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The Intersection of Anger Management Counseling and Embodiment in Dance/Movement Therapy

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THE INTERSECTION OF ANGER MANAGEMENT COUNSELING AND EMBODIMENT IN DANCE/MOVEMENT THERAPY

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Abstract

The purpose of this research study was to explore how the embodiment of aspects of anger may integrate within anger management counseling. Through this research, the first step was taken in exploring the physical expression of anger as an intervention tool in anger management counseling. A personal understanding of anger expression and management was established which may be utilized in future dance/movement therapy (DMT) sessions. This study was guided by multiple research questions: How might the embodiment of anger integrate with anger management counseling? How might the sensations, images, feelings, and thoughts experienced in anger management sessions lead to an embodied expression of anger? How might my embodiment of multiple aspects of anger lead to the development of dance/movement therapy interventions?

In this heuristic study, I was the sole participant attending group anger management counseling as well as individual DMT sessions over the span of eight weeks. Following each anger management and DMT session, I collected data using semi-structured journal entries and later analyzed them using Forinash's qualitative data analysis method. As there is a lack of research around the expression of anger within anger counseling treatments, this research provided me with a personal understanding of the relationship between the embodiment and management of anger. Through the simultaneous process of attending anger management counseling and DMT sessions, focused on embodiment of anger, I developed a deeper understanding of and began to shift my relationship to anger. The findings of this study provide evidence of embodiment effects and support the use of embodiment as an effective intervention in DMT practice. Beyond the scope of this particular study, my research may also contribute to beginning to understand what a DMT anger management curriculum might look like.

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Chapter One: Introduction

Anger has been an emotion I have struggled to understand for many years, and I participated in anger management counseling seven years ago. I have always been curious about the dichotomy between, what often seems to be, a strong outward expression of emotion and the tendency to teach or train ourselves to completely stop that expression. My struggle to understand anger continued as a dance/movement therapy (DMT) graduate student. I found myself continuing to question the role of anger in human experience as I entered into my internship placement. These personal experiences, combined with my review of the literature, made me curious about the role of embodiment in counseling focused on addressing the emotion of anger. I wondered if there was a way to intentionally use movement to bridge this gap between outwardly expressing anger and completely thwarting it's physical expression. This study addresses my interest in working with anger management as a professional dance/movement therapist.

In my internship at an inpatient behavioral health hospital for individuals ages three through seventeen, I regularly encountered anger within my patients. The cognitive behavioral therapy (CBT) approach of the site stresses the de-escalation and management of anger. In approaching my patients through the CBT lens, I became accustomed to redirecting and managing expressions of anger through the use of coping skills. This CBT approach taught me a great deal, and I recognize its benefit in emotion regulation. However, I lost my way and became afraid of allowing my patients to outwardly express their anger. Additionally, I never quite felt anger was fully addressed in my graduate studies. The curriculum seemed to lack material that directly addressed treatments of anger. Furthermore, throughout my time in the two year program, I can recall anger being directly addressed in movement in only two out of the

dozens of experiential learning sessions. I was regularly wondering how to integrate the classroom material with my patients who consistently harbored as well as outwardly expressed anger. I work from a perspective influenced by humanistic and positive psychology. At the hospital, I found it imperative to work in the here and now, acknowledge the entirety of the client's experience, and focus on the strengths of the clients. Regularly encountering situations, both at my internship and in the classroom, where I felt that anger was minimized or not addressed at all, became increasingly frustrating. Thwarting every outward expression of anger I encountered, without providing a way for safe expression, was completely opposed to my world view. I needed to find a way to acknowledge the experience of anger.

When deciding on a topic for my thesis, I immediately knew I wanted to address my frustration, curiosity, and hopefulness of using DMT with anger. Several ideas involving developing interventions and implementing them with groups of individuals came to mind. However, this did not feel quite right. I had been working for several months in my internship to develop and implement interventions for anger, and I felt that I was in need of a personal understanding of anger before continuing with that method. Implementing interventions with others, even in the context of a study, felt too disconnected. I did not want to continue the cycle of addressing client anger from a removed point of view. I wanted this process to help me gain a deeper and more personal understanding of anger that I could then take out into the world to help address anger in others in the future. This led to the decision to complete a heuristic study.

As I was deciding the logistics of how to implement a heuristic study on anger, I knew I needed outside accountability. Left to my own devices, I have a tendency to procrastinate. How could I design a heuristic, self-study that would provide freedom to fully explore my topic within a structure to keep me in check? My Thesis Seminar instructor asked me if I would be willing to

attend anger management counseling, and this immediately made sense. I had completed an anger management course in the past, so I had confidence in my ability to repeat this process. I also felt that this would fulfill one of my biggest goals of the study: gaining a deeper personal understanding of anger. Attending anger management counseling was one step beyond reading about and reviewing the literature of anger management. This would provide a structure in which to develop my personal understanding of one type of anger management course. I would be personally learning and implementing the techniques within the context of a class that anyone from the general public might attend.

In addition to attending anger management counseling, I needed to develop a means within my study to explore anger using movement. As a dance/movement therapist I believe that embodiment and physical expression can help patients further understand and work through emotions. I decided that I would use movement to embody the emotion of anger. To provide structure to this process, I could use concepts from the anger management course I was attending to fuel and provide a guide for my embodiment sessions. Again, I felt the need for outside accountability, as well as a second lens, for these movement sessions. This led to the decision to hire a dance/movement therapist to act as witness and potential guide for my movement explorations of anger.

Dance/Movement Therapy and Anger

The purpose of this study was to begin to address the potential intersection of DMT and anger management counseling. Through this study, I hope to take the first step in exploring the embodiment of anger as an intervention tool in anger management counseling. Current anger management research and treatments focus on the cognitive understanding and de-escalation of anger. This study will focus on the integration of the embodied expression of anger into anger

management counseling. I hope to gain an understanding of my experience of the embodiment of anger and discover ways in which this may supplement my experience of anger management counseling. This study aims to provide me with a personal understanding of anger expression and management that I may be able to utilize in the future as a dance/movement therapist. With a personal understanding of this phenomenon, I may then progress forward in my future career into developing programming and working with clients seeking anger management.

Chapter Two: Literature Review

Anger is arguably the most challenging emotion to address in psychotherapy (Boswell, 2016), and the literature overwhelmingly suggests a lack of data on the conceptualization and treatment of anger within the field of psychotherapy (Boswell, 2016; DiGiuseppe et al., 2012; DiGiuseppe & Tafrate, 2001; Lench, 2004). Additionally, anger is a diagnostic criterion for several disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM), but anger does not currently have its own diagnosis (Cassielo-Robbins & Barlow, 2016).

This literature review presents resources that explain the current conceptualization and treatment of anger within the field of psychotherapy, outline embodiment theories related to emotion and cognition, and explain the connection of embodiment and dance/movement therapy (DMT). Furthermore, this review examines the lack of resources in specific areas given that significantly less publication exists on the emotion of anger than other emotions such as depression and anxiety (DiGiuseppe & Tafrate, 2001). Counseling and psychotherapy theory are included to provide understanding of the emotion of anger and current anger management counseling treatment approaches. It includes embodiment theory and literature to give an overview of the connection between the body and emotional processing. Lastly, applications to DMT treatment will be addressed using DMT sources. Throughout this review, regardless of what is present in the literature, the words therapist and client will be used to identify the personal agents of therapy.

