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Unfolding Self-Esteem

Adolescent Girls' Self-Esteem and the Dance/Movement Therapy Intervention of Improvisation

and Planned Movement Formation: A Pilot Study

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Abstract

The purpose of this mixed methods single-subject case study pilot was to examine the impact that the dance/movement therapy intervention of improvisation and planned movement formation, created by dance/movement therapy pioneer Trudi Schoop, (Levy, 2005) can have on self-esteem. The research question was: How is adolescent girls' self-esteem affected by the dance/movement therapy intervention of improvisation and planned movement formation? The hypothesis stated: If the dance/movement therapy intervention of improvisation and planned movement formation is utilized in dance/movement therapy sessions, then adolescent girls' self-esteem will increase. The study occurred at a private high school with four participants for six sessions. Pre and post-test quantitative measures included the Rosenberg Self-Esteem Scale and were analyzed using measures of central tendency due to the small pilot sample size. Qualitative data included video recorded movement responses to participants' movement formations that were analyzed using the arts based method of creative synthesis via dance making. The creative synthesis was derived from the movement responses and the therapist/researcher's kinesthetic responses during session. Results showed that three out of four participants' self-esteem increased indicating support for the hypothesis. Findings suggested that the use of the dance/movement therapy intervention of improvisation and planned movement formation along with the creation of movement responses had a positive impact on self-esteem. Furthermore, it was the participants' incorporation of salient movement qualities from the movement responses into their own planned movement formations that had the greatest impact on self-esteem. Limitations to the pilot study and recommendations for future research are discussed.

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Chapter I: Introduction

It is widely accepted that *adolescence* is the transitional period between childhood and adulthood that is often characterized as time of vulnerability and self-discovery (Frinkenauer, Engles, & Meekums, 2002; Gurian, 2012; Santrock, 2011). During this cognitive and socio-emotional stage, adolescent's development of self is crucial (Sullivan, 2004). This concept of self is known as self-esteem.

Self-esteem has an impact on mental health and wellbeing. Research has shown that high self-esteem yields a healthy mental state including positive changes such as but not limited to: increased confidence and body satisfaction (Bannon, 1994; Corteville, 2009; Dorak, 2011; Meyer-Gonzalez, 2000; Vesile & Mustafa, 2010), increased ability to cope with stress and depressive symptoms (De Beer, 1992; Eisenbarth, 2012; Myers, Willse, & Krantz, 2011), more effective communication skills, and the ability to maintain meaningful interpersonal relationships (Bannon, 1994; Coretville, 2009; Dorak, 2001; Krantz, 1999). On the contrary, low self-esteem can cause negative mental health including a lack of self-confidence, difficulty in maintaining meaningful relationships (Bannon, 1994; Coretville, 2009; Dorak, 2001; Krantz, 1999), susceptibility to deviant and anti-social behavior (Myers, Willse, & Villalba, 2011), depression and suicide (Rouse, 2010), and body dissatisfaction (Bettle et, al, 2001; Dorak, 2001; Krantz, 1999). Thus, having low self-esteem can be problematic resulting in adverse circumstances affecting an individuals overall sense of wellbeing.

According to Pickhardt (2010), self-esteem is a psychological term that is used to identify one's evaluation of self and is inherent in nature. Additionally, the National Association for Self-Esteem (2010), stated that self-esteem incorporates an overarching evaluation of self, based on one's measure of self-worth and self-competence. *Self-worth* involves feeling satisfied and

establishing a sense of integrity based on the ability to meet goals and values while *self-competence* refers to the confidence one possesses in relation to making decisions and communicating ideas (National Association of Self-esteem, 2010).

The abstract concept of self-esteem and the level of self-worth and self-competence are related to Sanstrock's (2011) concept of adolescent egocentrism. According to Sanstrock, *adolescent egocentrism* is "the heightened self-consciousness of adolescents" (p.371) that may leave adolescents feeling vulnerable. Within this concept, two salient components come into play: the *imaginary audience* or the intrinsic belief that others are as observant of their behavior and appearance as they are, and the *personal fable* or belief that adolescents are so unique in nature no one can understand them (Sanstrock). Due to adolescents' heightened awareness of others and distorted reality of self, vulnerability increases effecting an overall evaluation of self based on both self-worth and self-competence.

Rosenberg, Schooler, Schoenbach, and Rosenberg (1995) stated that there are two types of self-esteem: global self-esteem and specific self-esteem. *Global self-esteem* relates to overall mental wellbeing encompassing both positive and negative beliefs about the self, whereas *specific self-esteem* relates more so to behavior and accomplishments in specific roles. Both types of self-esteem relate to an aspect of both self-worth and self-competence, however, for this study the focus is on global self-esteem in order to assess the comprehensive wellbeing of an individual rather than one specific role or behavior. Thus, for this study *self-esteem* is defined as: an overarching evaluation of self, based on both self-worth and self-competence, in relation to the vulnerability, heightened awareness of others, and distorted beliefs of self that evolve during adolescence (National Association of Self-esteem, 2010; Rosenberg et al., 1995; Sanstrock, 2011).

Sullivan (2004) identified different experiences for males and females during this vulnerable time of adolescence. Gurian (2012) expanded this gender disparity by describing the influence of media, culture, and society coupled with a heightened sense of self-consciousness that places girls at a higher risk to feel the affects of the imaginary audience. Due to the societal pressure on women to appear and behave a particular way, adolescent girls may have a harder time defining a positive sense of self-worth and self-competence, thus affecting self-esteem (Gurian, 2012; Zeiders, Umana-Taylor, & Derlan, 2012).

Bolognini, Plancherel, Bettschart, and Halfon (1996) found that girls tend to have a lower global self-esteem than their male counterparts due to a greater prevalence of depressive symptoms during adolescence. According to Zeiders, Umana-Taylor, and Derlan (2012), after puberty adolescent girls often face more pressure from society to conform to gender roles which often includes being less confident and assertive, negatively affecting self-esteem and increasing potential depressive symptomology. More specifically, they found that Latina adolescent girls are at the greatest risk for developing depressive symptoms due to culturally instated rigid gender roles and potential discrimination faced during adolescence, which negatively affected self-esteem (Zeiders, Umana-Taylor, & Derlan, 2012). In short, adolescent girls undergo a different psychological experience than their male counterparts that may in fact negatively impact self-esteem.

Although gender seems to play a role in level of self-esteem, early versus late adolescence is a factor on the self-esteem trajectory. Pickhardt (2010) outlined two periods in adolescence when self-esteem declines: early adolescence between 9-13 years old, and late adolescence between 18-23. He found the importance of these periods related to redefining identity such as separation from childhood and transition into adulthood (Pickhardt, 2010). Some

studies are based on cross-sectional data of self-esteem trajectories based on gender. For example, Block and Robins (1993) found that over an eight-year period, from early to late adolescence, male self-esteem increased while females decreased. However, other studies challenged this view stating that both male and female self-esteem decreased (Baldwin & Hoffman, 2002) while another found they both increased (Scheier et al., 2000) at a similar rate over the course of adolescence. However, it is important to note that none of these studies found female self-esteem to increase independently from males. Despite inconclusive findings, it is clear that self-esteem fluctuates over the course of adolescence increasing potential periods of vulnerability.

Adolescence is a time of vulnerability and emotional fluctuation especially for girls due to the susceptibility of societies instated gender roles and the prevalence of depressive symptomology that often results in low self-esteem. Because of this gender disparity, I deemed it essential to solely focus on adolescent girls' self-esteem. Aligning with the focus on gender and with my own theoretical perspective, this study is presented through a feminist theoretical framework. A feminist theoretical framework focuses on the condition of women's experiences in society, aiming to empower and speak against subordination by granting a voice to the unique perspective and interplay of society on women's lives (Brayton, 1997).

Motivation for the Study

As a woman who underwent a turbulent adolescence, I brought my own unique perspective as researcher and therapist to the study, which is an important aspect of the feminist theoretical framework (Stewart, 1994). Moreover, a feminist theoretical framework aims to avoid bias but instead respect and highlight differences of the individual(s) while accounting for the impact gender plays on shaping the experience of the female participants (Luther, 1991; Steward,

1994). In this study, I attempted to emphasize the important aspects of the individual participants in order to fully capture their unique experience. This was done using several methods including qualitative data collection and analysis and a dance presentation to bring voice to the participants' experience. More specifically, this study focused on the specific experience of adolescent girls' self-esteem and the dance/movement therapy intervention of improvisation and planned movement formation.

Purpose of the Study

The purpose of this study was to examine the impact that one specific dance/movement therapy intervention, improvisation and planned movement formation, has on adolescent girls' self-esteem. For this study, *dance/movement therapy (DMT)* is defined as a body-based form of psychotherapy that utilizes the psychotherapeutic aspects of movement to create change by integrating the body and the mind (American Dance Therapy Association, 2009). Furthermore, it focuses on "helping clients improve self-esteem and body image, develop effective communication skills and relationships, expand their movement vocabulary, gain insight into patterns of behavior, as well as create new options for coping with problems" (American Dance Therapy Association, 2009).

Clinical Theoretical Approach

The DMT intervention of improvisation and planned movement formation is a method created by DMT pioneer Trudi Schoop. Schoop utilized dance and movement as a pivotal way to express her emotions and those she observed in the world. Her intrinsic use of creativity and improvisation throughout her own life carried into her pioneering work as a dance/movement therapist (Schoop & Mitchell, 1974). Schoop believed that the body, including postures and neuromuscular movements, were outside representations of the inner emotional world (Levy,

2005). Schoop also believed that in order to comprehend this inner world you first had to understand and enhance the physical functional self that she found to improve body awareness and body image and increase self-esteem (Levy). From here, one could move into more creative explorations such as improvisation (Levy).

Schoop used improvisation as a way to tap into the inner emotional states of her clients and help them work through internal conflicts (Levy, 2005). However, Schoop used improvisation in a very different way than most dance/movement therapists at the time. Whereas improvisation normally encompasses ephemeral movement with no established result, Schoop used improvisation for the purpose of creation, lasting only until a repeatable phrase is established. This improvisational process thus gave way to the planned movement formation (Levy, 2005). Creating a repeatable movement phrase allows individuals to slow down the internal experience and "master physically the flood of unconscious stimuli" (Levy, 2005, p. 71). The mastery of internal emotions through movement creates a better understanding of self, aides in self-expression and communication, increases self-competence, potentially resulting in an increase in self-esteem (Corteville, 2009; Leseho & Maxwell, 2009; Morgan, 2004; Thom, 2010).

In addition to utilizing Schoop's clinical framework, a client-centered counseling approach was also used for this study. *Client-centered therapy*, or nondirective therapy, was created by influential psychologist Carl Rogers. Rogers, a humanist who believed in the good nature of human potential, used a non-directive approach to therapy by letting the client lead the session rather than being guided directly by the therapist (Rogers, 1951). This concept is related to his belief of *self-actualization*, or the idea that individuals strive to achieve their greatest potential and to reach a clearer understanding of their internal self, or who they truly are (Rogers,

1962; Rogers, 1995). Thus, a self-directed therapeutic approach gives clients control of their own destiny and psychological wellbeing to become a full functioning and integrated person (Rogers, 1962).

Rogers (1951) believed that client-centered therapists utilize three key components: genuineness, unconditional positive regard, and empathic understanding. A therapist shows genuineness by expressing emotions openly and honestly with the client in an effort to model and encourage emotional self-expression from the client in response. Unconditional positive regard involves the therapist meeting the client where they are emotionally while exhibiting constant support and care, whereas empathic understanding is when a therapist uses reflective language in order to act as a mirror to the client to aid in the process of self-reflection and understanding. This type of therapeutic approach creates a comfortable, caring, and non-judgmental environment where the client can feel free to share their deepest thoughts and emotions resulting in greater therapeutic rapport and positive therapeutic change. As a result, this approach is suitable for the adolescent population because it empathically addresses vulnerability and self-consciousness and encourages emotional expression.

Conclusion

The development of self-esteem, or an overall sense of self-worth and self-competence, is a fundamental part of adolescence, an incredibly vulnerable and egocentric period. Girls may experience a greater sense of vulnerability during adolescence due to societal influence and pressure to conform to gender roles, and the likelihood of experiencing depression. Highlighting the gender disparity, a feminist framework along with the clinical theoretical perspective of both Schoop and Rogers, attend to the heightened vulnerability and exclusivity of the female experience. Schoop's DMT approach utilizes creative psychological means such as

improvisation and planned movement formation to reach deep seeded emotional conflict such as conformity and vulnerability while Rogerian therapy provides a comfortable and non-confrontational environment to elicit free emotional expression and positive change. As a result, an important aspect of this research was the use of the arts-based qualitative analysis method of creative synthesis through dance making and presented as a performance piece.

Chapter II: Literature Review

Self-esteem is an overarching evaluation of self, based on both self-worth and self-competence, in relation to the vulnerability, heightened awareness of others, and distorted beliefs of self that evolve during adolescence (National Association of Self-esteem, 2010; Rosenberg et al., 1995; Sanstrock, 2011). Research has shown that self-esteem affects a person's wellbeing in a multitude of ways (De Beer, 1992; Eisenbarth, 2012; Myers, Willse, & Villalba, 2011). An individual with high levels of self-esteem has a better ability to cope with stress, to build self-competence and self-worth, and to manage depressive symptoms (De Beer, 1992; Eisenbarth, 2012; Myers, Willse, & Villalba, 2011). High self-esteem has also been shown to improve communication and relationships and increase an overall level of achievement and improve body image (Bannon, 1994; Corteville, 2009; Dorak, 2011; Meyer-Gonzalez, 2000; Vesile & Mustafa, 2010). Low self-esteem can have adverse effects on mental health and wellbeing including negative thoughts and behaviors that can impact both self-competence and self-worth (Bannon, 1994; Coretville, 2009; Dorak, 2001; Krantz, 1999; Myers, Willse, & Villalba, 2011).

