to the same playfulness that characterized her, was a wish I didn't allow myself to have..."

"...During the movement, I saw my period of adolescence. I felt a sharp abdominal pain piercing my body. I tried moving as I know how to do today but I felt frozen. I did not succeed in moving the parts of my body. I was speechless, I couldn't express my inner world in the movement. I felt like that unobtainable girl from the outside and turbulent on the inside that I was in my youth. I was surprised by the intensity of the feelings in the body and the gaps that returned between the internal and external..."

"...Then, I didn't experience the same freedom I can achieve through movement today. In the immature sexuality I experienced a lot of guilt and self-criticism and, in parallel, a very great

excitement. Through the same dance, as an adult, I was able to express aggressiveness to a degree that I wasn't able to before..."

3. The split between the expression of movement in front of others and movement expressed when no one is watching:

"...The participants reminded me of the peer group during that period and my great preoccupation with the way others see me. I couldn't look anyone in the eye, I felt embarrassed and I wanted to hide..."

"...In the movement, I felt the transition from the inquisitive and curious girl, a fun-loving girl who consumes the world, to a girl detached from the ground who does not feel her own body. At the beginning of high school, I stopped dancing, and despite the longing for movement, I didn't do anything in that direction. When we used to go out to clubs, I danced with small, slow, almost imperceptible movements. I barely lifted my legs off the ground. At times I felt as if I was flying and at times, planted into the ground and incapable of moving. Only at home alone did I dare dance and go wild..."

"...The possibility of moving the teenager that I was, the movements that typified my world, allowed me to return to my experience in order to further process and somewhat soften the rigid place I was in. To expand my participation in my emotional world, to have a little more compassion for myself, to feel less alone. The great inner movement that characterized my world as contrasted with the limited permission to express it found its way out. As an adult, my inner teenager succeeded in bringing to the fore that which was previously for her eyes alone..."

Discussion

The emotional issues the adolescent copes with are of the body and fraught with the body. The objective of the pilot study described in the current article was to learn about adolescence. The question was which main themes would emerge following re-creation of the patterns of movement as they occurred during adolescence.

Two main themes arose following an experience involving movement. The first, movement as expression, relates to movement in adolescence as a singular and safe mode of emotional expression of one's inner world. The second, movement as threat, refers to movement in adolescence as threatening, revealing and foreign to the self.

The two themes identified in this study point to the central role of the body in the adolescent experience. Expressing oneself through the body occupies adolescents, whether it is perceived by them to be a safe and free means of expressing their inner world ("The only expression I found all along was dance..." "Through dance, I built myself and my identity at that time...") or as a threat to the self in a manner that leads to fragmentation ("I felt a desire to scream alongside a fear of doing so. An experience of despair..."). In this section, I will discuss each of the themes identified as they contribute to understanding the therapeutic techniques and somatic countertransference expressed in dance and movement therapy with adolescents.

Movement as expression

In the "movement as expression" theme, the study participants related to the body and to dance during the adolescent period as a means of expressing their inner world. Via the body and movement, they felt they were able to express and share their feelings and emotions. This finding supports the clinical literature that relates to movement as a preventive and therapeutic tool in work with

adolescents (Block, 2001; Eke & Gent, 2010; Emunah, 1990; May, 1975; Veach & Gladding, 2006).

We can learn about the dynamic significance of movement in therapy from the present study. Movement enables a sense of being seen and sharing in a non-verbal manner during a period within which verbal processing of emotional content is often times not yet possible (Friedman, Glasser, Laufer, Laufer, & Wohl, 1972). Many adolescents coming to therapy do not manage to express the content of their inner world in words. Common forms of resistance to treatment are complaints such as boredom, phenomena such as silences, and not showing up to the appointment.

Based on the theme presented above, I would like to suggest that the movement therapist's sensitivity and attention to information from the body and the body experience provide a space for exploration and for working through internal and interpersonal processes experienced in the body–mind. Movement in a safe and nurturing environment can, in therapy, be a transformative psycho-somatic experience allowing the adolescent to dream feelings, emotions and thoughts, to express them and to know their significance. This assumption follows Ogden (2003), who refers to dreaming as a means of thinking about experiences on conscious and unconscious levels, the goal being that the patient will become able to change and grow or become something different than what he was. In this sense, movement in the treatment room has a similar function. Physical experience gives rise to conscious and unconscious emotional experiences that call up contact with emotional material that was not considered on the emotional level until that point. Paradoxically, movement allows the adolescent to be in the emotional experience in a way that facilitates thinking and processing, in contrast to acting out, which is a frequent method of communication at this stage.