Anger

Many researchers in the field of psychotherapy have provided definitions for the emotional state of anger. The American Psychological Association (2017) defines anger as "an emotion characterized by antagonism toward someone or something you feel has deliberately

done you wrong". Clients experiencing anger are often cognitively perceiving a threat in their environment and then reacting through behaviors in order to fend off this perceived threat (Ornstein, 1999). An anger response can be elicited from external events that the client believes they should not have experienced, an internal experience of not feeling equipped to cope with the experience, or a combination of both (Deffendbacher, 1999). The cognitive process of anger has various associated verbal, bodily, and autonomic reactions as well as behaviors that punish others (Kassinove & Sukhodolsky, 1995). According to DiGiuseppe and Tafrate (2001), anger produces specific body language, vocal tone, negative speech, and aggressive behavior including verbal and physical outbursts.

Further exploration of the topic of anger reveals a common theme throughout psychotherapy literature of differentiating between healthy and dysfunctional expressions of anger (Cassiello-Robbins & Barlow, 2016; DiGiuseppe & Tafrate, 2001; Gonzalez-Prendes, 2009; Kannan et al., 2011; Paivio, 1999). Researchers including Harmon-Jones, Harmon-Jones, Abramson, and Peterson (2009) and Cox, Stabb, and Bruckner (1999) have provided theory to support a use of anger as an adaptive emotional function. Healthy anger is anger that allows for the basic needs of the client to get met (Harmon-Jones et al., 2009) Anger can provide information, protect an individual from perceived threats and harm, and help to overcome obstructed goals (Harmon-Jones et al., 2009; Cox et al., 1999).

Additional theories conceptualize that some expressions of anger are harmful and lead to dysfunctional coping in stressful environments (Cox et al., 1999; Lench, 2004; Leifer, 1999). Dysfunctional anger is anger that interferes with the client's daily life and does not allow for the basic needs of the client to get met (Lench, 2004). Clients who are chronically angry are typically unable to deal with stress which leads to frustration and increased anger (Cox et al.,

1999). Dysfunctional anger causes greater conflict and personal discomfort (Cox et al., 1999; Lench, 2004). Anger is a form of suffering which causes pain because it is impossible to experience happiness while angry or in the company of an individual experiencing anger (Leifer, 1999). Lench (2004) states, "Because chronic anger affects daily life and health, it is likely not serving the basic needs of the person and is therefore dysfunctional" (p. 514).

Anger treatment obstacles. The obstacles to treating dysfunctional anger primarily relate to a lack of preparedness therapists have in order to assess, treat, and connect clients to available resources (Cassiello-Robbins & Barlow, 2016; DiGiuseppe & Tafrate, 2001). Dysfunctional anger does not currently have its own diagnosis within the DSM (Cassiello-Robbins & Barlow, 2016). As a diagnostic criterion for multiple disorders in the DSM, much of the literature on anger treatment deals with treating anger within the context of the primary diagnosis or presenting problem of the individual (Cassiello-Robbins & Barlow, 2016; Lench, 2004). Anger is often present in individuals experiencing emotional disorders including anxiety disorders, obsessive-compulsive disorder, depressive disorders, bipolar disorder, post-traumatic stress disorder, borderline personality disorder, and intermittent explosive disorder (Cassielo-Robbins & Barlow, 2016). "By considering anger a component of other disorders, clinicians may largely ignore the angry presentation of the client and potential problems related to anger may go untreated" (Lench, 2004, p. 514). DiGiuseppe and Tafrate (2001) assert that the understanding of dysfunctional anger and its treatment is lacking. There is a lack of literature on effective anger treatments, lack of standardized assessments of client anger, and absence of a DSM diagnosis with anger as the primary emotional problem (DiGiuseppe & Tafrate, 2001). This leaves therapists less comfortable working with clients presenting with dysfunctional anger than with clients dealing with anxiety or depression, which have 7 and 10 times respectively

more published research articles than anger (DiGiuseppe & Tafrate, 2001).

The lack of available literature and resources for clients dealing with anger issues is further discussed in a study on the effectiveness of anger management with court-mandated clients (Sanderfer & Johnson, 2010). Court-mandated anger management treatment is often used within the criminal justice system to avoid harsher punishment for issues such as domestic violence and child abuse (Sanderfer & Johnson, 2010). Results of the study indicated that graduate training programs only moderately prepare therapists to provide anger management treatment to court-mandated clients (Sanderfer & Johnson, 2010).

In addition to the lack of therapist resources available to directly treat client issues related to anger, clients experiencing anger are often especially resistant to change (DiGiuseppe & Tafrate, 2001). Researchers throughout the literature have provided multiple reasons for client resistance (Deffenbacher, 2004; DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001; Scherer & Wallbott, 1994). First, many people feel little desire to control their anger, and the only emotion people wish to change less than anger is joy (Scherer & Wallbott, 1994). Clients with dysfunctional anger often feel that their anger responses are justified and may deny and/or minimize the effect of their anger on themselves and others (Deffenbacher, 2004). Clients externalize their anger and blame others for harming them (Deffenbacher, 2004). According to DiGiuseppe (1999):

> I often say that angry clients do not come for therapy; they come for supervision. They have tried to change their bosses, coworkers, or mates- and failed. They come to us for advice on how to change their transgressors. Angry clients often have difficulty forming an alliance with therapists because therapist and client fail to agree on the goals of therapy. Therapists want to change their client's anger, and clients want to change their

instigators or get revenge. (p. 367)

This causes many clients, seeking treatment for anger issues, to fall within the pre-contemplative state of change (DiGiuseppe, 1999). According to one stage of change model (Prochaska, Norcross, & Diclemente, 2013), there are five stages of change that clients go through in order to heal. These stages begin with pre-contemplation which is when clients do not believe they have a problem and have no intention to change their behavior in the foreseeable future (Prochaska et al., 2013). Many clients experiencing anger are not ready for anger reduction, and unfortunately, the interventions that are most often used and and researched are aimed at clients in the readiness or action stages of change (DiGiuseppe & Tafrate, 2001).

Difficulty with developing a therapeutic alliance is the second obstacle to treatment. The two aspects that are barriers to the therapeutic alliance are client resistance to change and the potential for difficulty with empathizing with the client. In order to effectively address and motivate clients to change, therapists must learn to empathize with the anger their clients are experiencing (DiGiuseppe & Tafrate, 2001). However, people experiencing anger typically fail to garner empathic responses, making it more difficult for therapists to experience empathy for clients experiencing anger (DiGiuseppe & Tafrate, 2001). Therapists must remain cognizant of clients' readiness to change and empathize with clients' anger in order to develop a strong therapeutic alliance, ensure effective treatment, and avoid premature termination of therapy (Deffenbacher, 1999; Gonzalez-Prendes, 2009).