Self-Esteem and Mental Health

Research has shown that self-esteem has a considerable impact on overall mental health. Eisenbarth (2012) completed a positivistic study that surveyed 713 college students, including 413 females majority between the ages of 18-20, to determine how self-esteem moderates stress and depressive symptoms. The Rosenberg Self-Esteem assessment and the Perceived Stress Scale was used to measure participants stress level and the BriefCOPE scale to assess how participants typically react to stress. The results showed that self-esteem was not a first order predictor however second order effects showed that significant interactions between self-esteem with perceived stress ($\beta = -.22$, $p < .01$) and with avoidance coping ($\beta = -.41$, $p < .01$) had the

greatest impact on the development of depression (Eisenbarth). For example, when participants with high self-esteem were faced with high levels of stress they had a greater ability to cope and prevent depressive symptoms, whereas participants with low self-esteem were less likely to combat depressive symptoms when faced with stress and were more likely to engage in avoidance behaviors (Eisenbarth). Eisenbarth states that stress occurs when a person has low self-competence and self-worth. As a result, low self-esteem limits coping strategies and makes an individual more vulnerable to depression. Thus, the higher the self-esteem the more likely an individual can manage stress, have more efficient coping skills, and in turn combat depression and maladaptive behaviors (such as isolation and avoidance), increasing self-worth and self-competence.

Similarly, Meyers, Willise, and Villalba (2011) studied the effects to which holistic wellness factors are predictive of self-esteem by administering the Coopersmith Self-Esteem Inventory and the Five Factor Wellness Inventory to 225 adolescents between ages 15 and 17 in a school setting. A multi-regression path analysis was completed showing that the most significant factors predictive of general self-esteem were the coping self and the social self ($x^2 = 3.33$, $p = .50$), explaining 37% of the variance. The coping self, which includes factors such as self-worth, realistic beliefs about self, leisure, and stress management, was the sole wellness factor that directly impacted all four aspects of self-esteem including general, social, home, and school. This study implied the importance of utilizing coping-self factors in order to increase general self-esteem and promote overall wellness for adolescents. Moreover, the higher the self-esteem the more likely adolescents can cope with adversity and lead healthier more productive lives.

Self-esteem is a predictive factor of both coping skills and overall wellbeing. Due to the heightened vulnerability of adolescence, self-esteem becomes the central component in determining self-worth and self-competence. Although self-esteem has been shown to fluctuate over the course of adolescence (Block & Robins, 1993; Baldwin & Hoffman, 2002; Scheier et al., 2000) its impact during adolescence, whether high or low, can determine the overall wellness and future development of an individual's mental and physical health.

Culture and Gender and Self-Esteem

Culture and gender are two very important factors to consider when studying self-esteem. Research has shown that adolescent girls undergo a different psychological experience than their male counterparts that may in fact negatively impact self-esteem and overall wellness (Bolognin et al., 1996; Gurian, 2012; Zeiders, Umana-Taylor, & Derlan, 2012). At the onset of adolescence, children begin to recognize and be affected by culturally instated gender roles often realizing that masculine roles are more highly valued in American society (Rouse, 2010). This realization has adverse effects on adolescent girls self-esteem leaving them to question their value in both society and their culture (Rouse, 2010). Moreover, culture has the potential to enhance or hinder self-esteem (Rouse, 2010). For example, cultural values such as traditions, beliefs, and family involvement can significantly affect an adolescent's self-esteem (Rouse). Thus, female gender roles instilled from a cultural standpoint may have an even greater impact on self-esteem development. Because all four of the participants in this study are Latina adolescent girls in a primarily Latina school, it is pertinent to focus on Latino/a culture and the impact that their culture and instated gender roles play on self-esteem.

The Latino/a population is the most rapidly growing minority group in the country (Kaplan et al., 2009). It is projected that by 2050, Latinos will comprise almost 25% of the

United States population (Rios-Ellis, 2005; Rouse, 2010). Furthermore, the Latino/a population experiences the greatest physical and mental health disparities in the United States, often leaving them with limited resources and insurmountable stress (Estrada, 2012; Rios-Ellis, 2005). According to reports from the National Council of La Raza in 2005, Latinas often experience the highest rate of suicide ideation and attempts resulting in medical assistance, HIV infection, and teen pregnancy (Rios-Ellis, 2005). They are often more susceptible to domestic violence, substance abuse, major depression (Rios-Ellis, 2005), academic stress, and peer pressure (Villalba, 2007) which directly effect overall mental and physical health and greatly impact self-esteem. Thus, it is important to understand Latino/a culture in order to assess the influence on gender and self-esteem.

Denner and Dunbar (2004) conducted semi-structured interviews and self-reported surveys with eight Mexican-American adolescent girls between the ages of 12-14 to assess their understanding of gender roles. Seven out of eight of the participants were first generation Mexican-Americans, predicting a stronger link to traditional Mexican values. Two important cultural values included *marianismo*, or the idea that the female takes on a nurturing role in the family, and *familismo,* or a cultural importance of upholding family loyalty. All eight participants alluded to these concepts when discussing their own expectations of being a female in the Latino/a culture. Additionally, many of the participants also spoke to the idea of *machismo,* or the idea that men are both the protector and the head of the household, reporting that their traditional gender role is less powerful than men. Although participants self-reported feeling less powerful than men, participants also stated they feel confident and assertive when speaking up for others but often found it more difficult to do for themselves.

Conner, Serbin and Ender (1978) conducted a study on adolescent gender differences in response to aggressive, assertive, and passive behavior in the Latino/a culture. They found that boys communicate more aggressively and assertively than girls. Results showed that girls also exhibited aggressive behavior, however they preferred a more passive communication style (Conner, Serbin, & Ender, 1978). Similarly, Camacho (2001) found that Latinas tend to use indirect communication, avoid confrontation in order to instill loyalty and emphasize familial harmony. Furthermore, Peeks (1999) stated that the Latino/a culture is deemed a collectivist culture where the needs of many outweigh the needs of one (p.148). Latina adolescents often fall victim to this concept especially as the acculturation process continues in the United States and girls feel a loss of identity and power (Peeks). Peeks also found that assertiveness and effective communication are essential skills for Latina adolescents to procure while living in the United States or their self-esteem will continue to be compromised.

The difficulty in being self-assertive may be reinforced by the intermingling of the culturally instated gender roles, *marianismo, familismo,* and *machismo,* where females are expected to care for others, stay loyal to the family, and obey men in the home, often resulting in a less assertive and powerful role than men. Thus, it is possible that even in the vulnerable stage of early adolescence, Latina girls determine their self-worth based on cultural gender roles, which in turn influences overall self-esteem.

Confusion between cultural gender roles learned at home and those learned at school often leaves Latina adolescent girls feeling even more vulnerable (Denner & Dunbar, 2004; Villalba, 2007). Research has shown that a large part of this vulnerability is caused by acculturation stress. Acculturation stress is when Latino/a's struggle to adopt new cultural norms while attempting not to lose their own. This process often causes great social stress and

vulnerability (Rios-Ellis, 2005; Villalba, 2007) and can be further exacerbated as girls attempt to balance values learned at school and those instilled at home (Villalba, 2007). Thus, acculturation issues and familial obligation need to be considered when working with Latina adolescents, especially in a school setting.

Coupled with the normal developmental stressors of adolescence, Latina adolescent girls presumably face the highest level of stress, greatest health disparities, and heightened vulnerability when compared to other cultural groups (Rios-Ellis, 2005; Rouse, 2010; Villalba, 2007). All of these factors directly impact self-esteem, leaving Latina adolescent girls greatly susceptible to the negative effects of low self-esteem. Thus, it is important to consider both culture and gender when evaluating self-esteem and furthermore, potentially identifying an intervention that can positively impact self-esteem.

Skin color and self-esteem. There is an extensive amount of literature about skin color and its impact on self-esteem. The following research, although in no way exhaustive, explores a few key studies in order to provide context to discern the role of skin color in self-esteem. This research will focus on the relationship between Latina skin color, self-perception, and self-esteem.

Skin color, as an extension of ones racial and ethnic identity, is often a factor in determining ones self-perception (González, 2006). Research has shown that Latinos/as and other ethnic minorities' self-perception can differ whether they have lighter or darker skin tones, impacting overall wellbeing (González, 2006). In the United States, this self-perception is often dictated by the historical racial stratification system and stereotypical belief that lighter skin is more desirable or advantageous in American society (Gómez, 2000; Murguia & Telles, 1996). Depending on the indigenous or phenotypic nature of Latinos/as, a variety of skin tones may

exist (Gómez, 2000; González, 2006; López, 2008). Thus, it is important to investigate how Latina skin color may impact self-esteem.

Ortiz-Hernández, Compeán-Dardón, Verde-Flota, and Flores-Martínez (2011) conducted a study with students from a university in Mexico City by dividing them into three groups based on white, light brown, or brown skin color in order to determine their experiences based on discrimination, socioeconomic status, mental health, and self-perception. Participants completed several questionnaires in order to measure each variable including using the Rosenberg Self-Esteem Scale to evaluate self-esteem as a measure of mental health. Results showed that across the board participants who identified as having brown skin had lower levels of self-esteem and vitality, higher levels of fatigue and alcohol consumption, lower levels of attractiveness, and most often experienced discrimination (such as getting treated as if others are superior to them). Participants with lighter skin reported having high self-esteem, perceived themselves as attractive, and reported having less experiences with discrimination. Furthermore, the study concluded that skin color discriminatory practices were likely the determinant factor negatively impacting self-esteem and in turn, overall mental health. Thus, a link between skin color discriminatory experiences and self-esteem seems to exist. Similarly, Panchanadeswaran and Dawson (2011) studied the relationship between mental health and self-esteem by exploring how discrimination and stress impacted 235 Dominican immigrant women. As expected, researchers discovered that women who experienced more discrimination had lower self-esteem (F = 4.7, p < 0.001) as measured by the Rosenberg Self-Esteem Scale. It appears as though dark skin color alone was not the sole factor in determining low self-esteem. Rather, self-esteem was impacted by discrimination that may have occurred because of skin color.

On the contrary, other studies found that dark skin color does not always predict low self-esteem or poor self-perception, especially when a strong ethnic or cultural identity existed. For example, Telzer and Vazquez Garcia (2009) examined how skin color relates to the self-perception of immigrant and American born Latina college women. Results showed that the immigrant Latina participants with darker skin had a lower self-perception and self-esteem than American born participants with lighter skin and were less likely to find themselves attractive. Although these results align with previous research, the study also showed that having a stronger ethnic and cultural identity served as a protective factor from developing a poor self-perception or self-esteem. For example, the participants who had darker skin and strongly identified with their ethnic identity did not have low self-esteem or a poor self-perception. This indicated that a strong relationship with culture despite skin color impacted self-esteem and self-perception. In a related study, López (2008) explored ethnic identity as a moderator between skin color and self-esteem among 53 English-speaking Puerto Rican women. Ethnic Identity was measured using the Multi-group Ethnic Identity Measure and self-esteem measured using the Rosenberg Self-esteem Scale. Results showed that there was a significant interaction between ethnic identity and skin color that explained 12% of the variance in self-esteem *[^R^2 =.12, F(1, 46) = 9.35, p < .01]*. Therefore, stronger ethnic identity did serve as a moderator between skin color and self-esteem for both light and dark skinned participants, however participants with lighter skin color and strong ethnic identity had the highest self-esteem across the board.

In conclusion, research indicated that skin color impacts Latinas self-perception and, relationally, self-esteem. Having darker skin color does not appear to be an isolated factor in determining low self-esteem but the discriminatory experiences that darker skinned Latinas face as a result. However, the majority of the studies indicated that Latinas with lighter skin typically

had higher self-esteem. In addition, having a strong cultural and ethnic identity may serve as a protective factor from poor self-perception and low self-esteem for those with darker skin color. The strong sense of belonging and strength that can result from a shared sense of community may also serve as a protective factor against discrimination. The concern then arises that as Latinas continue the acculturation process in the United States, their ethnic and cultural identity may lessen resulting in a more vulnerable state and susceptibility to discrimination and low self-esteem. This is especially important to consider for Latina adolescent girls with darker skin color, due to the heightened vulnerability already associated with adolescence. Due to these findings, skin color is an important factor to consider when studying Latina self-esteem.

Body Image and Self-Esteem

During adolescence a shift in cognitive development occurs illuminating the concept of the imaginary audience where appearance and perception of self become the determinant factors of self-identity (Dorak, 2011; Gurian, 2012). If an adolescent is dissatisfied with his or her outward appearance, it leads to a negative body image. Whereas self-esteem encompasses the overarching emotional evaluation of self, body image is the bodily sensation and perception of the physical self (National Association for Self-Esteem, 2010; New, 2012; Pylvänäinen, 2003). Self-esteem and body image have a positive correlation: positive body image creates higher self-esteem whereas a negative body image creates lower self-esteem (Dorak, 2011; Vesile & Mustafa, 2010).

Overall, women tend to have a poorer perception of body image than men due to the constant comparison and evaluation of body shape and weight to the ideals of thinness prescribed by American culture; this often begins during early adolescence (Heatherton, 2001; Heatherton & Wyland, 2003). Body dissatisfaction can result in depressive symptoms and difficulty

maintaining interpersonal relationships (Bettle et al., 2001 & Krantz, 1999). Therefore, adolescent girls who suffer from high body dissatisfaction or poor body image are even more vulnerable during this period to develop low self-esteem.