Movement as threat

The second theme identified, “movement as threat,” reflected the study participants' relating to the body and movement during adolescence with fear and as threatening. These feelings were expressed with respect to several gaps in the participants' experience: the gap between the desire to show one's self and to be seen and the fear of exposing threatening urges, the gap between internal feelings and their physical manifestation, and the gap between expressions of movement in front of others and expressions of movement when no one is watching. Indeed, the physical changes that occur during adolescence, over which the adolescent has no control, can create a sense of foreignness toward the self and the body (Friedman et al., 1972).

It is likely that adolescents' resistance to the use of free movement during therapy (Johnson & Eicher, 1990) results when adolescents relate to the body and movement as a threat. The sense of threat and recoil from the body and from expression through movement requires the therapist to be attentive to how adolescents experience their body. This can be detected by noting the disparities between movement in open space and talk about the body and between fantasy related to the body and actual behavior. Use of structured movement or participation in a group allows adolescents to experience the body and movement along with other participants. It can also lead to a new experience for the adolescent and an additional examination of the feelings and expressions of a wider range of feelings and thoughts facilitated through movement.

I would like to suggest that one of the main objectives of DMT with adolescents is to support the formation of a psycho-somatic identity, where the relationship between the body and personality takes shape. When the therapist treats the adolescent without apprehension and with sensitivity to the actual physicality of the body and the emotional signals from the body, the adolescent no longer feels alone and he develops the ability to believe that all

his parts, the psyche and the soma, are one and can be known and understood by the other; this is a process at the end of which the adolescent can feel “ownership over his body,” that is, the internalization of defined bodily boundaries, control over movements, and containment of inner impulses. According to this approach, a gradual process takes place in which the patient learns that the body can express the intensity of his feelings and emotions without acting on them.

To move is to say, “I am here with all my strengths and desires.” In movement and dance, to feel sensual enjoyment, sexuality and power helps the adolescent feel physically and emotionally comfortable within his own skin.

Somatic countertransference in therapy with adolescents

Dance and movement therapy with adolescents brings the therapist in contact with intense feelings of fear, sexuality, aggressiveness, etc. In DMT, the therapist's awareness of the somatic experience is crucial for her to be somatically attentive to the issues arising from the patient (Soth, 2002, p. 130) during the countertransference process (Orbach & Carroll, 2006). Working through material from the past, including material from adolescence, contributes to the therapist's somatic awareness (Forester, 2000, p. 73) and her familiarity with her movement repertoire (Siegel, 1995, p. 125).

The present study focused on examining the emotional experiences related to the body and to movement during adolescence through the lens of movement experienced in adulthood. Despite the disadvantage of not having direct contact with this content through an encounter taking place with adolescents, the research results show that for study participants, movement in adulthood gave rise to renewed processing of psycho-somatic content from adolescence. Even when content related to the body was experienced as threatening during adolescence, the possibility of recreating in adulthood the quality of movement associated with adolescence (as the participants remembered it) provoked a renewed observation of the adolescent emotional experience and opened a window to understanding and accepting different content from the past.

For example, “. . .The possibility of moving the teenager that I was, the movements that typified my world, allowed me to return to my experience in order to further process. . .” and, “Through the movement, I observed my adolescence. . .” The movement experience promoted a reconstruction of unconscious conflicts, memories, and physical emotions and feelings from adolescence, which was an expression of inner experiences that were, until then, not processed or contemplated; feelings of compassion and acceptance of parts of the self were attained.

In addition, by joining with others in the group in the psycho-somatic places that are isolated and guarded from the other in adolescence, the participants had the experience of visibility and belonging, which was not possible during adolescence.

These are only preliminary findings; however, I would suggest that experiencing the movement of adolescence will enable therapists in training to recognize, know and work through emotional areas from that stage. Engaging in movement focused on content connected to adolescence provides therapists with a personal psycho-somatic encounter from that stage, and as such, it supports their ability to attend to their patients' verbal and non-verbal content.

Conclusions

Because adolescence is a time when changes in the body and mind take place, it is very important that the environment be

sensitive to signals conveyed by the adolescent's body. That is, parents or the therapist should relate to how adolescents experience their body, the expression of feelings and emotions related to the body, thoughts or fantasies about the body, body language and movement language.