The final obstacle to effectively treating anger is the myth that cathartic venting results in a reduction of anger. The literature suggests the opposite is actually true (Mayne & Ambrose, 1999). Venting of anger can increase the intensity and expression of anger (Mayne & Ambrose, 1999). Furthermore, anger is only second to joy as the emotion that causes a strong tendency to

approach rather than avoid triggers (Scherer & Wallbott, 1994). Venting of anger may amplify signals in the internal neural feedback loop reinforcing negative thinking and behavior (Mayne & Ambrose, 1999). This suggests that clients have a tendency to approach anger inducing situations and, through venting, reinforce their dysfunctional behavior (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Clients dealing with dysfunctional anger may then frequently engage in destructive behavior throughout the course of therapy.

Anger treatment methods. Dysfunctional anger treatment approaches tend to include eight components: developing the therapeutic alliance, addressing clients motivation for change, agreeing on engagement, goals, and means of therapy, managing physiological arousal, implementing cognitive change, implementing behavior change, addressing clients' environmental supports and severed relationships, and teaching relapse prevention. Nearly all anger management treatment approaches outlined in psychotherapy literature provide that a level of personal ownership of anger is necessary for change-focused interventions to work effectively (Deffenbacher, 1999; Deffenbacher, 2004; DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001; Leifer, 1999). However many clients seeking treatment for anger are not at this stage of acceptance upon entering therapy (Deffenbacher, 2004; DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001; Scherer & Wallbott, 1994). Since many clients are still in the pre-contemplative state of change, several therapy focuses are necessary before delving into interventions targeted directly at changing the client's anger (DiGiuseppe & Tafrate, 2001). Furthermore, the notion that multi-modal treatment, or treatment that incorporates multiple interventions into one protocol, produces the most effective treatment outcomes is applicable to anger management (DiGiuseppe & Tafrate, 2001).

The first component of dysfunctional anger treatment approaches is developing a

therapeutic alliance. Much of the literature on anger treatment stresses the importance of developing a strong therapeutic alliance early in treatment (Deffenbacher, 1999; Deffenbacher, 2004; DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001; Gonzalez-Prendes, 2009; Paivio, 1999; Robins & Novaco, 1999). Since anger does not naturally elicit an empathic response, therapists may run the risk of invalidating the client's experience and severing the therapeutic relationship (DiGiuseppe, 1999). To avoid this occurrence, and strengthen the therapeutic alliance, therapists need to validate client's feelings of being wronged (DiGiuseppe, 1999; Ornstein, 1999). "Therapists need not agree with the client's sense of things and behavior; however, as they would with any other client, the therapists need to understand things from the angry client's perspective" (Deffenbacher, 1999, p. 300). Therapists empathizing with client anger early in treatment will provide the necessary means to develop a strong working alliance (DiGiuseppe & Tafrate, 2001).

The second component for effectively treating dysfunctional anger is client motivation. Clients typically do not wish to change dysfunctional anger, so it is imperative to address motivation for change in the early stages of therapy (DiGiuseppe, 1999). One way to address client's motivation to change dysfunctional anger is looking at the costs and benefits of dysfunctional anger (Deffenbacher, 2004). The client must understand that the costs of anger outweigh the benefits of anger in order for treatment to proceed successfully (Robins & Novaco, 1999). Therapists can introduce self-monitoring procedures to help clients begin to understand the frequency of their anger and see how often they experience anger's negative effects (DiGiuseppe & Tafrate, 2001). As clients begin to understand the costs of anger and monitor the occurrence of their anger responses, they may begin to take responsibility for their own anger (Leifer, 1999). This is necessary for successful treatment of anger because "to the degree that we

fail to take total responsibility for our anger, we cripple our ability to heal it" (Leifer, 1999).

Furthermore, the third component of dysfunctional anger treatment is agreeing on engagement, goals, and means of therapy. Client and therapist must come to these agreements before directly addressing and changing client anger. First, the client must agree to engagement in treatment with the therapist (Robins & Novaco, 1999). Next, client and therapist must come to an agreement on the goals of therapy, and these goals must take into account the client's stage of change (Deffenbacher, 1999; Paivio, 1999). Therapist and client conflict on the goals of therapy is most likely to occur with clients experiencing anger than with other emotional excesses, so this is an integral step to promoting effective treatment (DiGiuseppe, 1999). Lastly, the therapist and client must agree on the means of therapy (Deffenbacher, 1999). Even when clients have taken responsibility for their anger and are ready for change-focused interventions, these interventions should not be provided based on symptom presentation. Therapist and client should work together to create the interventions uniquely suited to the history, sources, and nature of the client's anger (Deffenbacher, 1999).

The fourth component of effectively treating dysfunctional anger is managing physiological arousal. The emotional state of anger often produces immediate and extreme physiological over-arousal (DiGiuseppe, 1999). Addressing this first, before focusing on other aspects of treatment, may help clients respond to additional interventions more effectively (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Teaching relaxation interventions to clients can help to reduce both emotional and physiological arousal and provide them with techniques to use in the future (Deffenbacher, 2004). Buddhist meditation on the breath and walking meditation are two specific interventions for reducing physiological arousal (Nickerson & Hinton, 2011).

The fifth component, and most addressed aspect of dysfunctional anger treatment throughout the literature, is implementing cognitive change. Cognitive interventions include interventions aimed at changing anger-inducing attitudes, beliefs, and self-talk (Deffenbacher, 2004). Clients with dysfunctional anger often experience cognitions of "blame, unfairness, demandingness, and suspiciousness..." (DiGiuseppe & Tafrate, 2001, p. 268) when experiencing anger. Clients must become aware of the dynamics of anger and look within themselves for the causes of it (Leifer, 1999). Evoking and exploring anger within the therapy session can allow clients to gain insight into their own experience of anger and learn how to cope with anger-inducing situations (Kannan et al., 2011; Paivio, 1999). Furthermore, this process of self-exploration may restore the resiliency and cohesiveness of the self, leading to improved ability to cope (Ornstein, 1999).

The sixth component of dysfunctional anger treatment is implementing behavioral change. In addition to cognitive change, behavioral change is a necessary component of anger treatment. Clients with dysfunctional anger often have engrained reactions and do not know how to behave differently (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Interventions focused on social, communication, and assertion skills can help clients develop alternative responses and reduce negative interactions (Deffenbacher, 2004). Clients can also benefit from learning how to acknowledge and express their anger at appropriate times before it escalates (Paivio, 1999). Introducing and practicing new responses will introduce new reactions (DiGiuseppe, 1999). One effective way to accomplish this is through exposure therapy, in which clients are exposed to anger inducing situations through imaginary scenes or role-plays (DiGiuseppe & Tafrate, 2001). This creates a simulated environment to repeatedly practice and ingrain new responses to anger triggers (DiGiuseppe & Tafrate, 2001).