   Body image and dance/movement therapy. The relationship of body image and DMT is crucial because the body is used as the vehicle for change during psychotherapy (Geetanjali , 2011; Pylvänäinen, 2003). Thus, DMT can directly address body image distortions bringing awareness to and appreciation of the physical self through the use of the movement during therapy. For example, Susan Kleinman (2006), a dance/movement therapist, has spent the majority of her career working with women diagnosed with eating disorders, a population who often suffer sever body dissatisfaction or distortions. By utilizing a body-based approach to therapy, she successfully improved the body image of her clients (Kleinman, 2006). Furthermore, several other studies evaluating DMT and body image also concluded that the importance of the body as the central tool during therapy improved body distortions and dissatisfaction helping individuals regain a realistic sense of the physical self (Rice, Hardenbergh, & Hornyak, 1989; Stark, Aronow, & McGeehan, 1989). Bannon (1994), Corteville (2009), and Meyer-Gonzalez (2000), found that DMT not only increased adolescent self-esteem but also improved body image.

   Pylvänäinen (2003) conducted a theoretical literature based study to define body image through a DMT lens. She devised a tripartite model made up of three concepts including: image properties (or the perceived appearance of the physical self), body-self (the experiencing, emotional core self), and body-memory (reminisce of past experiences that help examine the present). These three concepts together define body image. Based on her model, body image is seen as something more than just the physical perception but also includes an emotional

component, or an emotional sense of the self. Rice, Hardenbergh, and Hornyak (1989) stated "the body is the container of the self – the object which the self has a relationship" (p. 252). Thus, the emotional perception or relationship to the physical body is vital in determining the overall evaluation of self or self-esteem. Furthermore, because adolescent girls are vulnerable not only to society's pressure but also to their peers, similar to high self-esteem, a positive body image can render an overall sense of wellbeing.

Dance/Movement and Self-Esteem

If the body is the vehicle to which change and development occur, than engaging in dance/movement is the process of growth and discovery to elicit said change (Rice, Hardenbergh & Hornyak, 1989). Because DMT utilizes creative dance/movement as the central modality for therapy, it is important to explore the relationship of dance/movement with self-esteem independently. However, it is also important to establish the difference between DMT and dance/movement from the onset as to not confuse the concepts. Dance is defined as moving the body in a way that goes with rhythm and music, oftentimes with the intention of performing (Merriam-Webster's, 2013). DMT differs from dance in that it is designed to inspire emotionally creative movement that captures the inward experience of an individual and seeks to integrate the mind, body, and spirit to create a sense of wholeness (American Dance Therapy Association, 2009; Spindell, 1996). Dance/movement have been used to enhance expression and change emotional states for centuries (Jeong et al., 2005). Although there are a myriad of dance forms across the world, because creative dance/movement is the basis for DMT it is important to explore the specific relationship of creative dance/movement to self-esteem. Thus, the literature is delimited to include research studies utilizing creative dance/movement, however, a few studies do focus on the general concept of dance but still yield similar results.

Minton (2000) sought to find a link between self-esteem and participating in dance classes by assessing 24 studies related to dance and self-esteem including dance forms such as: creative, ethnic, aerobic, and ballroom. She found that creative dance had the most significant impact on self-esteem. Additionally, she found that creative dance increased self-concept, confidence, and a sense of acceptance and belonging amongst peers (Minton, 2000). These findings are consistent with a study she conducted a year later showing that adolescents in a high school setting who were enrolled in at least one dance class per week showed significant improvements in social self-esteem (Minton, 2001). Similarly, Harris (2007) stated that dance has a "rich potential for heightening communal solidarity" (p.157). Thus, because creative dance increases acceptance and understanding, it has the potential to decrease self-consciousness and vulnerability during adolescence.

Furthermore, dance can also address vulnerability by providing physical fitness and health related benefits. For example, Vicario, Henninger, and Chambliss (2001) studied the correlates of dance education among adolescent girls using a survey that assessed self-esteem, body image, dance ability, and interpersonal relationships. They found that students with more experience in dance reported greater body satisfaction, body awareness, self-discipline, and confidence. Overtime, participants also felt dance provided a sense of free expression, creativity, and provided more effective communication (Vicario, Henninger, & Chambliss).

Dance serves as its own form of self-expression and communication. Goodgame (2007) studied the use of therapeutic dance and movement as a creative form of expression with groups of adolescents with an array of socio-emotional issues in Estonia. She discovered that dance transcends cultural and language barriers offering a common way to express emotions that cannot be put into words. Furthermore, because adolescence is coupled with vulnerability and

heightened emotional states, words often become a barrier to effective communication. Thus, creative dance/movement may in fact be an effective way to communicate and convey meaning during adolescence.

Creative dance/movement has the potential to heal and increase wellbeing. Leseho and Maxwell (2010) interviewed 29 women from various cultures and backgrounds to study the impact of creative dance on the ability for women to cope with traumatic and difficult life circumstances. They found that dance impacted participants in three distinct themes: empowerment, transformation and healing, and a connection to spirit (Leseho & Maxwell). Creative dance allowed these women to regain a sense of strength and control over their physical and emotional self, developing a newfound respect and appreciation of their bodies. Additionally, dance helped participants express emotions, manage stress, and increase coping strategies to deal with residual effects from previous traumatic experiences, including but not limited to depression (Leseho & Maxwell).

Murcua, Kreutz, Clift, and Bongard (2010) conducted a positivistic research study attempting to identify the benefits of dancing on overall wellbeing. Surveying 475 individuals, they found that dance increased wellbeing by providing a sense of body awareness and an increase in mood. In relation to self-esteem, they found that dance provided a sense of security and self-confidence. Overall, an increase in self-esteem and body awareness due to dance directly impacted overall wellness.

Similarly, Connolly, Quin, and Redding (2011) found that offering a contemporary creative dance program to 55 adolescent girls significantly increased physical fitness and psychological wellbeing. Psychological wellbeing was measured by self-esteem, intrinsic motivation, and attitudes toward dance. Results were analyzed using a paired t-test with level of

significance set at p<0.05. The statistical analysis showed a significant increase from pre-test to post-test ($p = 0.01$) in self-esteem from 16% to 18% as measured by the Rosenberg Self-Esteem scale, no change in intrinsic motivation, but showed an overall positive attitude toward dance in both pre-test and post-test results (Connolly, Quin, & Redding). Furthermore, the bulk of the dance program contained a creative and choreographic section that utilized improvisational exploration and dance creation that created a sense of autonomy and accomplishment for participants, increasing self-esteem and promoting psychological wellbeing. Improvisational exploration, a form of creative dance, increased self-understanding and facilitated dance making which further captured their experience.

Improvisation. Creative dance, in and of itself, utilizes movement as a creative way to express inner feelings oftentimes including improvisational aspects. Improvisation, unstructured creative movement, improves self-competence and creates a better understanding of self through movement exploration (Morgan, 2004; Thom, 2010). Visceral self-exploration helps bypass negative thought patterns, creates an alternative way of expression, and results in greater self-acceptance (Leseho & Maxwell, 2009). In DMT, self-exploration through improvisation creates a body/mind connection, by relating the visceral experience to the cognitive process (Chapek, 1991; Thom, 2010). Corteville (2009) utilized movement improvisation within DMT sessions with adolescent girls' resulting in improved self-esteem. Due to the use of the creative dance/movement intervention of improvisation during DMT sessions in a school setting, adolescent girls' self-perception improved, their confidence increased, and their academic success increased (Corteville, 2009).

Dance/Movement Therapy and Self-Esteem

The relationship between DMT and self-esteem has been researched in a number of different populations, settings, and methodologies. The most current research on DMT and self-esteem all present similar findings suggesting that the experience of DMT increases self-esteem (Bannon, 1994; Corteville, 2009; Meyer-Gonzalez, 2000; Jeong, et al. 2005). The following research focuses on DMT and adolescents.

DMT is deeply rooted in improving communication and relationships (ADTA, 2009; Sandel et al., 1993). Consequently, the impact of DMT on both communication and relationships has been shown to both improve coping strategies and to increase self-esteem (Bannon, 1994; Corteville, 2009; De Beer, 1992; Meyer-Gonzalez, 2000). For example, Meyer Gonzalez (2000) conducted a single-subject case study with an adolescent male and found that self-esteem increased due to improving interpersonal relationships, body image, and self-competence during DMT sessions. Likewise, Corteville (2009) and Bannon (1994) found a strong relationship between high self-esteem and effective communication and interpersonal skills. In addition to the positive relationship between self-esteem and body image, there also appears to be a positive correlation between self-esteem and communication and relationships, which are all positively influenced by DMT.

Adolescent girls tend to be more susceptible to depressive symptoms during this stage particularly due to the heightened sense of self-consciousness imposed by society, often impeding effective communication and interpersonal skills resulting in low self-esteem (Bolognini et al., 1996; Zeiders, Umana-Tayler, & Derlan, 2012). Jeong, Hong, Lee, and Park (2005) studied the effect of DMT on psychological symptoms and neurohormones related to mild depression symptoms such as sadness, isolation, tension, and negative self-esteem in

adolescent girls. Similar to the other research relating DMT and self-esteem yet different by taking a neurobiological approach, they found that the presence of DMT decreased psychological symptoms, increased levels of serotonin and decreased levels of dopamine, resulting in decreased stress and tension and an increase in concentration and relaxation (Jeong et al.). DMT can potentially decrease adolescent depression thus increasing self-esteem.

Bannon (1994) and Corteville (2009) researched DMT and adolescent self-esteem in a school setting. Results showed an increase in self-esteem due to the presence of DMT, exhibited by an increase in both self-worth and self-competence. Corteville (2009) studied the effect of DMT on adolescent girls' self-esteem and body image in a school setting with three participants over eight sessions. Findings showed that DMT increased participants overall feelings about appearance and positively impacted their ability to succeed academically. Furthermore, DMT increased effective communication by enhancing self-expression and increasing confidence.

Similarly, Bannon (1994) found that offering DMT to emotionally disturbed adolescents in a therapeutic day school positively affected self-esteem, body image, maladaptive behaviors, communication, and interpersonal skills. DMT improved their ability to achieve goals, and increased self-control, self-discipline, and the ability to relate to others more efficiently, all which directly impacted self-esteem (Bannon). It is clear that offering DMT to adolescents in a school setting positively influenced self-esteem, body image, communication and interpersonal skills. This positive influence further promoted academic success increasing self-worth and self-competence. Based on these findings, the presence of DMT in a school setting will positively influence adolescent self-esteem.

Conclusion

Self-esteem is an important factor of overall mental health. Adolescence is particularly the most important period for the development of self-esteem. The higher the self-esteem the more likely adolescent's can cope with the stress and emotional issues often entrenched in the vulnerable period of adolescence. Research has shown that girls are more likely to encounter depressive symptoms and body dissatisfaction often directly impacting self-esteem. More specifically, Latina adolescent girls face greater mental health disparities and higher levels of stress. Furthermore, Latino/a gender roles play a large part in the development of adolescent girls' evaluation of self, often leaving them feeling less confident and assertive than men.

Literature has shown that body image is directly tied to self-esteem. DMT can address both body image and self-esteem issues using body-based techniques to create positive change. Dance/movement or creative movement, such as improvisation, is the basis for DMT and has been shown to increase communication, self-understanding, self-confidence, and as a result have positively effect self-esteem. DMT has a positive effect on self-esteem including increasing self-worth and self-competence, enhancing effective communication and interpersonal relationships, and decreasing stress and depressive symptoms. Furthermore, DMT can alter negative body perceptions and establish a positive evaluation of self. Lastly, literature shows that DMT in a school setting positively effects self-esteem.

The intention of this research is to build upon the current literature hoping to add to the findings that DMT has a positive effect on self-esteem. Although the research relating DMT and self-esteem is overwhelmingly positive, the current research fails to address one specific DMT intervention used as the catalyst to improve self-esteem, but instead focuses on how the overall concepts of DMT influence self-esteem taking a multi-faceted approach. Due to this gap in the

literature the following research question was formulated: How is adolescent girls' self-esteem affected by the DMT intervention of improvisation and planned movement formation? Thus, based on the research the following hypothesis was formulated: If the DMT intervention of improvisation and planned movement formation is utilized in DMT sessions, then adolescent girls' self-esteem will increase.

Chapter III: Methods

Research has shown that during the vulnerable period of adolescence, oftentimes girls struggle with low self-esteem more than their male counterparts. Low self-esteem can result in poor mental health affecting an individual's personal and interpersonal wellbeing, whereas high self-esteem has numerous positive benefits. The purpose of this study was to examine the impact that one specific DMT intervention, improvisation and planned movement formation, has on adolescent girls' self-esteem. The research question stated: How is adolescent girls' self-esteem affected by the DMT intervention of improvisation and planned movement formation? The hypothesis was: If the DMT intervention of improvisation and planned movement formation is utilized in DMT sessions, then adolescent girls' self-esteem will increase. The following section will describe the paradigm, methodology, and methods used in order to answer the research question and test the hypothesis.

Methodology

This is a mixed method single-subject case study pilot constructed under a feminist theoretical framework. The feminist theoretical framework directly informed the methodology for this study. A feminist framework attempts to empower and give voice to the unique experience of females in society, in this case the experience of adolescent girls' self-esteem. Directly related to the feminist framework, case studies "give a voice to the powerless and voiceless" (Tellis, 1997, para. 30). This relates to the feminist theoretical framework by revealing the adolescent gender disparity of self-esteem while granting a voice to the unique experience of adolescent girls.

A case study is an analysis of a particular case that is viewed "holistically by one or more methods" (Thomas, 2011, p. 512). This case study utilized a mixed method approach that falls

under the pragmatic paradigm. The pragmatic paradigm looks to understand a phenomenon to create change and emphasize a holistic picture of human experience (Cruz & Berrol, 2004; Tellis, 1997). Although this is primarily a deductive study because of the quantitative data, it further captured an inward and more holistic experience of the participants by utilizing arts-based qualitative data. Because self-esteem can be measured both quantitatively and described qualitatively, a mixed method case study design was appropriate in order to capture a holistic perspective, aligning with the pragmatic paradigm and feminist theoretical framework.