The dance movement therapist should, consequently, pay attention to gaps between what the patient says about his body and his movement to enable discussion about the experience of the body or about movement as the patient imagines it, how the reality may be different and where it may represent a threat. Likewise, the therapist must provide safe ground for expression through the body in adolescence. This relates to the structure of therapy, e.g., group therapy that enables a wide repertoire of movement to be experienced along with the participants in the group or individual therapy that facilitates intimacy and closeness, as well as to the type of instructions (free movement or structured movement) given. These can convey a sense of security to adolescents so that they can use their body and movement as an expressive tool to investigate their inner experiences.

Future research and limitations of the research

In the present study, the findings were based on descriptions provided by adult participants. In future research, it would be important to learn about adolescence through movement experience with adolescents, both boys and girls. In addition, the present study focused on the participants' subjective experiences. In future research, it would be of utmost importance to use additional research tools, including mainly analysis of the observations of participants' movements.

References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.
- Block, B. A. (2001). The psychological cultural relational model applied to therapeutic, educational adolescent dance programs. *The Arts in Psychotherapy*, 28(2), 117–123.
- Bloss, P. (1967). The second individuation process of adolescence. *Psychoanalyst Study of the Child*, 22, 162–178.
- Brodie, J. (1982). *In a three ring circus: The role of structure in dance movement therapy groups with young adolescents* (Unpublished master's thesis). Antioch: New England University.
- Eke, L., & Gent, A. M. (2010). Working with withdrawn adolescents as a moving experience: A community resourced project exploring the usefulness of group dance movement psychotherapy within a school setting. *Body, Movement and Dance in Psychotherapy: An International Journal for Theory Research and Practice*, 5(1), 45–57.
- Emunah, R. (1990). Expression and expansion in adolescence: The significance of creative arts therapy. *The Arts in Psychotherapy*, 17(2), 101–107.
- Erikson, E. H. (1968). *Identity youth and crises*. New York: Norton.
- Flechner, S. (2005). On aggressiveness and violence in adolescence. *Psychoanalysis*, 186, 1391–1403.
- Forester, C. (2000). *Body awareness: An aspect of countertransference management that moderates vicarious traumatization* (Dissertation). California: Institute of Integral Studies.
- Freud, A. (1936). Defense motivated by fear of the strength of the instincts illustrated by the phenomena of puberty. In *Ego and the mechanisms of defense*. International Universities Press (1960).
- Friedman, M., Glasser, M., Laufer, E., Laufer, M., & Wohl, M. (1972). Attempted suicide and self-mutilation in adolescence: Same observation from a psychoanalytic research project. *International Journal of Psychoanalysis*, 53, 179–183.
- Groenlund, B., Renck, N. G., & Vaboe, N. G. (2006). How depressed teenage girls can be helped by dance movement therapy. In *Presentation on the 2nd international research colloquium in dance therapy* February 10–11.
- Jeong, Y. J., Hong, S. C., Lee, M., Park, M. C., Kim, Y. K., & Suh, C. M. (2005). Dance/movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *International Journal of Neuroscience*, 115(12), 1711–1720.
- Johnson, D. R., & Eicher, V. (1990). The use of dramatic activities to facilitate dance therapy with adolescents. *The Arts in Psychotherapy*, 17(2), 157–164.
- May, R. (1975). *The courage to create*. New York: Norton.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Noshpitz, J. D. (2011). The effects of trauma on the development of self destructiveness in adolescence. In B. Sklarew, & M. Sklarew (Eds.), *The journey of child development: Selected papers of Joseph D. Noshpitz* (pp. 203–216). New York: Routledge.
- Ogden, T. (2003). On not being able to dream. *International Journal of Psychoanalysis*, 84(1), 17–30.
- Orbach, S., & Carroll, R. (2006). Contemporary approaches to body in psychotherapy: Two psychotherapists in dialogue. In J. Corrigan, H. Payne, & H. Wilkinson (Eds.), *About a body: Working with the embodied mind in psychotherapy* (pp. 63–82). London: Routledge.
- Shkedi, A. (2003). *Words that try to touch*. Tel Aviv: Ramot – Tel Aviv University.
- Siegel, E. (1995). Psychoanalytic dance therapy: The bridge between psyche and soma. *American Journal of Dance Therapy*, 17(2), 115–128.
- Soth, M. (2002). A Response to Maggie Turp's paper from a body psychotherapy perspective. *European Journal of Psychotherapy and Counseling*, 5(2), 121–133.
- Veach, L. J., & Gladding, S. T. (2006). Using creative group techniques in high schools. *The Journal for Specialists in Group Work*, 32(1), 71–81.
- Winnicott, D. W. (1969). Adolescent process and the need for personal confrontation. *Pediatrics*, 44(5), 752–756.