The seventh component of dysfunctional anger treatment is addressing clients' environmental supports and severed relationships. Clients with dysfunctional anger often associate with individuals and groups who promote and support their maladaptive anger responses (DiGiuseppe, 1999). Addressing the client's social system and creating new social supports may be necessary to promote anger reduction and reduce the probability of relapse into old anger habits (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Additionally, clients with dysfunctional anger often have severed relationships in their lives (DiGiuseppe & Tafrate, 2001). Addressing and rebuilding these relationships can help foster positive support and promote systemic change (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001).

The eighth component of dysfunctional anger treatment is the need to teach relapse prevention techniques. Due to the automatic nature of anger, low motivation to change anger, the likelihood that anger-triggering events will continue, the tendency to see one's anger as justified, and the impossibility of completely avoiding anger, it is likely that clients will relapse into dysfunctional anger habits (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). The literature provides that teaching and practicing body and mental relaxation techniques can help reduce the risk of relapse (Leifer, 1999; Mayne & Ambrose, 1999). One effective body relaxation technique is to relax the muscles of the body, often referred to as progressive muscle relaxation (Leifer, 1999). Practicing this technique is an effective way to promote physical relaxation and retrain the physical body in responding to stressful situations (Leifer, 1999). One effective mental relaxation technique is meditation. Meditation can help calm and retrain the mind to respond to stress in a more relaxed, less aroused, way (Leifer, 1999). Relaxation techniques promote relapse prevention as well as provide an alternate way of responding to stressful and potentially anger-inducing situations.

Embodiment

"Embodiment denominates a field of research, in which the reciprocal influence of the body as a living, animate, moving organism on the one side and cognition, emotion, perception, and action on the other side is investigated with respect to the expressive and impressive functions, on the individual, the interactional, and the extended level" (Koch & Fuchs, 2011, What is embodiment? section, para. 2). Embodiment theories span research literature and can be found in the disciplines of psychology, philosophy, robotics, anthropology, neurosciences, and linguistics (Koch, 2006; Niendenthal, Barsalou, Winkielman, Krauth-Gruber, & Ric, 2005). Embodiment approaches within the field of psychology present research to support that cognition, attitude/emotions, memory, and development are grounded in the body (Niendenthal et al., 2005). For the purposes of this study, embodiment theories related to cognition and emotion will be reviewed. This review is not meant to provide an overview of all theories of embodiment within psychology but those most related to the subject matter of the study, the physical expression of emotion.

Embodied theories of cognition "...suggest that perceiving and thinking about emotion involve perceptual, somatovisceral, and motoric reexperiencing (collectively referred to as "embodiment") of the relevant emotion in one's self" (Niendenthal, 2007, pg. 1002). This is an alternative view and departure from the widely accepted traditional theories of cognition that assume knowledge of experience does not include sensory, motor, and introspective states (Barsalou, Niendenthal, Barbey, & Rupert, 2003). Traditional theories assume that knowledge is separate from sensory, motor, and introspective systems and is comprised of a symbolic system of amodal, mental representations that redescribe experience (Barsalou et al., 2003; Niendenthal et al., 2005). This has been described throughout social and cognitive psychology literature

using the computer metaphor (Niendenthal, 2007; Niendenthal et al., 2005; Wilson, 2002; Winters, 2008). Traditional theories of cognition assume that the mind functions like the software of a computer separately from the body and brain which act physically like the hardware of the computer (Niendenthal, 2007; Niendenthal et al., 2005; Winters, 2008). This dualistic view assumes information is received and processed separately from bodily functions and experience (Winters, 2008). In contrast, embodied theories suggest that the body is linked to the processing of social and emotional information and recalling this information involves a reexperiencing of sensory, motor, and introspective experiences (Niendenthal, 2007; Niendenthal et al., 2005) . Theories of embodied cognition assert knowledge and cognitive operations as being fundamentally grounded in the body, the brain's modality specific systems, and their physical context (Niendenthal, 2007; Niendenthal et al., 2005). However, no single theory has integrated the research findings and explained them in a single, unified manner (Koch, 2006; Niendenthal et al., 2005).

The bidirectionality assumption (Koch & Fuchs, 2011) is a simplified way to understand the reciprocal link of the motor system and cognitive affective system. The bidirectionality assumption explains how "the way in which we are moving does not only affect how others understand our nonverbal expressions, it also provides us with kinesthetic body feedback that helps us perceive and specify, for example, certain emotions" (Koch & Fuchs, 2011; Bidirectionality Assumption section, para. 1). This assumption asserts that affect and cognition cause changes in movement and movement, through feedback effects, causes changes in cognition and affect (Kochs & Fuchs, 2011). An important distinction to note is that embodiment theories do not imply that full body states are needed in order for knowledge to be processed (Barsalou et al., 2003). "Depending on the situation, embodiment may range from

simulation, to traces of execution, to full blown execution" (Barsalou et al., 2003, p. 45). Additionally, the majority of embodiment effects happen automatically without the use of the conscious mind (Koch, 2006).

Furthermore, the literature provides that embodiment can be distinguished in two categories: online and offline embodiment (Barsalou et al., 2003; Koch, 2006; Niendenthal et al., 2005; Wilson, 2002). "Online embodiment refers to a present situated embodiment effect where cognitive activity operates directly on real-world environments or vice versa" (Koch, 2006, Social- and Language Psychology section, para. 2). This is a situated cognition in which sensory, somatic, and motor systems acquire and modify knowledge in order to respond to stimuli in an active interaction with the social environment (Niendenthal et al., 2005). An example of on-line embodiment is sitting in a classroom and being called on by the teacher and not knowing the answer causing a cold sweat, dry throat, gaze aversion, and increased heart rate (Koch, 2006). Embodiment theories suggest that on-line embodiment plays a central role in developing higher cognition (Niendenthal et al., 2005).

Off-line embodiment "refers to the idea that when cognitive activity is decoupled from the real-world environment, cognitive operations continue to be supported by processing in modality-specific systems and bodily states" (Niendenthal et al., 2005, pg. 187). Off-line embodiment incorporates the effects from memory (Koch, 2006), and the sensorimotor systems function to run a simulation of some aspect of the physical world to represent information or draw conclusions (Wilson, 2002). Off-line embodiment functions in the creation of mental imagery, accessing of short-term, long-term, and implicit memory, and engagement of reasoning and problem-solving (Wilson, 2002). Off-line embodiment effects occur when imagining real-world events, so simply thinking about the classroom situation used above has the potential to

cause some or all of the somato, sensory, and motor effects of actually being in the situation (Koch, 2006).

Embodiment effects. Embodiment literature provides six effects of embodiment: our own bodily states cause affective states, perceived social stimuli cause bodily states, witnessing bodily states in others causes our own bodily imitation, witness others in affective states cause our own affective responses, whether we are observing or embodying, similar neurological functions are being activated, and the compatibility of bodily states and cognitive states modulates performance effectiveness (Koch & Fuchs, 20011; Niendenthal, 2007; Barsalou et al., 2003; Wilson, 2002; Winters, 2008).