This case study focused on the single-subject case of adolescent girls' self-esteem in a high school setting, the single-subject being the group of adolescent girls. Case studies provide a holistic view uniquely capturing both the parts and the whole of the experience, providing valuable insight into an evolving concept such as self-esteem (Cruz & Berrol, 2004). By isolating a single case, a clearer understanding of a single-subject can be achieved. Additionally, case studies account for valuable information that does not directly pertain to the hypothesis, including but not limited to: extraneous variables and other significant findings that may arise that can directly impact the single-subject case (Cruz & Berrol, 2004).

Furthermore, this research is a pilot study due to the difficulty in attaining a large sample size and restrictions with limited time in the school year. A pilot study, also known as a feasibility study, is a small-scale study used to assess the methods, intervention, and procedures of an experiment with the intent to replicate the study on a larger scale (Leon, Davis, & Kraemer, 2011). Research has shown that self-esteem builds over time and is affected by repeatable tasks that are reflected positively by significant relationships on one's life (Hetherton & Wyland, 2003). Thus, due to the restraints, a pilot study with fewer participants and a repeatable intervention was realistic and would hopefully yield a greater impact on self-esteem over time.

Participants and Setting

Participants were four Latina adolescent girls, three 10th graders and one 12th grader, in a private high school in Chicago, Illinois who all self-identified with a desire to improve their self-esteem. The pilot study participant pool mirrored the primary Latina demographic of the school. The school administrative staff signed a site consent form granting permission for the study to take place at the school.

Recruitment

Participants were recruited strictly on volunteer basis. The recruitment process included presenting the study to the entire student body during the scheduled advisory period (the time block directly before or after lunch when homework and or other administrative classroom duties are attended to). The presentation included pertinent information located on informed consent/assent form (see Appendix B) including: an introduction to and stated purpose of the study, procedural process, time commitment, ethical considerations and confidentiality, description of informed consent/assent process, distribution of informed consent/assent forms, and detailed instructions of returning forms. Furthermore, in order to eliminate biases, any recommendations by teachers or staff were omitted and all teachers and staff were asked to leave the room during the recruitment speech in order to eliminate potential coercion. Oftentimes in a school setting, students feel obligated to participate in activities if asked by an authority figure in an attempt to please. However, because participants needed to be voluntary the potential to please or be looked favorably on by teachers and staff needed to be avoided. In addition, teachers and staff want to genuinely help both students and therapists at the school and would most likely recommend students to join in order to be supportive, however, this would also violate the voluntary requirement.

Initial recruitment period lasted two weeks in order to obtain the desired 6-8 participants. Several individuals verbalized an interest in participating, however, there was no follow through with returning consent/assent forms. This may be due to forgetfulness that often accompanies adolescence and or difficulty in gaining parental/guardian consent. Due to difficulty in obtaining the desired number of participants, the recruitment period was extended an additional two weeks and number of participants was amended from 6-8 to 2-6 participants. During this period, students were reminded about the study and returning forms on multiple occasions including announcing it over the school loudspeaker and additional brief verbal reminders during advisory periods. Participants were chosen based on the first 2-6 forms returned with both consent and assent signatures once recruitment period closed. Moreover, because recruitment period was extended, the number of proposed sessions was amended from 8-10 to 6-8 sessions in order to comply with the time frame of the school's academic calendar. Both the Columbia College Chicago Internal Review Board (IRB) and the school site approved the amendments.

Assessment Tool

Quantitative data was collected using the Rosenberg Self-esteem (RSE) scale (see Appendix C) (Rosenberg, 1965). The RSE scale is a ten-question four-point Likert Scale with range of: strongly agree, agree, disagree, and strongly disagree. The purpose of the RSE scale is to measure global self-esteem, or the overall mental wellbeing of an individual (Rosenberg et al, 1995). The scale was originally created to assess the self-esteem of high school students, which is directly relevant for this study, although it has been used with a variety of ages and populations since its creation (Rosenberg, 1979). The RSE scale has shown exceptional internal consistency and stability, based on a Guttman scale coefficient of reproducibility of .92 and test-retest reliability correlations of .85 and .88 when tested over a two week period (Rosenberg,

1979). Furthermore, the RSE scale demonstrates concurrent, predictive, and construct validity correlating with the Coopersmith Self-Esteem Inventory and with predictive measures of both depression and anxiety (Rosenberg, 1979).

Intervention

The intervention for this study was improvisation and planned movement formation. The intervention can be broken down in two components: improvisation, an unstructured creative movement exploration; and the planned movement formation, repeatable salient movements that derive from the improvisation exploration resulting in a short movement phrase. The improvisational exercise is complete when a repeatable movement phrase, the planned movement formation, is created. Choice of length and quality of movement(s) belong solely to the participant (Levy, 2005). All movements created by the participants are completely self-selected as they evolve from the improvisation exploration. Furthermore, this process relates to client-centered therapy in that the participants have control during session to decide what to create and when the creation is complete. Thus, the most salient movements from the unstructured movement exploration or improvisation become the repeatable planned movement formation to represent the participant's experience and current emotional state.

Unstructured creative movement allows participants to explore their inner emotions resulting in an expressive representation of their current state. Due to the explorative nature, this type of intervention encourages individuality and creativity, which in turn enhances self-expression and autonomy creating a deeper understanding and acceptance of self (Corteville, 2009). Because adolescent girls often feel pressured to remain passive and ideally thin (as stereotypically constructed by American culture), distorted thoughts and beliefs about the self may develop (Gurian, 2012; Zeiders, Umana-Taylor, & Derlan, 2012). This intervention has the

potential to increase communication skills and alter negative and distorted thoughts resulting in a positive evaluation of self. Furthermore, because the improvisation exploration results with a repeatable phrase it slows down the emotional processing and provides a concrete representation to understand and explore more complex emotions such as vulnerability and conformity (Levy, 2005). Exploring and understanding the internal emotional world through creative dance/movement techniques has a positive affect on self-esteem (Corteville, 2009; Leseho & Maxwell, 2009; Morgan, 2004; Thom, 2010).

In addition to the Schoopian DMT intervention of improvisation and planned movement formation, immediately following the intervention I devised a way to respond to the participants planned movement formations by creating individualized movement responses. By directly responding to each participant through movement, this created a deeper understanding of their own planned movement formation by witnessing a reflection of their own experience and emotionality. Aligned with client-centered therapy and the feminist framework, reflecting their own movement provided empathy, mutual understanding, and allowed me to offer personal empowering movements in return. This is similar to the verbal therapy technique of paraphrasing, when the therapist repeats or restates the client's words often reflecting back the emotion in an effort to ensure understanding (Rogers, 1951). Furthermore, the movement responses provided me with a deeper understanding of how the intervention impacted the participants' self-esteem by attuning to my kinesthetic responses during the arts-based method of dance making. Creating movement responses not only allowed me to understand the participants' experience on a deeper or more empathic level but it also gave me the opportunity to share their story through a dance performance, ultimately fulfilling the feminist perspective to voice the adolescent girls' unique experience.

Procedure

Each of the six-sessions followed the same format including: check-in and warm-up, improvisational exploration (for the purpose of creating a planned movement formation), sharing of planned movement formations, researcher's movement responses, and processing and closure. The only deviation from this format included sessions 1 and 6 due to the administration of the RSE scale at the beginning of session 1 and the end of session 6 for pre-test and post-test quantitative data collection.

Check-in and warm-up. At the beginning of each session a check-in was completed by asking participants to provide a verbal and or nonverbal response of how they were feeling that day. Participants and I typically sat or stood in a circle in the center of the closed classroom. After each participant provided a response to the check-in, I asked participants if they wanted to use music during session today and if so, did they have any suggestions. All sessions included music with the majority of songs chosen by the participants. Once music was selected, a body part warm-up began. This involved allowing participants to choose to start at the top (head) or the bottom (feet) of the body to warm-up. The warm-up was intended to physically warm-up the muscles of the body but to also warm-up the mind to begin establishing a mind-body connection and spark creative movement. Once the starting place was selected, I facilitated a semi-structured warm-up by directing them to and identifying each body part. Once identified, participants were encouraged to move each body part freely as we moved either up or down the body. This typically consisted of stretching, rotating, slightly swaying or rocking different body parts. The intention of the warm-up was to help participants begin finding comfort in their body movements as a bridge to enter into the improvisation phase.

Improvisation. The improvisational phase is an unstructured creative movement technique done only until a repeatable phrase is created. As the body part warm-up resolved I asked participants to explore their own movements that felt good in their body that day. The transition from the body-part warm-up into the improvisation exploration typically flowed seamlessly as the participants were already beginning to explore free and creative movements. As facilitator, I taught the participants how to execute the intervention by asking them to first engage in improvisation. Improvisation was explained by asking the participants to explore movement freely without judgment and simply with the intention to move what felt comfortable or encompassed how they were feeling that day. As participants began improvising, I instructed them to begin noticing any salient or repeated movements in their exploration. They were informed that these salient or repeated movements would evolve into their planned movement formation. The improvisation exploration typically lasted between 10-15 minutes, however, once participant's felt like they found repeated movements they no longer needed to explore freely but to simply repeat their phrase or planned movement formation, this is when the improvisation exploration ended. As the last couple minutes approached, I again reminded participants to find their repeated movements to share as their planned movement formations for the day. Lastly, I would ask participants to bring their movements to a close and join back in a circle to begin the process of sharing the planned movement formations.

Planned movement formation and movement response. Next, participants were asked to share their planned movement formation one at a time. Typically someone volunteered to share, if not I would ask a participant if they were willing to go first. As participants shared their planned movement formation, they were asked to do so nonverbally. As researcher, I carefully observed their movement formation, took a moment to reflect, and then created my own

movement in response to each participant's planned movement formation. As I responded, I noticed any subtle or overt body responses they had to my response and made sure to record them in a journal after session. This is also when the validation strategy of member checking occurred, asking participants if my responses reflected an aspect of their creation.

  Processing and closure. At the end of each session, as therapist I would process with the participants any emotional content that arose during session. Client-centered therapy was used primarily during this section due to the comfortable and non-judgmental environment I attempted to create so participants felt open and free to share thoughts and emotions. Discussion often included insight into their movement formations, comments on the movement responses, and general discussion about self-esteem and adolescent life. Discussion about self-esteem was often initiated by the participants however, it was not determined as the focus. The processing section remained open to any topic. Yet, the participants brought up the topic of self-esteem and adolescence on several occasions on their own accord. The sessions ended by thanking them for their participation and sharing their creative process, reminding them of the time and place for the study the following week, and typically concluded with a collective deep breath.

Data Collection

  Both quantitative and qualitative data were collected over the course of six-sessions held on Wednesday's primarily after school hours and once during school hours during advisory period. Sessions lasted approximately 40 minutes and occurred in a closed classroom. Participation was inconsistent throughout the data collection period and resulted in two sets of two participants attending every other week. In fact, the same two participants attended together throughout the data collection process resulting in a homogeneous dichotomous structure. This structure evolved primarily due to the logistics of transportation. Two of the participants, who

consistently attended together, were sisters and relied on the same mode of transportation to and from school, thus resulting in the same rate of attendance. The other two participants also had trouble with transportation, difficulty in remembering to stay after school, and occasional absence due to illness. Implications of this dynamic will be discussed in more detail in the limitations section of Chapter Five.

Quantitative data collection. A pre-test and post-test of the RSE assessment was administered to all four participants at the beginning of session 1 and the end of session 6. No quantitative data was collected during sessions 2-5. Both times quantitative data was collected, participants were asked to place their name on the assessment for identification purposes, were asked to fill out the assessment privately and return the form face down into a folder. The RSE assessment, both pre-test and post-test results, were viewed solely by the researcher. The purpose of the pre-test was to assess their initial self-esteem score, or baseline score, in order to compare results to the post-test results to assess any change in self-esteem over the course of the study due to the presence of the DMT intervention of improvisation and planned movement formation.

Qualitative data collection. Qualitative data was collected using an arts-based method that involved the researcher creating movement responses to reply to participants' planned movement formations. This experience mimicked a nonverbal conversation as nonverbal movement-based responses were shared between participant and researcher. After the improvisational exploration, participants shared the planned movement formation they created one at a time. After each participant shared their planned movement formation, the researcher observed the movement and then responded back nonverbally through movement, resulting in the movement response. The response attempted to capture the essence, including movement quality and underlying emotion, of participants planned movement formation while at the same

time offering something new in return. The goal was to capture an understanding of the adolescent girls' experience during the session as depicted through their planned movement formations. Furthermore, the idea was to have a nonverbal interaction on a body level with participant(s) to offer an individual response that validated their creation, showed an understanding of their unique experience, and allowed myself to offer movement back in a supportive manner.

Additionally, a personal journal was kept in order to describe the emotional, and body-felt experiences during the movement responses. The movement responses were then video recorded after each session detailing which response belonged to each participant utilizing an anonymous system assigning a letter to each participant. Journal entries and recorded movement responses were then used to aid in the creative synthesis process of creating a dance piece to portray the essence of the adolescent girls' experience aligning with the feminist theoretical framework to give a voice to their unique experience. It is important to note that the majority of qualitative data collection and analysis happened simultaneously and again will be explored in the analysis section.

Data Analysis

The data analysis process happened separately for quantitative data and qualitative data. Because this study was a pilot study with a small sample size of only four participants, quantitative analysis techniques were limited. However, pre and post-test results were compared and measures of central tendency were calculated. Qualitative data analysis partly happened simultaneously with qualitative data collection, however a deeper analysis was completed separately of data collection in the form of creative synthesis through dance making. The following sections outline the analysis processes of the quantitative and qualitative data.