The first effect of embodiment is that our own bodily states cause affective states. This effect was illustrated earlier in the explanation of the bidirectionality assumption in which the feedback effects of body movement influence cognitive and emotional processing (Koch & Fuchs, 2011). Studies have shown that body posture, arm movements, head movements, and facial expression influence the processing of emotional information (Barsalou et al., 2003; Koch & Fuchs, 2011). When emotion-specific postures are adopted, experiencing the associated emotion occurs (Niendenthal, 2007; Winters, 2008), and adopting facial expressions and making emotional gestures influences preferences and attitudes (Niendenthal, 2007). For example, bodily states including upright posture, arm pulls, head nods, and smiling induce positive affective states while slumping, arm pushes, head shakes, and frowning induce negative affective states (Barsalou et al., 2003). Furthermore, research reveals that inhibiting motor movements interferes with the experience and processing of emotional information (Niendenthal, 2007). This embodiment effect occurs because bodily states trigger affective and cognitive states by activating situated conceptualizations that include an affective state (Barsalou et al., 2003).

The second effect of embodiment is that social stimuli cause bodily states. When we perceive or receive language that describes a social stimulus, not only do we produce cognitive responses, we also produce bodily, facial, and communicative responses (Barsalou et al., 2003; Koch & Fuchs, 2011). One study, referenced throughout the literature, showed how participants given stereotypical descriptions of the elderly population using words such as "bingo", "Florida", and "gray" subsequently exhibited the embodiment effect of walking slower (Bargh, Chen, & Burrows, 1996). Additional examples include hearing an examination grade affecting posture, being reminded of a liked significant other producing positive facial expression, and thinking about rudeness increasing the willingness to interrupt (Barsalou et al., 2003). This effect is attributed to social stimulus triggering ingrained situated conceptualizations which then produce inferences that include embodied states (Barsalou et al., 2003; Winters, 2008).

The third effect of embodiment is that witnessing the bodily states of others causes our own bodily imitation. We often respond to witnessed bodily states through direct imitation which occurs when we interact with others and bodily actions, facial expressions, gestures, and vocal communication are mimicked (Barsalou et al., 2003; Koch & Fuchs, 2011; Winters, 2005). For example, when interacting with another individual we may adopt the facial expression or body posture we are witnessing (Barsalou et al., 2003). This effect could contribute and play an important role in learning through imitation (Barsalou et al., 2003). This effect is attributed to the mirror neuron system of the brain (Barsalou et al., 2003; Koch & Fuchs, 2011; Winters, 2005). Mirror neurons respond to audio, visual, and somatosensory stimuli, and when they fire, bodily responses occur (Barsalou et al., 2003; Winters, 2008). A bodily response may then trigger a situated conceptualization of the experience which could aid in present moment responding to situations (Barsalou et al., 2003).

The fourth effect of embodiment is that witnessing others in affective states can also cause our own affective states. In addition to imitation of bodily states, witnessing others causes affective responses (Barsalou et al., 2003; Koch & Fuchs, 2011; Winters, 2008). For example, one study showed how watching a video of a heavy object falling on someone's finger elicited an empathic facial reaction (Bavelas, Black, Lemery, & Mullett, 1986). This effect plays a role in empathizing and cooperating with others (Barsalou et al., 2003; Winters, 2008). Additionally for therapeutic practices that incorporate movement, this effect can strengthen the therapeutic relationship (Winters, 2008). Similar to the previous effect of bodily imitation, adopting another's affective state is attributed to the mirror neuron system as well as the ability to activate a situated conceptualization of the experience (Barsalou et al., 2003; Winters, 2008). Once the mirror neurons are activated and bodily responses occur, a situated conceptualization beyond bodily imitation occurs and aids in responding effectively in the present situation (Barsalou et al., 2003; Winters, 2008). Important to note is that bodily imitation is not necessary to create situated conceptualizations and affective responses, but imitation may provide a stronger cue to trigger it (Barsalou et al., 2003).

The fifth effect of embodiment is whether we are observing or embodying, similar neurological functions are being activated. Recent studies have shown how witnessing body action, posture, and facial expression activates areas of the brain in a similar way to embodying the states in oneself (Winters, 2008). Two studies using functional magnetic resonance images have shown that looking at images of individuals in painful positions (Jackson, Meltzoff, & Decety, 2005) and in bodily expressions of fear (de Gelder, Snyder, Greve, Gerard, Hadjikhani, 2004) active areas of the brain associated with emotional processing, affective experience, and action representation. Winters (2008) studied the difference in emotional recognition between

observing and embodying by having participants record emotions after witnessing someone in a posture and embodying the posture themselves. Results showed no significant difference in responses between observing and embodying except for the emotion of anger, which showed embodying particular postures generates an anger response more often than simply observing a person embodying the same posture (Winters, 2008). This result supports the effect of embodiment and observation causing similar neurological functions and reveals anger to be strongly evoked by embodiment which supports the exploration of anger through embodiment in therapy (Winters, 2008).

The sixth effect of embodiment is the congruency of bodily and affective states modulates the efficacy of performance. "In general, when embodied and cognitive states are compatible, processing proceeds smoothly. When embodied and cognitive states are incompatible, less efficient processing results" (Barsalou et al., 2003, p. 56). Embodiment-cognition compatibility has been proven to effect motor, memory, facial categorization, reasoning, and secondary task performance, and this effect is seen in many of the previous examples used (Barsalou et al., 2003; Koch & Fuchs, 2011). An additional example is research on the relationship of directional movements and related words (such as relating upward movement to happy and downward movement to sad in the vertical dimension) which shows how congruency affects reaction time and recognition measures (Koch & Fuchs, 2011). This effect is attributed to the redundancy of similar information strengthening motor responses and retrieval of information. When a stimuli triggers a situated conceptualization including simulated motor responses, the redundancy of compatible movement strengthens the efficiency of processing while incompatible movement results in less efficient processing (Barsalou et al., 2003).

Although embodiment theory has been researched with results providing evidence to

support the six embodiment effects, constraints have been identified that may limit or bias the theory (Koch & Fuchs, 2011). It is important to note that embodiment researchers have identified culture and gender related constraints of embodiment theory (Koch & Fuchs, 2011). Additionally, embodiment has been researched in relationship to spatial bias and disability related constraints (Koch & Fuchs, 2011).

Dance/Movement Therapy

"Dance/movement therapy (DMT) is rooted in the assumption that the body and emotion are intertwined" (Winters, 2008, p. 88). Dance/movement therapists are trained to understand the relationship between body and emotion (Winters, 2008). They use this knowledge within therapy sessions to develop kinesthetic empathy with the client and observe the client's body for emotional information (Levy, 1992; Winters, 2008). Through DMT interventions, movement is used to help clients recognize, express, and more consciously experience emotions (Homann, 2010). Movement becomes a resource for gaining conscious awareness of one's emotional experience, expressing feeling states to others, and emotional self-regulation and integration (Homann, 2010).