Quantitative data analysis. The RSE scale is scored based on a 0-3 point scale by assigning a value to each of the 10 items. For items 1,2,4,6,7 the following scores are assigned: strongly agree = 3, Agree = 2, Disagree = 1, and Strongly Disagree = 0. Items 3,5,8,9,10 are assigned with a reverse scoring system and noted with an asterisk on the form (See Appendix C): Strongly Agree = 0, Agree = 1, Disagree = 2, and Strongly Disagree = 3. It should be noted that the asterisks were removed on the forms administered to clients to avoid any confusion or testing bias. Overall, the scale ranged from 0-30, 30 indicating the highest score possible. There are no standardized scores delineating low self-esteem versus high self-esteem, but instead for this study the importance is placed on the comparison between the pre-test and post-test results.

Once each RSE scale was scored, a total of 8 assessments, the pre-test and post-test results were compared. Furthermore, measures of central tendency were then computed using the results of the pre-test and post-test scores resulting in two sets of central tendency scores including: mean, median, mode, and range. Graphs and charts depicting the pre and post-test results as well as the scores for each item on the RSE scale were created and are included below.

Qualitative data analysis. Qualitative data analysis was conducted by utilizing an arts-based technique of creating a dance based on the videotaped movement responses to participants planned movement formations. Additionally, data analysis also occurred on an organic level by assessing my experience of creating the movement responses during sessions. This process happened simultaneously with qualitative data collection. The organic nature of the analysis process was based on my own felt-experiences during the creation and embodiment of the movement responses throughout the dance-making process. Furthermore, movement responses were assessed using Laban Movement Analysis (LMA; Hackney, 2002) techniques including the following movement categories: Effort, Shape, and Space. Peggy Hackney's (2002)

Fundamental Patterns of Total Body Connectivity including breath, body-half, and cross-lateral, were also used to describe and assess the movement formations. Both LMA and Hackney's Fundamental Patterns of Total Body Connectivity were used to highlight the most salient movement qualities found in the movement responses created for each participant in order to describe the movement efficiently and be understood universally by dance/movement therapists. This process also helped to identify patterns in movement and highlight the underlying emotional and psychological aspects being conveyed through the movement responses. The emotional and psychological aspects of the movement responses, or more specifically of the salient movement qualities from the movement responses, were interpreted solely by the researcher based on kinesthetic and emotional responses experienced during the analysis process. These are referred to as "my psychological interpretations."

Validation Strategies

Two separate validation strategies were used for this study. The first validation strategy was *member checking* or asking the participants directly for input and validation during the research process (Creswell, 2013). This occurred during qualitative data collection when movement responses were created and presented to participants in response to participants planned movement formations. Member checking consisted of asking each participant if the movement response created for them reflected an aspect of their experience. Each time this was asked, participants validated the response saying that it did reflect some aspect of their experience captured in their planned movement formation. The purpose of this validation strategy was to assure that movement responses were in some way reflective of the participants own experience so that the dance piece, based primarily on the recorded movement responses,

would indeed capture aspects of their direct and unique experience during the study supporting the feminist framework, clinical approach, and methodology.

In order to test validity and reliability of the data, triangulation was used. Triangulation is "the use of more than one method to collect and analyze data on the same variable" (Cruz & Berrol, 2005, p. 214), in this case the single-subject case of adolescent girls. Triangulation limits researcher bias, deepens the scope of the data, and illustrates differences in data collection methods in order to establish more valid and systematic results (Ghrayeb, Damodaran, &Vohra, 2011). Therefore, the more convergence between methods the more valid the study will be.

Triangulation was used to evaluate the reliability and validity of the quantitative and qualitative data by comparing my kinesthetic responses from the arts-based method of dance making including embodying the movement responses, with the correlating pre and post-test results of each individual participant. Determining the salient movement qualities from the movement responses and the corresponding psychological interpretations that I experienced, also helped me to understand the change in self-esteem from pre-test to post-test. The majority of the triangulation process happened during the arts-based analysis of creative synthesis and dance making, contrasting the aspects of the movement responses created for each participant and how it related to the change in self-esteem based on the results of the RSE assessment score.

Chapter IV: Results

The research question for this study states: How does the DMT intervention of improvisation and planned movement formation effect adolescent girls' self-esteem? The following hypothesis was formulated: If the DMT intervention of improvisation and planned movement formation is used in DMT sessions then adolescent girls' self-esteem will increase. Descriptive statistics were used to analyze the quantitative results of the Rosenberg Self-Esteem scores for both pre-test and post-test data. Measures of central tendency including mean, median, and mode and the range were calculated. Tables and graphs were created in order to highlight scores and the change in self-esteem for each of the four participants from pre-test to post-test. Qualitative data results were found using an arts-based method of creative synthesis through kinesthetic responses, embodiment, and dance making in order to identify salient movement qualities and psychological interpretations. This process was assessed using Laban movement analysis (LMA) and Hackney's Fundamental Patterns of Total Body Connectivity in order to describe the salient movement qualities from each participant's assigned movement responses. A table was created in order to outline the specific salient movement qualities within movement responses offered to each participant and the correlating psychological interpretations based on a personal assessment of kinesthetic responses from the embodiment experience and dance-making process.

Quantitative Data Results

This pilot study had a small sample size (*n*=4) therefore the results of the data are not stable. However, they do in fact show support for the hypothesis. The results showed an increase in self-esteem in three out of the four participants from pre-test to post-test. The highest score possible on the RSE scale is 30. Although there are not standardized scores determining low

versus high self-esteem, in order to determine the importance of the scores the emphasis was placed on the amount of change from pre to post-test in relation to the highest score of 30.

Table 1

Measures of Central Tendency

Measures of Central Tendency	Pre-Test	Post-Test
Mean	12.63	21.75
Median	13.25	23
Mode	none	none
Range	8	17

Measures of central tendency were calculated for the pre-test and the post-test results separately and can be viewed in Table 1. The most important measures of central tendency were the mean and median. There were no repeated scores thus, no mode present in the distribution. The mean of the pre-test results was 12.63 and the median was 13.25. In comparison, the post-test had a mean of 21.75 and a median of 23. Furthermore, the mean from pre-test to post-test increased by 9.12. The range for the pre-test results was 8 and for the post-test results 17, indicating a much steeper difference between the highest and lowest scores from the post-test results whereas the pre-test scores showed more similarity. This is likely due to the extremely high scores from participant's A and B, and a particularly low score from participant C.

The participants' raw scores from the pre-test and the post-test of the RSE scale are shown in Table 2. They are further illustrated in Figure 1, comparing pre-test and post-test scores for each of the four participants. Participant A had a pre-test score of 8 and a post-test score of 25 resulting in an increase in self-esteem by 17. Participant B's pre-test score was 11 and post-test score was 29 showing an increase of 18. Participant C had a pre-test score of 15.5 and a post-test score of 12. Participant C's self-esteem decreased by 3.5 points.

Participant C was the only participant whose self-esteem decreased and who also circled between numbers indicating a half score on a few questions. This was verified by asking the participant privately if she intended to indicate half scores such as 1.5 on the RSE scale. Participant C stated that it was her intention to choose a 1.5 when circling between the one and two on question 1 on the pre-test and questions 5 and 10 on the post-test. Lastly, participant D scored a 16 on the pre-test, which was the highest self-esteem score during pre-test, and a 21 on the post-test resulting in an increase of 5.
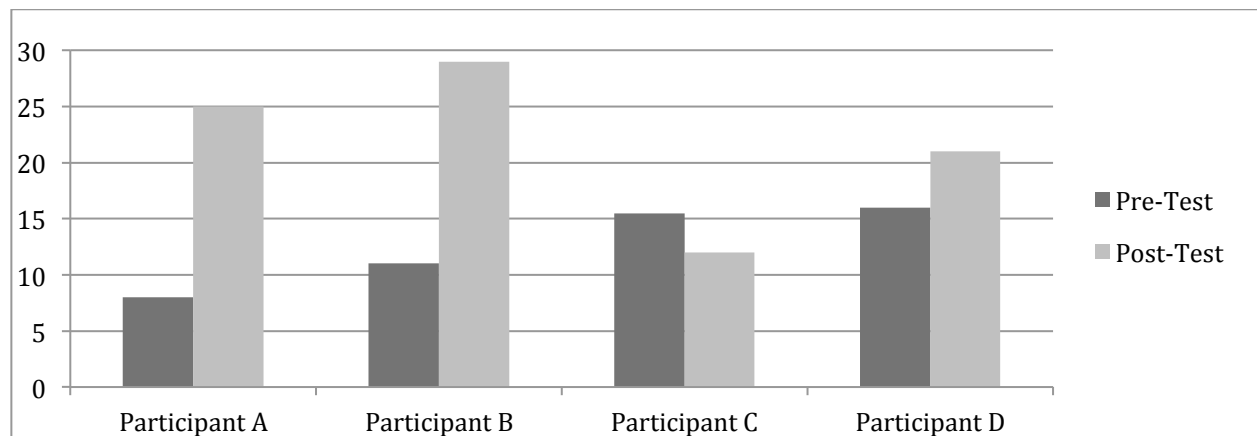
Table 2

Rosenberg Self-Esteem Raw Scores

Participant	Pre-Test	Post-Test
A	8	25
B	11	29
C	15.5	12
D	16	21

Figure 1

Rosenberg Self-Esteem Assessment Results Pre-test vs. Post-Test

Both participant A and participant B's self-esteem improved greater than 50% based on the 30 point scale (50% is equivalent to a 15 point increase). Participant A's self-esteem increased by 17 and participant B's increased by 18. Participant B scored a 29 on the post-test - only one point below the highest score possible on the RSE scale, indicating a high self-esteem. In addition, participant A's post-test score of 25 indicated high self-esteem. Although Participant C's score decreased, it did so with the least amount of change when compared to the other participant's scores regardless if self-esteem increased or decreased. It is also worthy to note that Participant C had the second highest score on the pre-test results, however, ended with the lowest score on the post-test. This is most likely do to an extraneous circumstance that occurred during data collection and will be discussed further in the Chapter Five. Furthermore, participant D had the highest self-esteem score during pre-test and although self-esteem did increase, she had the lowest increase compared to the other two participants (A and B) whose self-esteem increased.

These results support the hypothesis that the adolescent girls self-esteem was impacted by the DMT intervention of improvisation and planned movement formation. Three out of four participants' self-esteem increased indicating support for the hypothesis. The results provide viable reason to repeat this study with a larger sample.

Qualitative Data Results

Qualitative results were found using an arts-based qualitative analysis method of creative synthesis through dance making. The salient movement qualities derived from the movement responses were described using LMA and Hackney's Fundamental Patterns of Total Body Connectivity and can be viewed in Table 3. From the embodiment of the movement responses and thus the salient movement qualities, I relied on my own kinesthetic response to create

psychological interpretations that I experienced when embodying the movement responses and can also be viewed in Table 3 correlating with the appropriate salient movement qualities for each participant. Furthermore, the salient movement qualities and corresponding psychological interpretations not only derived from my embodiment of the movement responses, but also from the intentionality of a client-centered and feminist theoretical perspective, honoring an empathic therapeutic relationship and instilling female empowerment. As researcher and therapist I intended for the movement responses to be positive and empowering in hopes to encourage growth and positive self-esteem. This led to the qualitative result that the addition of the movement responses to the DMT intervention of improvisation and planned movement formation seemed to be the most important aspect impacting self-esteem. The experience of the arts-based method of creative synthesis through dance making and the presentation of the performance reinforced this finding and will be further discussed in Chapter Five. The result of my qualitative analysis process, including the embodiment of the movement responses, are illustrated in the dance piece entitled *Unfolding Self-Esteem* presented at the Columbia College DMT Student/Faculty concert on July 27, 2013, and can be viewed at the following link: http://www.youtube.com/watch?v=vdhGJ2HETdQ

  Dance piece: *Unfolding Self-Esteem*. The dance piece was set in four parts/sections, which were determined by the four songs used for the piece. All four songs were used in session during the actual data collection process, the last three songs directly chosen by the participants. The first section embodied the overall emergence of self-esteem during adolescence and included my own visceral reaction to researching the topic and reflecting on my own story of self-esteem during adolescence, fulfilling an important aspect of the feminist theoretical framework, highlighting the researchers unique perspective (Stewart, 1994).

The second part of the piece embodied the pre-test self-esteem scores as well as capturing an overall essence of low self-esteem. The movement utilized unstable and enclosed movement, including hiding the face, wrapping arms close to the body, decelerating, small to medium sized movements, feeling unstable and being off balance. I embodied Participant C's movements during this section. This was evident at the beginning of section two/song two where I embodied one of her planned movement formations from the last session. This is particularly relevant because participant C's self-esteem decreased.

The third and fourth part of the dance represented the embodiment of each participant. This included embodying the exact movement responses created for each participant during sessions, A-D respectively. Each spotlight on the stage represented each of the four participants. This was an attempt to give voice to each participant, aligning with the feminist framework and case study methodology. Movement responses were organized and performed linearly to represent the progression over time. The embodiment experience of these sections resulted in the information in Table 3 (salient movement qualities and my psychological interpretations). Additionally, this section of the dance helped me to clinically assess change in self-esteem over the course of the study based on my kinesthetic responses during the embodiment of the movement responses. The intentionality of embodying movement responses linearly helped me to assess and reflect back on the participants' changes or transformations in their own planned movement formations. Because my movement responses always reflected aspects of the participants planned movement formations, I was able to understand how their own movement qualities changed by linearly embodying their movement responses.

The dance ended by embodying movements that represented a final goodbye to the participants. It included a combination of salient movement qualities from all four participants in

an effort to honor each participant's voice, intentionally choosing to end with a movement from participant C because she was the only participant whose self-esteem did not increase. As the lights faded my arms extended from the heart, embodying the act of giving the participants my compassion, empathy, and hope for empowerment as adolescent girls struggling with self-esteem, in particular to participant C whose self-esteem decreased.