Dance/movement therapists explain and support their theories and interventions through a wealth of observational evidence of clients transforming through movement (Koch, 2006; Koch & Fischman, 2011; Koch & Fuchs, 2011; Winters, 2008). However, despite the observational evidence in support of DMT as an intervention for addressing emotional issues, empirical research on the connection of body, emotion, and perception within the field of DMT is lacking (Koch, 2006; Koch & Fischman, 2011; Koch & Fuchs, 2011; Winters, 2008). The literature suggests that DMT is compatible with embodied approaches to psychotherapy (Koch & Fischman, 2011). Two of DMT's basic principals are that the body and mind influence each

other reciprocally and emotion is expressed through movement (Levy, 1992). These DMT assumptions mirror the assumptions of embodiment theory (Koch & Fischman, 2011). "Dance/movement therapy, because of its experiential engagement of the brain through the body, is at the forefront of discovering and reconnecting the power of the body's relationship to the mind" (Homann, 2010, p. 96). Several researchers have suggested that future research focus on the connection between embodiment theory and DMT by using embodiment theory to validate the connection between DMT and neuroscience and using DMT to provide experience-based knowledge of embodiment theory (Koch, 2006; Koch & Fischman, 2011; Koch & Fuchs, 2011; Winters, 2008).

Conclusion

Anger is a difficult emotion treat effectively, and there is a lack of resources available for therapists (Boswell, 2016; DiGiuseppe et al., 2012; DiGiuseppe & Tafrate, 2001; Lench, 2004). Protocols for treating dysfunctional anger are suggested to include eight components: developing the therapeutic alliance, addressing clients motivation for change, agreeing on engagement, goals, and means of therapy, managing physiological arousal, implementing cognitive change, implementing behavior change, addressing clients' environmental supports and severed relationships, and teaching relapse prevention. The most addressed aspect of anger treatment discussed in the literature is cognitive interventions (Deffenbacher, 2004; DiGiuseppe & Tafrate, 2001, Kannan et al., 2011; Leifer, 1999; Paivio, 1999; Ornstein, 1999), and embodiment theorists provide an alternative view of cognition that asserts cognition and emotions as being grounded in the body (Barsalou et al., 2003; Koch, 2006; Niendenthal, 2007; Niendenthal et al., 2005; Wilson, 2002; Winters, 2008). Embodiment theories provide six effects of embodiment: our own bodily states cause affective states, perceived social stimuli cause bodily states, witnessing

bodily states in others causes our own bodily imitation, witness others in affective states cause our own affective responses, whether we are observing or embodying, similar neurological functions are being activated, and the compatibility of bodily states and cognitive states modulates performance effectiveness (Koch & Fuchs, 20011; Niendenthal, 2007; Barsalou et al., 2003; Wilson, 2002; Winters, 2008). Furthermore, one study shows how the emotion of anger differs from other emotions in that it is evoked more often from embodiment, suggesting that anger be explored through embodiment in therapy (Winters, 2008). The embodiment effects provided by embodiment theorists mirror the assumptions of dance/movement therapists that the body and mind influence each other reciprocally and emotion is expressed through movement (Koch & Fischman, 2011). DMT provides significant observational evidence for these results, but the empirical research is lacking (Koch, 2006; Koch & Fischman, 2011; Koch & Fuchs, 2011; Winters, 2008). The literature suggests that embodiment theory strengthens and validates the use of DMT as an effective intervention (Koch, 2006; Koch & Fischman, 2011; Koch & Fuchs, 2011; Winters, 2008).

My research is intended to address the lack of literature and look at the connection between anger, embodiment, and DMT. Again, my research questions are: How might the embodiment of anger integrate with anger management counseling? How might the sensations, images, feelings, and thoughts experienced in anger management sessions lead to an embodied expression of anger? How might my embodiment of multiple aspects of anger lead to the development of dance/movement therapy interventions? Addressing my research questions will add to the literature on anger treatments and embodiment. Specifically, my research will aim to show if a connection exists between embodiment and the treatment of anger. Additionally, my research will aim to provide one piece of evidence for the field of DMT of using embodiment as

an intervention in anger management counseling.

Chapter Three: Methods

Methodology

Heuristic inquiry was used for this study because of my personal relationship to anger and my desire to develop an in-depth understanding of the relationship between embodiment of anger and anger management counseling within myself. According to Moustakas, heuristic inquiry investigates a personally meaningful question or problem (1990). Heuristic research looks at the self and the self's relationship to a phenomenon to problem solve and discover something about the world (Moustakas, 1990). Heuristic studies use creative self-processes that lead to deep personal understanding and the creation of methods for further investigation (Moustakas, 1990). My personal relationship to anger allowed me to engage in the creative self-process of heuristic inquiry. Through this thesis study, I developed an in-depth understanding of the relationship between embodiment of anger and anger management counseling within myself. I then used the knowledge I gained from this study and, through writing, related it to the field of dance/movement therapy (DMT) and counseling as a whole and hypothesized methods for further investigation.

This heuristic inquiry falls under the constructivist paradigm. The constructivist paradigm emphasizes that multiple realities exist, and the lived experiences of these realities should be understood from a subjective point of view (Mertens, 2005). In research under the constructivist paradigm, the researcher and the topic being researched influence each other in an interactive process of data collection that is most often qualitative in nature (Mertens, 2005). In this study, I focused on my subjective lived experience of anger embodiment and management. Through participating in anger management counseling and DMT sessions focused on the embodiment of multiple aspects of anger, I placed myself in a process of direct interaction with my research

question. My personal relationship to the topic being studied supported the qualitative and interactive process of data collection of constructivist research. I was able to utilize my movement background and knowledge of DMT, in conjunction with my subjective relationship to anger, to collect, analyze, and present the data generated from this study.

Participants

In keeping with the heuristic methodology of this study, I used myself, a 25 year old female, White American, graduate student in the Dance/Movement Therapy and Counseling program at Columbia College Chicago, as the sole subject for the research. I set out to research this topic from the vantage point of personal transformation. I used myself as the sole participant to ensure and support that my results focus on my personal understanding of the phenomenon of the relationship between anger embodiment and anger management counseling.

Multiple individuals were present at the time of the research including the counselor leading the anger management counseling, group participants in anger management counseling, and the dance/movement therapist facilitating my individual DMT sessions. However, the data collected concentrated solely on my experience. The anger management counselor and group participants were not informed of the nature of my study, and I attended anger management counseling as a participant. The dance/movement therapist was aware of the nature of my study and was used to facilitate movement explorations of aspects of anger, witness my explorations, and provide feedback. All data collection, in the form of journal entries, was done by myself, separately from these sessions, to reflect and document my personal responses.

Procedure

Preparation. Preparation of conducting this research consisted of tasks related to identifying an appropriate anger management course and dance/movement therapist who met

specific criteria. The criteria for the anger management class were that I could attend for eight consecutive weeks, self-referred participants were accepted, and it fit within my budget, schedule, and location. The process of selecting and anger management class began with an initial internet search in which I found three possible classes to attend. I narrowed down the list based on class time and location. I started by calling the class located closest to my home and job. I spoke directly to the anger management counselor over the phone, got my logistical questions answered, and set up an initial intake appointment for the following week. In this intake appointment, the counselor provided an introduction to the anger management course, and we completed paperwork and set the sliding-scale fee for the classes. This initial appointment was an individual session with the counselor and was not used to collect data for this research.