Movement responses. The movement responses were created directly based on the participants own planned movement formations that derived from the improvisational exploration during session. Movement responses were created in session immediately after each participant shared their own planned movement formation. Each movement response attempted to capture aspects of the participants' own creation including similar movement qualities and emotional kinesthetic experiences. Furthermore, my movement responses were influenced by client-centered therapy and a feminist theoretical framework in order to offer empathic and empowering responses.

During session, I began to notice that my movement responses encompassed three main themes: 1.) Utilizing movement qualities from the participants' own planned movement formations, in order to validate their voice and create mutual understanding; 2.) Giving permission to either increase their movement in size or to let go of tension by providing movement that mirrored these concepts, in other words encouraging them to be seen and heard or to release stress and anxiety; 3.) Offering regulating movement, in other words offering a missing or opposing movement quality to help participants feel regulated and empowered. For example, I offered grounding or stabilizing movements to participant C who often appeared off balance. The following salient movement qualities and psychological interpretations were indicative of these themes. Lastly, as the sessions progressed the three participants whose self-

esteem increased (A, B, and D) began to incorporate salient movement qualities from my movement responses into their subsequent planned movement formations. This was evident in the linear progression of the movement responses due to the movement responses intentionally utilizing movement qualities directly from the participants' planned movement formations. The incorporation of salient movement qualities from the movement responses into participants' planned movement formations indicates a movement progression or transformation, which may have impacted an increase in self-esteem.

   Salient movement qualities and psychological interpretations. The salient movement qualities from participant A's movement responses included: free flowing movement, which created release of tension in the body; an active, visible, and audible use of breath; movements that primarily occurred in the vertical dimension (up and down along the central midline of the body). While embodying the movement responses during the arts-based method of dance making, I concluded that the psychological interpretations were the following: letting go of tension in the body, finding self-confidence by establishing verticality and upright posture which exhibited a feeling of confidence, feeling of self-soothing and self-care through the use of breath, embracing curves and femininity through the use of movement that outlined the shape of the female body, I felt this increased my awareness and appreciation of my own body thus increasing body satisfaction.

Table 3

Qualitative Results

Participant	Salient Movement Qualities	My Psychological Interpretations
A	Free flow. Tension release. Use of breath. Vertical movement.	Letting go. Finding self-confidence. Self-soothing. Self-care. Embracing curves and femininity – body satisfaction.
B	Progression from body-half to cross-lateral movement. Increase in kinesphere. Horizontal movement.	Self-confidence. Embrace self and femininity, acceptance of physical body. Permission to amplify voice. Being heard and seen.
C	Grounding. Deceleration. Stability. Vertical movement and core support. Enclosing and spreading.	Establishing self-trust/ internal confidence. Calming nerves/finding peace. Finding stability. Protecting heart and emotional self. Revealing/realizing internal strength.
D	Free flow/releasing bound flow or tension. Increase in kinesphere. Sagittal movement.	Amplifying movement to find self-connection Free self-expression. Letting go of judgment. Finding joy and calm. Instill joy/peace in life.

Salient movement qualities from participant B's movement responses included:

observing a progression through Hackney's Fundamental Patterns of Total Body Connectivity

from *body-half movement*, movement that occurred entirely on the right side and then entirely on

the left side never crossing the midline of the body, to *cross-lateral movement*, the final phase of

body differentiation and integration or movement that indeed crossed the midline of the body

connecting the upper right side of the body with the lower left and the upper left with the lower

right side of the body (Hackney, 2002). Progression into cross-laterality implies the ability to be

fully integrated on a body level which relates psychologically to living a "rich and meaningful

life" (Hackney, 2002, p. 198). Other salient qualities included an increase in *kinesphere* or an

intentional use of larger space while moving (Hackney, 2002). This was evident over the course

of the data collection period as participant B's planned movement formations increased in

kinesphere, and in turn so did my movement responses. Based on the embodiment process, I

concluded the psychological interpretations were establishing confidence and self-certainty, gaining permission to be seen and heard, and acceptance of the physical body and female form.

Participant C's salient movement qualities from the movement responses included: *grounding* movements to create a sense of stability; decelerated or sustained movement; movements establishing a connection to the vertical dimension and core-support (such as standing upright and engaging core muscles for postural support); enclosing and spreading movement most notably in the torso region. The correlating psychological interpretations based on my embodiment of participant C's movement responses were a sense of self-trust/self-confidence based on Hackney's concept of grounding, which refers to having a connection with the earth and being "present with him/herself, 'at home' in his/her body/mind" (Hackney, 2002, p. 236). Verticality and core-support implied feelings of internal emotional strength and support. Other implications included finding calm, peaceful and protecting the heart and the emotional self as exhibited by enclosed movements around the heart, and revealing internal strength.

The salient movement qualities from participant D's movement responses included: free flow or less contained movement where muscles are less bound and tension is released; use of a larger kinesphere (movements that reached far into space in relation to the body); and movement in the sagittal, accessing front and back space. As these salient movement qualities from the movement responses were embodied I experienced the following psychological interpretations: letting go of judgment and increasing self-expression; finding joy and calm by releasing muscle tension; moving forward and back in space implied taking action in personal life to instill joy, peace, and self-expression, and instilling these qualities into daily life.

Conclusion

The results yield support for the hypothesis indicating that the DMT therapy intervention of improvisation and planned movement formation did indeed affect adolescent girls' self-esteem. Quantitative results show that three out of four participants' self-esteem increased. Qualitative results indicated that providing movement responses in addition to the use of the DMT intervention of improvisation and planned movement formation positively impacted self-esteem. Over time, participants A, B, and D began to incorporate salient movement qualities from my movement responses into their own subsequent planned movement formations created in session. This was evident in the progression of movement responses because the movement responses reflected similar aspects of the original planned movement formations. On the contrary, participant C was the only participant who's planned movement formations did not progress to include salient movement qualities from the movement responses. Thus, it appears that a link may exist between the results from the RSE assessment and the incorporation of salient movement qualities from the individualized movement responses on the level of self-esteem.

Chapter V: Discussion

This study addressed the importance of adolescent girls' self-esteem and the effect of self-esteem on overall wellbeing. The purpose of the study was to examine the impact that the DMT intervention of improvisation and planned movement formation can have on adolescent girls' self-esteem. The research question stated: How does the DMT intervention of improvisation and planned movement formation affect adolescent girls' self-esteem? The hypothesis stated: If the DMT intervention of improvisation and planned movement formation is utilized in DMT sessions, then adolescent girls' self-esteem will increase. The small sample size (n =4) in this pilot study does not allow for statistical significance to be calculated therefore the results are not stable. However, the quantitative results indicated support for the hypothesis because three of the four participants' self-esteem increased. Qualitative results indicated that the DMT intervention of improvisation and planned movement formation indeed impacted self-esteem. However, without the addition of the movement responses the impact on self-esteem may not have been the same. Furthermore, possible reasons why participant C's self-esteem decreased will be explored as well as the limitations, validation strategies, and future implications for the study and for the DMT field.

Implications of the Intervention and Movement Response

Improvisation and planned movement formation is a DMT technique created by the dance/movement therapy pioneer Trudi Schoop (Levy, 2005). This technique is a creative dance/movement intervention that seeks to explore abstract emotional concepts, such as self-esteem, in order to improve self-understanding, provide an alternative form of emotional expression, and alter negative or distorted thoughts resulting in a positive evaluation of self (Levy). The reason to create movement responses in addition to the use of the DMT intervention

was to further the understanding of the participants' experience. This was accomplished by offering an empathic and empowering response to aid in the therapeutic process, thus aligning with client-centered therapy and the feminist theoretical framework. Creating movement responses not only allowed me to further understand the participants' experience of how the intervention impacted self-esteem, but it also provided the opportunity to share their story through a performance piece. The performance piece ultimately fulfilled the feminist perspective by voicing the adolescent girls' unique experience, while protecting their identity and identifiable personal material revealed in therapy. Implications from the performance piece confirmed the importance of including the movement responses in addition to the DMT intervention. Thus, the combination of both the intervention and the movement responses seemed to have the greatest impact on self-esteem.

Due to the use of movement responses in collaboration with the intervention of improvisation and planned movement formation, participants seemed to experience an increase in self-understanding and self-acceptance. For example, throughout the sessions participant C's timid and ungrounded movements were most often observed in her hands and feet. When responding to her through movement, I reflected similar timid and ungrounded movements in my hands and feet at first and then transitioned into more grounded and smooth movements that exhibited control and stability. This process allowed participant C to see a reflection of her movement and also nonverbally receive my supportive movement in the form of stability and grounding. As I shared my response, I observed participant C staring closely at my feet as I transitioned into stable and grounded movements, meanwhile her right leg stopped shaking and her feet stilled. Once I finished, she witnessed her smile and she appeared to exhale (as evidenced by a small retreat in the torso). During processing and closure, she verbally shared that

she often moves her hands or feet when she feels anxious. Due to the movement response in collaboration with the improvisation and planned movement formation, Participant C was able to make a connection between her body movements and her emotional state. Although feeling anxious may not have been advantageous to participant C's experience during the study, it was clear that making this connection helped participant C to further understand and accept her inner emotional world.

I also believe the participants' process of improvisation and creating planned movement formations helped to establish a better understanding and connection to the internal self, or a greater understanding of who they are at the core of their being (Rogers, 1995). The connection to the internal self is important in both client-centered therapy and DMT because it helps activate the process of self-actualization and establish a mind/body connection. Self-actualization helps clients reach their full potential (Rogers) while establishing a mind/body connection yields a more integrated individual (Hackney, 2002), thus increasing self-worth and self-competence. Connolly, Quin, and Redding (2001) found that improvisation, as a form of creative dance/movement, directly increases self-understanding. Schoop believed that the use of improvisation and planned movement formation enhanced emotional communication and an understanding of ones own mental states (Levy, 2005). Other researchers found similar results, stating that understanding internal emotional mental states increased self-understanding, self-acceptance, and self-esteem (Corteville, 2009; Leseho & Maxwell, 2009; Morgan, 2004; Thom, 2010). Therefore, as the participants explored their internal emotional world through the use of improvisation, they were likely able to process emotional content by creating tangible and repeatable phrases (the planned movement formation) to increase self-understanding.

The use of movement responses likely enhanced this process by providing participants an empathic reflection of their experience and emotionality, deepening their understanding. For example during session 2, participant D verbally shared that she felt stressed and was experiencing a lot of tension in her arms and shoulders. After the improvisational exploration, I observed participant D's planned movement formation encompassing bound flow and tension through her arms and shoulders. As I responded back, I empathically reflected the tense use of her arms and shoulders however, slowly began to access more free flow or less tension in my movement. As my free flow increased, I observed her watching my arms and shoulders while her head tilted slightly to the side and her shoulders appeared to subtly release tension as evidenced by a slight drop or lowering of the shoulders. During processing, she stated that my movement helped her to "feel more free" and "more relaxed." Due to the use of the movement response, I was able to reflect back to her the tension and stress she was feeling emotionally and to offer her something positive in return. As a result, participant D was able to observe an outside representation of her current emotional state increasing self-understanding and self-acceptance, while witnessing a movement intervention that may help her alter her own undesirable state. In the last session, participant D also shared that finding free flowing and less tense movements on her own (such as at home) helped her to access a more positive mood.

The process of empathic reflection is often expressed in DMT by using a technique known as mirroring, or the therapist's imitation of client's movements, emotionality, or intentions (Levy, 1988). Mirroring, although utilized in many fields, was utilized through movement by dance/movement therapy founder Marian Chace as a way to develop empathy between the therapist and client strengthening the therapeutic movement relationship and providing deeper emotional understanding for the client (Levy, 1988). Thus, the use of empathic

reflection in movement responses increased self-understanding resulting in greater self-acceptance and self-esteem.

Participants also demonstrated an increase in self-expression and self-confidence. Improvisation and planned movement formation seemed to give the adolescents a creative and alternative way to express themselves. Improvisation encourages creativity and individuality, thus enhancing self-expression and creating a deeper understanding and acceptance of self (Corteville, 2009). Each participant actively engaged in the creative process of improvisation and created and shared planned movement formations at each session. The active engagement and successful creation of planned movement formations by each participant is evidence that the participants' successfully used movement as an alternative form of communication, thus increasing their ability to express themselves. This finding is synonymous with other research stating that creative dance/movement provides an alternative and effective form of self-expression (Goodgame, 2007; Leseho & Maxwell, 2010). Additionally, research showed that Latina adolescents are neither assertive nor direct communicators (Camacho, 2001; Goodgame, 2007), however this intervention appeared to provide a way to express the participants' internal world catering to the more direct and assertive communication style of American culture, potentially transcending cultural and gender barriers.

Responding to the participants nonverbally seemed to support and confirm their use of movement as an effective form of self-expression, impacting self-confidence in return. Participants' knowledge that the movement responses were created based on their own improvisational exploration and subsequent planned movement formation seemed to provide a sense of confidence. This was emphasized by deliberately choosing to include parts of the participants' own movements in my responses in order to provide a sense of understanding and

validation for their creation. Through the validation strategy of member checking, participants

provided verbal confirmation that they felt understood and appreciated because I intentionally

used movements from their own planned movement formations in my responses. For example,

participant's B and D both stated they felt "understood" because I used part of their movement

formation in my own response. Specifically participant B stated that she felt understood because

I did a part of what she did but she also liked how I added something more of my own.

Additionally, participant's B and D asked me several times how I was able to respond so quickly

in movement. I explained that it was as if we were having a verbal conversation and I was simply

replying to them and furthermore, I was only able to respond because I utilized part of what they

shared first. Both participants seemed to understand and be satisfied with this response. From a

clinical perspective, these verbal statements led me to believe that participants felt a sense of

ownership of, pride for, and connection to their planned movement formations, and in turn, the

movement responses created for them. Their personal connection to both the planned movement

formation and movement response may have directly impacted both self-confidence and self-

expression.

Furthermore, after each movement response was shared, I observed that participants felt

validated, seen, and understood. This was evidenced by a visible shift in the participants' bodies.

The visible shifts appeared in different ways for each participant but overall included subtle

movements or shifts such as an exhale, a subtle release of tension in one or more body parts

(such as hands, legs, shoulders, arms, face), and often ended by the participants making direct

eye-contact and presenting a calm or pleasant facial affect. Additionally, I believe that the

attention, empathy, and validation given to each participant through the movement response was

an important variable that positively shifted self-esteem, thus enhancing the therapeutic

relationship and decreasing vulnerability.

It is my belief that a mutual sense of acceptance and understanding through the use of the

intervention and movement responses decreased adolescent egocentrism and vulnerability, thus

providing an environment where self-esteem could thrive. I believe that adolescent egocentrism,

comprised of the imaginary audience and the personal fable, and vulnerability were lessened due

to the tenets of client-centered therapy. Client-centered therapy encourages an open and

comfortable environment and incorporates techniques such as genuineness, unconditional

positive regard, and empathic understanding (Rogers, 1951), which helped the participants to

express themselves effectively and confidently. The intention of providing empowering

movements in the movement responses, as influenced by the feminist theoretical framework,

aided in this process. This was particularly evident as participants' began to incorporate salient

movement qualities from my movement responses into their own subsequent planned movement

formations. For example, at the beginning of the study participant B often utilized smaller

movements or movements closer to her body and gazed downward or laughed nervously after

sharing her planned movement formation. In my movement responses, I started by mirroring her

smaller movements and then transitioned into bigger more full-bodied movements reaching

further in the space around me and intentionally grounding my body and making eye contact.

Overtime, participant B began to use larger movements or move in a larger kinesphere, appeared

more grounded in her movements, and made more eye contact while sharing her planned

movement formation. I felt as if providing an example or the nonverbal intervention of moving

in a larger kinesphere, gave her a sense of permission to be seen and heard (similar to what I

experienced during the creative synthesis of embodiment and dance making). From my clinical

observation, I believe the grounded movements and direct eye contact was further evidence that participant B experienced increased confidence and decreased vulnerability.

The incorporation of salient movement qualities from my movement responses by the three participants whose self-esteem increased signified that the movement qualities were indeed positive, empowering, and valid, or signified a personal movement progression or transformation. This incorporation of the salient movement qualities (outlined in Table 3) supported the idea that participants may have began to incorporate or embody the psychological interpretations that I experienced when analyzing the movement responses. The observed movement progression or transformation was apparent in the three participants whose self-esteem increased, participants A, B, and D. However, this progression was not evident in participant C. Movement responses were created to provide empathic and empowering responses. Therefore, it was unsurprising that when analyzed through the creative synthesis of embodiment and dance making the psychological interpretations were overwhelmingly positive. Therefore, if participants began to embody these positive psychological interpretations, then it is likely that this movement progression or transformation played an important role in impacting self-esteem.

Implications of *Unfolding Self-Esteem.* I realized through the arts-based method of creative synthesis via dance making I was attempting to offer or embody movement qualities that I felt may help improve the participants' self-esteem. Based on the process of embodiment and empathic reflection, I began to understand what participants might need in order to impact their self-esteem. For example, after witnessing participant C's planned movement formations I began to notice that she lacked a sense of grounding or stability in her movements. Instead, she presented movements that were off balance, shaky, and timid. By observing and reflecting her

movements in my own body, I concluded that grounding and stabilizing movements (such as placing my entire foot on the ground and accessing increasing pressure through my legs and arms to connect to the earth) would benefit her or help her find a sense of strength. During session five, participant A shared a planned movement formation that she described as "taking a breath." Her movement encompassed free flowing movements and a release in her arms and neck, however I realized that I did not observe her actually "taking a breath" and if so she may be able to access even more free flowing movement and tension release. When I shared my movement response, I used an audible inhale and exhale along with similar qualities of her movement. Immediately and without being prompted, participant A repeated my movement including the audible use of breath. She then shared that adding the breath helped her feel even more relaxed. The movement responses thus, became nonverbal interventions that participants could choose to embody for themselves or not.

As I embodied the movement responses linearly for each participant, I began to feel a sense of transformation or progression in my own body in three of the four participants. On the contrary, I did not experience a progression when embodying participant C's movement responses, but instead experienced repetition of the same qualities. This indicated that participant C did not choose to incorporate the nonverbal interventions into future sessions. Therefore, the three participants who did experience a movement progression or transformation (A, B, and D) actively chose to embody the nonverbal movement interventions offered through the movement responses whereas participant C did not.

During the dance making process, I found myself reverting back to the movement qualities of participant C during the creation of section two of the dance. Section two of the dance was supposed to represent the essence of low self-esteem and the pre-test scores. This was

especially evident when I used one of her planned movement formations from our last session together. The choreography exhibited unstable, enclosed, and small movements that often seemed off balance. In the midst of this section, I also found myself juxtaposing these qualities with more strong and stable movements (similar to the salient movement qualities in Table 3). This represented my intention of providing movement responses that could amplify their movement and their voice, to feel empowered.

The dance ended with my arms extending outward from my heart representing my own personal hope for my participants and all adolescent girls to feel empowered. I recognized that the creation of this dance not only helped me understand participant C's experience, but the impact that the intervention and the movement responses had on all the participants. In reflection of participant C's outcome, I also realized that this dance piece was created for a greater purpose, one to inspire all adolescent girls (including myself) who experienced low self-esteem. This process helped me understand that it was the combination of the DMT intervention and the movement responses with the incorporation of client-centered beliefs, the feminist framework, and the concepts of dance/movement therapy that provided a meaningful and insightful experience.

Cultural Implications

Due to the unique focus on Latina adolescents, it is important to discuss and consider how culture played a role in this study. All four of the participants in this study were of the same culture, Latino/a culture. It is important to note that I, as both researcher and therapist, am of a different ethnicity and culture than the participants therefore do not share the same cultural perspectives or experiences. However, through the lens of the feminist theoretical framework we do share the unique perspective as women in society. Furthermore, although the feminist

framework highlights the unique perspectives of women it is still important to consider culture as part of the participants' unique perspective and experience.

According to the literature, Latina adolescents are likely to experience low self-esteem, high stress, and the greatest health disparities when compared to other cultures (Rios-Ellis, 2005, Rouse, 2010). Latina adolescents may also develop gender roles based on Latino/a cultural beliefs such as *marianismo, familismo,* and *machismo,* which may result in being less assertive and more indirect communicators than their male counterparts (Camacho, 2001; Conner, Serbin, & Ender, 1978; Denner & Dunbar, 2004). Unlike the Latino/a culture where a collectivist culture is valued, Western society values independent and direct communication where Latina adolescents can often feel a loss of identity and power especially during the acculturation process (Peeks, 1999). Peeks also stated that assertiveness and effective communication are essential skills for Latina adolescents to procure or their self-esteem will continue to be compromised.

The Latina adolescents in this study seemed to fit the cultural stereotype exhibiting more passive and indirect communication during the study. This was evidenced by the lack of expressing opinions verbally and moving in a small and uncertain manner at the beginning of the study. Over time, the participants appeared to defy the gender and cultural stereotype by exhibiting behavior and communication that was more assertive and direct thus aligning with the norm in American culture. For example, the participants assertively chose the music we used for group, exhibited larger less restricted movements in their planned movement formations, and initiated more direct eye contact. This was evident in the three participants (A, B, and D) whose self-esteem increased. Although it is not proven that directness and assertiveness render positive self-esteem, it is clear that the three participants whose self-esteem increased did exhibit these qualities both verbally and non-verbally. Because the Latina participants in this study are

members of a society that value assertiveness and direct communication, accessing these characteristics likely improves their ability to communicate and function in society thus increasing their self-esteem. Furthermore, the change in assertive behavior and direct communication style may be related to the empowering aspect behind the movement responses thus increasing self-esteem and possibly challenging culturally instated gender roles.

Related to the stereotypical indirect and unassertive communication style, Camacho (2001) stated that Latinas tend to avoid confrontation in order to instill loyalty and emphasize familial harmony. Because participant A and C were family, it is possible that the cultural belief of *familismo*, or upholding family loyalty, may have been present potentially impacting the outcome of the study. Moreover, participant A seemed to be the most direct and assertive communicator while participant C seemed to be the least. This was clear in participant A's ability to openly express opinions, provide feedback, and exhibit larger movements at the beginning of the study compared to other participants. Participant A was also the oldest participant and is also the older sister of participant C. Due to the dichotomous structure that evolved, participant A and C were always together which may have impacted this observation. However, this observation in addition to other cultural considerations may also account for participant's C's decrease in self-esteem and will be further discussed below.

Although a feminist theoretical framework provides a common ground to relate to women of all cultures, it is clear that culture plays a large part in order to identify and understand the adolescent girls' unique experience. Additionally, the use of non-verbal means in DMT, such as improvisation and planned movement formation, may provide commonality and increase self-expression. Thus, DMT may be a way to relate across cultures and provide personal empowerment. Although this study did not set out to focus on the cultural component it was

clearly present in this study, thus making it a pivotal discussion point to consider in future studies. More specifically, Latina skin color and the implications on self-esteem were not considered in this study. Research has shown that skin color in relation to self-perception, ethnic identity, and perceived discrimination are important factors that can impact Latina self-esteem, thus should also be considered in future studies.

Unexpected Findings and Unique Experiences

In an effort to explain possible reasons behind participant C's decrease in self-esteem, aligning with the feminist theoretical framework, it is important to explore her unique experience during the study. However, it is also important to consider the cultural implications that were mentioned previously and how they directly played a role in participant C's self-esteem trajectory. Participant C's decrease in self-esteem is most likely due to the presence of unexpected findings or extraneous variables. The unexpected findings included underlying familial issues between participant C and her older sister, participant A. As a result of the dichotomous structure, participant A and C were together at each session, which often resulted in tension and stress particularly for participant C. Throughout the data collection process, information about participant A and C's turbulent relationship at home was revealed. It was clear that participant C did not feel comfortable in session, primarily due to her sister's presence. This was clear in the reluctant way she entered the room and the minimal interaction between the two participants during session (including minimal eye contact). Through my clinical observation and assessment, I concluded that participant C most likely experienced heightened levels of self-consciousness and vulnerability during session. At times she would appear to be more open but seemed particularly aware and weary of her sisters comments, behavior, and overall presence.

Additionally, participant C often made negative comments about her physical body indicating a poor body image. Research shows that negative body image creates lower self-esteem and vice versa (Dorak, 2011; Vesile & Mustafa, 2010). Due to participant C's negative perception of her physical self this may have impacted her self-esteem and her planned movement formations. Over the course of the study, participant C continued to display movement qualities in her planned movement formation's that mimicked qualities from the second section of the dance – the section that captured low self-esteem. These movements continued to be enclosed, balanced and close to her body (utilizing a small kinesphere). Unlike the other participants, she did not show evidence of incorporating salient movement qualities from the planned movement formations, which may also account for the decrease in self-esteem.

Furthermore, from a cultural perspective participant's A and C's unique family relationship may have reinforced cultural values and beliefs. For example, the presence of *familismo* may have kept the participants from freely expressing their emotions, especially if they involved familial issues. This may have impacted participant C's ability to fully engage in the intervention and in return be open to receive the movement responses. This could have created more tension and high levels of self-consciousness and vulnerability.

Participant C occasionally used Spanish words to express herself if she was unable to find the word in English. This was clearly a cultural barrier between participant C and myself, however participant A would often assist in the translation, which also exhibited participant A's more assertive and direct communication style. As a result, participant C appeared to be experiencing acculturation stress to some degree, balancing speaking Spanish at home and being expected to speak English at school. Research has shown that acculturation stress can increase vulnerability (Rios-Ellis, 2005; Villalba, 2007). Thus, if participant C was experiencing a level

of acculturation stress this could have aided in her heightened vulnerability impacting her self-esteem.

Validation Strategies

Member checking and triangulation were the validation strategies used in this study to test the reliability and validity of the study. Member checking was utilized during the data collection period when participants verbally responded to whether my movement responses captured similar meaning and qualities of their own planned movement formations. Because this study is a mixed methods case study, using triangulation to compare the qualitative and quantitative results were important in order to deepen the findings. Most of the triangulation process happened on an organic movement based level comparing the movement responses and their salient movement qualities and corresponding psychological interpretations to the change in self-esteem based on the results of the RSE assessment score.

During the member checking process, participants verbally stated that my movement responses reflected a similar meaning, emotionality, and a mutual understanding possibly challenging one aspect of adolescent egocentrism the personal fable, or the idea that no one understands them. As therapist, I witnessed participants feeling validated, seen, and understood. Furthermore, member checking aligns with client-centered therapy in that it placed emphasis on the participants' perspective and provided a comfortable and encouraging atmosphere for adolescents to share enhancing the therapeutic relationship and decreasing vulnerability.

The triangulation process occurred primarily during the qualitative analysis arts-based method of dance making, comparing the kinesthetic responses including salient movement qualities and psychological interpretations with the quantitative results from the RSE assessment. Triangulation revealed the important finding that the participants who incorporated salient

movement qualities from the movement responses into their planned movement formations were the same participants whose self-esteem increased, thus indicating a relationship. Over the course of the study, participants A, B, and D seemed to show a movement progression or transformation by incorporating salient movement qualities from my movement responses, however this was not evident with participant C. Due to participants A, B, and D's movement transformation or progression it is likely that participants experienced similar psychological interpretations as I did while embodying the salient movement qualities from the movement responses. Thus, the participants that did begin to incorporate salient movement qualities from my movement formations were also the participants whose self-esteem increased. The triangulation process revealed the results were convergent thus indicating reliability and validity between methods.

Limitations

There were several limitations in this study. Perhaps the first limitation is the fact that this study was a pilot study therefore statistical significance of the quantitative date was not possible due to the small sample size and the findings are not generalizable to the greater population. Another limitation is that all four participants were never present at the same time in the same session. The implications of having a dichotomous structure may have limited the impact of the intervention. Moreover, because one dichotomy was made up of two sisters personal and familial issues may have resulted in variables likely impacting the results, particularly having the greatest impact on participant C.