In the meantime, a dance movement therapist had to be selected that I could see for weekly sessions coinciding with the schedule of the anger management classes. This process began by emailing the thesis research coordinator in the Dance/Movement Therapy and Counseling department at Columbia College Chicago. I received a list of dance/movement therapists compiled by the department who have experience working with thesis students and began the selection process by emailing the first three on the list to gauge their initial interest and availability. Shortly after, I received a follow-up email and a follow-up phone call, communicating schedule conflicts from two of the dance/movement therapists. I received a follow-up email from the third dance/movement therapist expressing both interest and availability, and we corresponded over the next week via email to coordinate a schedule and payment plan.

Data collection. I spent eight consecutive weeks immersed in data collection attending a weekly anger management class and weekly individual DMT session. The anger management

classes focused primarily on psychoeducation and learning techniques to manage anger through a cognitive behavioral therapy lens. The individual DMT sessions were intended to take a salient topic from each week's class and explore it through movement using what I later understood as guided movement improvisation.

The anger management classes took place every Tuesday evening at a community behavioral health center in Chicago. The classes had a range of approximately ten to fifteen, male and female, court ordered and self-referred, adult participants. The anger management classes were an hour and a half in length and followed a routine structure each week. Classes began with introductions in which we stated our name, why we were in the class, and what we learned the week prior. During this check-in, the counselor extrapolated on salient points to use individual stories as a means of psychoeducating the group. Afterward, psychoeducation continued with the counselor teaching a variety of anger management techniques. During three of the classes, we watched videos as part of the teaching. Class ended with discussion, of either the video or teaching, and we were encouraged to select techniques to focus on throughout the week.

After each anger management class, I completed a semi-structured journal entry. Due to the proximity of the classes to my home, journal entries for the anger management classes were completed in the privacy of my apartment. The semi-structured journal template (Appendix B) that I created and employed to collect my data for this research focused on documenting consistent information across sessions and also allowed room for documentation of additional information that arose week by week. In this way, I stayed consistent with the organic process of this research and avoided the potential to bias my responses. These journal entries documented the topics covered and interventions used. I also used the SIFT (sensations, images, feelings,

thoughts) model to capture the essence of my personal response to the session content.

The individual DMT sessions took place every Sunday following the Tuesday anger management class. I met with a dance/movement therapist in a suburb of Chicago for hour long sessions in the therapist's private office. These sessions began with a brief discussion in which I provided the therapist with my journal entry from the previous anger management class, and together, we chose one salient topic that I would explore through movement improvisation. The topics chosen each week were topics that stood out, and I felt a stronger personal connection too. Often times, one or two topics would stand out in my journals and discussion with the dance/movement therapist, and I chose one of these as the guide for the movement exploration. I consider these movement explorations to be guided improvisations led by my relationship to the topic of choice each week. The organic topics that arose throughout the process of data collection appeared as follows:

Week 1: Healthy and Toxic Communication

Week 2: Attraction to Toxic Communication

Week 3: Resentments

Week 4: REACT: Recognize, Options, Decide, Act

Week 5: Invitation/Negotiation

Week 6: Healthy Intimate Relationships

Week 7: Acceptance of Healthy and Toxic Communication

Week 8: Personal Values

Besides the hour length of the session, I did not set a restriction on the length of my movement explorations. I explored until a natural conclusion arose, and the movement lasted anywhere from twenty to forty minutes in length. During this time, the therapist acted as witness to my

movement and occasional guide by giving limited verbal cues as needed. The sessions ended with a second discussion in which the therapist and I shared, verbally and occasionally through movement, our respective experience of the movement exploration.

After each individual DMT session, I completed a semi-structured journal entry on the train during my commute home. This choice was made due to the distance of the therapist's office to my apartment and was intended to ensure that the most authentic, in the moment responses were collected directly following my experience of the session. I hoped to avoid interference of outside variables, such as time, influencing my journal entries. I utilized the same semi-structured journal template for these entries as I used for the anger management classes. This was done to keep all data collected as consistent as possible and to provide for a logical data analysis process.

Data analysis. I employed Forinash's qualitative data analysis method to analyze all of the journal entries for this study. This six step method of data analysis includes a) organizing the data into loose categories, b) identifying significant and meaningful content, c) organizing content into themes, d) checking themes back with the source of the data, e) looking for relationships between themes and findings in relation to the research question, and f) presenting the findings (Cruz & Berrol, 2012).

In this study the data analysis process began within the data collection process itself. As I completed journal entries each week, I organized them into two loose categories (step 1): journals from anger management counseling and journals from DMT sessions. Once data collection was complete, I analyzed the anger management counseling journal entries and DMT session journal entries to find significant and meaningful content (step 2). After a preliminary reading of the journal entries, I read through the journals a second time and pulled out significant

content. I wrote out six lists of content coinciding with the original journal questions: topics, interventions, sensations, images, feelings, and thoughts for both the anger management counseling journals and DMT journals. Any other relevant information included in journals was put into one of these six categories. This left me with two sets of significant content translated from the original journal entries and highlighting meaningful content from across the sessions in one place.

I then organized the content into themes (step 3) within each data set. I listed and clustered meaningful units into common categories, establishing the core themes of the experience for each journal question. Throughout this process of translating data from the journal entries, I highlighted content that occurred across sessions and documented the session numbers in which they occurred. The next step in Forinash's method is checking themes back with the source of the data (step 4) (Cruz & Berrol, 2012). I skipped this step because I am the sole source of the data.

Next, I looked for generalizations, relationships between themes, and findings in relation to the research question to describe the phenomenon being studied (step 5) by comparing and relating the themes from the anger management entries and DMT entries. Throughout this step, I referenced the original journal entries as well as initial lists of meaningful content to ensure that all possible relationships between themes were identified. These findings were then generalized further into overarching themes, constituting the results of this study, which will be presented (step 6) in the following chapter.

Following data analysis, I completed two validation strategies. First, I submitted my data to an expert in the field. I chose my original thesis advisor, a dance movement therapist familiar with the subject matter and nature of my study, to review my data and results. In a phone

meeting, we discussed her findings and compared them to my own. I then incorporated her suggestions through edits in my results. My second validation strategy was a peer review panel. My panel consisted of three alumni from the dance/movement and counseling department of Columbia College Chicago. In a video conference, I presented a synthesis of my study and results to the panel. During the panel discussion, they provided feedback and posed questions. I then incorporated their suggestions through edits in my thesis.

Ethical Considerations

The first ethical consideration was the group nature of anger management counseling. I addressed this concern by keeping the instructor and participants of the course blind to my research and strictly attending anger management counseling as a participant. Due to my past experience of attending a group anger management class, I believe I was prepared to attend and participate in the anger management class as a self-referred participant. While I cannot be totally certain, my prior experience and self interest in anger management counseling helped me to attend and participate without letting my researcher role interfere or jeopardize the experience of other participants in the class. The role of researcher was intended to only enhance my self awareness and guide the documentation of my personal relationship to anger management counseling. The identities of and information from other participants was not part of my study or recorded in any way in my journal entries or final thesis.