Inconsistent attendance of the participants was also a limitation to this study. Because two participants (A and C) were sisters they had the same form of transportation, therefore if one did not attend they both did not attend. Being adolescents, participants had to rely on others for transportation and often forgot to stay after school. As a result, non-consecutive sessions could

have impacted the level of effectiveness of the intervention. Although participants gave feedback through the validation process of member checking, they were not able to give direct feedback about the meaning of their planned movement formations, rather it was interpreted through the embodiment and dance-making process. This limitation may have impeded important information from being disclosed about the personal impact of the intervention.

Future Implications

The findings from this study are synonymous with previous literature stating the DMT increases self-esteem (Bannon, 1994; Corteville, 2009; Meyer-Gonzalez, 2000; Jeong, et al. 2005). However, the importance of this study was to identify one specific DMT intervention that is effective in raising self-esteem. Results showed that three out of four participants' self-esteem increased due to the presence of the DMT intervention of improvisation and planned movement formation and the addition of movement responses. Because movement responses utilized salient movement qualities that were empowering and empathic, participants were able to receive something personal in return. In future studies it may be beneficial to utilize both the intervention of improvisation and planned movement formation along with the movement responses to elicit a greater impact on self-esteem. It may also be beneficial to utilize a larger sample size that encompasses adolescents of all cultures. Moreover, cultural considerations should also be reflected in future studies. Because this study was a pilot study the results are not statistically significant, however they do support the hypothesis indicating that a larger study could be replicated. Additionally, considering a longitudinal study with more sessions and more participants may yield more significant results.

Conclusion

The purpose of this study was to examine the impact that the DMT intervention of improvisation and planned movement formation can have on self-esteem. The research question stated: How is adolescent girls' self-esteem affected by the DMT intervention of improvisation and planned movement formation? The hypothesis stated: If the DMT intervention of improvisation and planned movement formation is utilized in DMT sessions, then adolescent girls' self-esteem will increase. Three out of four participants' self-esteem increased indicating support for the hypothesis. The DMT intervention of improvisation and planned movement formation indeed had an impact on self-esteem however it was the addition of the movement responses that seemed to add value to the intervention as a whole. Furthermore, the incorporation of salient movement qualities from the movement responses into the participants own planned movement formations may have positively impacted self-esteem. The results showed an increase in both self-competence through improved communication, self-expression and self-confidence, and increased self-worth evidenced by participants feeling validated, empowered, and understood. These positive findings will hopefully be reflected in both academic and social life by attaining academic goals, regulating emotional distress, and maintaining healthier relationships. It is my hope that the adolescent girls from this study as well as all adolescent girls that may experience DMT, or more specifically the DMT intervention of improvisation and planned movement formation with movement responses, will experience an increase in self-esteem and overall empowerment to promote wellbeing.

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Definition of Terms

Adolescence

The transitional period between childhood and adulthood that is often characterized as time of vulnerability and self-discovery (Frinkenauer, Engles, &, Meekums, 2002; Gurian, 2012; Santrock, 2011).

Adolescent Egocentrism

"The heightened self-consciousness of adolescents" (Sanstrock, 2011, p.371)

Body-Half Movement

Body-half is one of the Developmental Patterns of Totally Body Connectivity that includes movement that occurs entirely on the right side and or entirely on the left side of the body, never fully crossing the midline of the body (Hackney, 2002).

Body Image

The bodily sensation and perception of the physical self (National Association for Self-Esteem, 2010; Päivi, 2003).

Client-Centered Therapy

Type of talk-therapy that was created by psychological Carl Rogers, also known as Rogerian therapy or non-direct therapy, uses a non-directive approach to therapy by letting the client lead the session rather than being guided directly by the therapist (Rogers, 1951).

Cross-Lateral Movement

The final phase of the Developmental Patterns of Totally Body Connectivity that encourages body differentiation and integration movement that indeed crosses the midline of the

body connecting the upper right side of the body with the lower left and the upper left with the lower right side of the body (Hackney, 2002).

Dance/Movement Therapy

Body-based therapy that utilizes the psychotherapeutic aspects of movement to create change by integrating the body and the mind (American Dance Therapy Association, 2009); focuses on "helping their clients improve self-esteem and body image, develop effective communication skills and relationships, expand their movement vocabulary, gain insight into patterns of behavior, as well as create new options for coping with problems" (American Dance Therapy Association, 2009).

Familismo

The cultural importance of upholding family loyalty (Denner & Dubar, 2004).

Global Self-Esteem

One specific type of self-esteem that relates to overall mental wellbeing encompassing both positive and negative beliefs about the self, whereas (Rosenberg et al., 1995)

Grounding

Defined by Hackney (2002), grounding is a concept that refers to having a connection with the earth and being "present with him/herself, 'at home' in his/her body/mind" (Hackney, 2002, p. 236).

Imaginary Audience

The intrinsic belief that others are as observant of their behavior and appearance as they are, and the (Sanstrock, 2011)

Improvisation and Planned Movement Formation

An intervention created by dance/movement therapist Trudi Schoop that utilizes unstructured movement done only until a repeatable movement phrase is created (Levy, 2005).

Kinesphere

"Defined psychically by the distance that can be reached all around the body without taking a step; defined psychologically by the space the mover senses is hers or his, the space s/he effects" (Hackney, 2002, p. 223).

Kinesthetic Response

Responses based on what is felt on a body level, includes physical and emotional response.

Machismo

The Latino/a cultural belief that men are both the protector and the head of the household, reporting that their traditional gender role is less powerful than men (Denner & Dunbar, 2004)

Marianismo

The Latino/a cultural belief that the female takes on a nurturing role in the family (Denner & Dubar, 2004).

Member Checking

A validation strategy that asks the participants for direct input or feedback during the research process (Creswell, 2013).

Personal Fable

The belief that adolescents are so unique in nature no one can understand them (Sanstrock, 2011)

Self-Actualization

The idea that individuals strive to achieve their greatest potential and to reach a clearer understanding of their internal self, or who they truly are (Rogers, 1962; Rogers, 1995**)**

Self-Competence

An important aspect of self-esteem that is measured by the confidence one possesses in relation to making decisions and communicating ideas (National Association of Self-esteem, 2010; Rosenberg et al., 1995; Sanstrock, 2011).

Self-Esteem

An overarching evaluation of self, based on both self-worth and self-competence, in relation to the vulnerability, heightened awareness of others, and distorted beliefs of self that evolve during adolescence (National Association of Self-esteem, 2010; Rosenberg et al., 1995; Sanstrock, 2011).

Self-Worth

An important aspect of self-esteem that encompasses feeling satisfied and establishing a sense of integrity based on the ability to meet goals and values (National Association of Self-esteem, 2010; Rosenberg et al., 1995; Sanstrock, 2011).

Specific Self-Esteem

A specific type of self-esteem that focuses on the behaviors and accomplishments one exhibits in specific roles. (Rosenberg et al., 1995)

Triangulation

"The use of more than one method to collect and analyze data on the same variable" (Cruz & Berrol, 2005, p. 214).

Informed Consent/Assent Form

Columbia 𝒢

C O L L E G E   C H I C A G O

Consent Form for Participation in a Research Study

Title of Research Project: Adolescent Girls' Self-Esteem and the Dance/Movement Therapy Intervention of Improvisation and Planned Movement Formation: A Pilot Study
Principal Investigator: Mallory Ingram, Mallory.ingram@loop.colum.edu
Faculty Advisor: Laura Downey, BC-DMT, LPC, GL-CMA, ldowney@colum.edu, 312-369-8617
Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA, ldowney@colum.edu, 312-369-8617

INTRODUCTION

Dear students: You are invited to participate in a research study to examine how adolescent girls' self-esteem is affected by the dance/movement therapy (DMT) intervention of improvisation and planned movement formation. This intervention involves exploring unstructured movement during the session that results in a repeatable movement phrase to represent each participants' experience. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are being asked to participate because you have volunteered and have identified self-esteem as an area to be addressed.

PURPOSE OF THE STUDY

This study will examine how adolescent girls' self-esteem is affected by the DMT intervention of improvisation and planned movement formation. Participants will be asked to engage in 6-8 DMT sessions that will involve taking a self-esteem assessment before the first session and after the last session and to fully participate in the intervention of improvisation and planned movement formation during all sessions.

PROCEDURES

- Participants must self-identify as wanting to work on self-esteem
- The research will be conducted during the spring of 2013 from March 6, 2013 – May 30, 2013. Each DMT session will be approximately 45-60 minutes including administering both assessments and recording the researchers movement response during the final session. The participants will not need to be contacted in the future regarding this study but can contact the researcher if interested in further DMT sessions.
- Secured participants will be selected based on the first 2-6 consent forms that are returned
- The study will run approximately 6-8 weeks, and you will be notified of starting and ending dates
- Participants will be asked to take the Rosenberg self-esteem assessment before the first session and after the last DMT session.
- There will be no recorded video of the participants themselves but there will be video recording during the session but will *only* be of the researcher – the purpose is so the researcher can capture the movement response to the participants planned movement response immediately afterward.
- All original data will be destroyed two years after thesis study has been submitted.

If you agree to participate in this study, you will be asked to do the following:
- Complete this signed informed consent form with signatures by participants and parent/guardian and return within two weeks of distribution
- Attend and fully participate in all DMT sessions to the best of your ability
- Complete two Rosenberg Self-esteem Assessments; one before the first session and one immediately after the final session.
- Be willing to give verbal validation that researchers movement response in someway reflects the experience of participants planned movement formation

POSSIBLE RISKS OR DISCOMFORTS

The risk in this study is:
- Participation in this study may bring up emotional, psychological, and social issues as a result of the content of therapeutic discussion. The role of the researcher is also the therapist, thus the researcher/therapist will provide therapeutic support throughout the study. Furthermore, because researcher/therapist is dual role measures will be taken to ensure professionalism at all times including checking in with the faculty advisor regularly. After the study is complete, participants will have the option of receiving additional counseling services within the school setting.

Possible inconveniences as a result of the study procedures may include the time it takes the complete the study, lasting for approximately 40-60 minutes at a time, one day a week for a total of 6-8 weeks. Sessions will happen directly after school on Wednesday's from approximately 1:00-1:40. On Club Wednesday's, sessions will occur during advisory period, not interfering with class work or clubs.

POSSIBLE BENEFITS

The possible benefits of being in this study include improvement of self-esteem including increase in self-worth and self-competence. Other possible benefits may include an improvement in social and academic life.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator's supervisors.

• Participant's personal identifiable information will remain private and confidential. This will be implemented by securing a numerical code for each participant in order to organize data collected from the Rosenberg Self-Esteem Assessment and to correlate the researchers recorded movement response.
• When data is released, it will be presented to the researcher's Faulty Advisor and to the Columbia College Chicago Dance/Movement Therapy and Counseling Thesis Committee.
• All original data will be destroyed two years after thesis study is submitted.
• In the situations of reports of child abuse and neglect, or harm to self or others, confidentiality cannot be guaranteed.

The following procedures will be used to protect the confidentiality of your information:

1. The researcher will keep all study records locked in a secure location.
2. All electronic files containing personal information will be password protected.
3. Information about you that will be shared with others will be unnamed to help protect your identity by implementing an anonymous numerical system to organize data.
4. No one else besides the primary investigator will have access to the original data.
5. At the end of this study, the researcher may publish their findings. You will not be identified in any publications or presentations.

RIGHTS

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

Informed consent forms must be returned within two weeks of distribution. Forms can be returned to me or to the Principal. We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Mallory Ingram at 740-408-6407, or the faculty advisor Laura Downey at 312-369-8617. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.

COST OR COMMITMENT

There will be no cost to participants. However, there will be a time commitment of approximately 45-60 minutes a week for 6-8 weeks that will be required.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

_____   _____   _____
Participant/Parent/   Print Name: Date:
Guardian Signature:

Relationship (only if not participant):_____

_____   _____   _____
Assent of Minor Signature: Print Name: Date:

_____   _____   _____
Signature of Person   Print Name: Date:
Obtaining Consent

_____   _____   _____
Principal Investigator's   Print Name: Date

Appendix C

Rosenberg Self-Esteem Assessment

■ FIGURE 6.1   The Rosenberg Self-Esteem Scale

Circle one response for each of the following ten items.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that I am a person of worth, at least on an equal basis with others.	1	2	3	4
2. I feel that I have a number of good qualities.	1	2	3	4
*3. All in all, I am inclined to feel that I am a failure.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
*5. I feel I do not have much to be proud of.	1	2	3	4
6. I take a positive attitude toward myself.	1	2	3	4
7. On the whole, I am satisfied with myself.	1	2	3	4
*8. I wish I could have more respect for myself.	1	2	3	4
*9. I certainly feel useless at times.	1	2	3	4
*10. At times I think I am no good at all.	1	2	3	4

*Items marked with an asterisk have reversed wording. The numbers on items with reversed wording should be reversed before summing the responses for the ten items. For example, on item 3, "strongly agree" becomes 4, "agree" becomes 3, "disagree" becomes 2, and "strongly disagree" becomes 1.

Appendix D

Program Description from *Unfolding Self-Esteem*

This piece is a part of the presentation of my thesis research entitled: Adolescent Girl's Self-Esteem and the Dance/Movement Therapy Intervention of Improvisation and Planned Movement Formation: A Pilot Study. It is a culmination of my qualitative data analysis, which includes my movement responses to each participant's planned movement formation (their own repeated movement or phrase created after an improvisation exploration), my embodied experience, and fulfills my feminist theoretical perspective to give a voice to the adolescent girl's experience. I wish to dedicate this piece to my sister, and anyone who has or is struggling with self-esteem.