The second ethical consideration was the safety of myself, the sole researcher. In the midst of two graduate school programs, an internship placement, and a part-time job, I was asking a lot of myself to attend anger management counseling and a DMT session every week. This had the potential of putting me at risk for emotional and physical stress that could lead to burn out. I addressed this concern and made this study the safest possible by taking a leave of

absence for the summer 2015 semester. This gave me a three month break after finishing my internship and graduate coursework to recharge before engaging in my research. I returned to this study, and completed my research during the fall 2015 semester.

The third, and final, ethical consideration of this study was the identity of the dance/movement therapist that I worked with. I addressed this by offering the dance/movement therapist anonymity upon agreement to work on my study. The identity of the dance/movement therapist was not included in my final thesis.

Conclusion

The methodology of heuristic inquiry provided a structure to guide my research with room for deep personal growth and understanding of my topic to occur. The subjective and interactive nature of this research process yielded personally significant results. These results shed light on the relationship between anger management counseling and the embodiment of anger.

Chapter Four: Results

I began this study with one primary research question: How might my embodiment of multiple aspects of anger lead to the development of dance/movement therapy (DMT) interventions? Additionally, I had two secondary research questions: How might embodying anger be used to supplement conventional anger management counseling? How might the sensations, images, feelings, and thoughts experienced in anger management sessions lead to an embodied expression of anger? Through this research process, I feel I have gained a deep personal understanding of my relationship to these research questions. As this is a heuristic study, each part of the research process was subjective in nature and personal meaning was placed on the topics explored and results obtained. I included information that was both personally significant while also generalizing the experience to answer my research questions and create relatable findings.

The results are presented within the context of the themes derived through data analysis and explained through the sensations, images, feelings, and thoughts (SIFT) that arose within data collection. This choice was made because engaging in awareness through paying attention to SIFT was my primary data collection method and occurred in both anger management counseling and DMT sessions. The majority of data collected in my journal entries was recorded in the structure of SIFT. In order to clearly present my results, with the least amount of interpretation or embellishment, I decided to keep the presentation of my results consistent, in form, with the collection of my data. The following themes were derived from the data and represent the topics that arose in my experience of exploring anger management counseling and the embodiment of anger: discomfort, comfort, disconnection, connection, anger, and fear. In the following section, I provide descriptions of the themes that arose in this study. Under each

theme, the SIFT that arose in relationship to the theme will be identified and explained.

Themes

Discomfort. The theme of discomfort emerged during the first week of data collection. Through data analysis, I recognized that the majority of the sensations I recorded were either experiences of comfort or discomfort. Additionally, a few of the feelings I recorded were experiences of comfort and discomfort. I define discomfort as mental or physical uneasiness, and this theme came up across all eight weeks. Discomfort presented in my sensations and feelings and appeared in both anger management and DMT journal entries.

The primary way in which I experienced discomfort was through sensations. Sensations, in the context of SIFT, are the body's physical response to a stimuli (Siegel). All of the sensations related to discomfort recorded in my journal entries were instances of physical uneasiness I experienced in either anger management counseling or DMT. I recorded 17 instances of sensations of discomfort in my journal entries. The secondary way in which I experienced discomfort was through feelings, defined as emotional states or reactions (Siegel). All of the feelings of discomfort were moments of mental uneasiness, and I recorded three instances of feelings of discomfort in my journal entries.

Experiences of discomfort began in the first anger management session. In week one of anger management counseling, I experienced a feeling of "uncomfortability of being a new member of the group". This feeling of discomfort was accompanied by several sensations of discomfort including "tight[ness] across the shoulders", "hot/flushed in the face", and "pain in my left knee". That same week, several experiences of discomfort were recorded in my DMT journal. In week one of DMT, I used healthy and toxic communication as the guide for my embodiment. **C**overed across all eight weeks, healthy and toxic communication was one broad

topic of anger management counseling. Communication was a significant focus of anger management counseling, and the counselor emphasized healthy communication as a means to manage anger. While moving in relationship to toxic communication, I experienced multiple sensations of discomfort. I "felt very sick to my stomach when moving toxic", "also very tight in my chest and shoulders", and "my stomach was in knots". Throughout the remainder of data collection, experiences of discomfort continued to emerge in both anger management and DMT.

Comfort. In addition to experiences of discomfort, experiences of comfort were recorded beginning in week one and throughout my journal entries. I define comfort as a state of physical ease and freedom from pain and constraint. Like discomfort, comfort presented in my sensations and feelings and occurred in both anger management and DMT. However, physical comfort was less frequent then discomfort. I recorded less than half the amount of experiences of comfort as discomfort.

Unlike discomfort, the primary way in which I experienced comfort was through feelings. I recorded seven instances of feelings of comfort in my journal entries. The secondary way in which I experienced comfort was through sensations. I recorded two instances of sensations of comfort in my journal entries.

Experiences of comfort began during week one in anger management counseling. I recorded feeling "happy/excited to get this reminder [of anger management techniques] and apply it to myself". In week two additional experiences of comfort arose including the sensation of "open and relaxed" and feeling "light hearted" and "inspired to lead a more selfless life". After these weeks, feelings of comfort became less frequent in anger management counseling. The final instance of comfort in anger management was an experience of feeling "energized" during week five.

In DMT, experiences of comfort did not begin until week three. In this week, I moved my relationship to resentments. Resentments, as defined by the anger management counselor, are frozen anger, and during anger management they were always discussed in relation to unhealthy communication. After moving in relationship to resentments I experienced comfort through feeling "completely awake after moving". The only other experience of comfort in DMT occurred during week six. During week six, I explored healthy intimate relationships, which the counselor defined as a relationship that is egalitarian with equal voices in choices and decisions. The counselor also provided that communication in healthy intimate relationships includes intimacy in talking, trusting, and feeling and honors the pain and the hurt. While moving in relationship to healthy intimate relationships, I experienced comfort through the feelings of "love" and "calm" and the sensation of a "warm chest".

Disconnection. I define disconnection as the state of being isolated or detached. In this study, I experienced disconnection from the anger management and DMT sessions, anger management counselor, group, myself, and the dance/movement therapist. I experienced disconnection in both anger management and DMT through sensations, images, feelings, and thoughts.

Experiences of disconnection occurred more often in anger management counseling than DMT. In anger management, I experienced disconnection in several different ways. First, I experienced disconnection from the counseling sessions themselves. This occurred throughout the weeks and was recorded in my journals in the form of feelings and thoughts, or the ideas and opinions that occur in the mind (Siegel). Some examples include feeling "somewhat disconnected from the session" and "boredom" as well as thinking "a lot to the future, what I was doing after, the weekend". A second way in which I experienced disconnection during anger

management was through experiences of judgment In my journals I recorded judgments of myself, the classes, and the counselor in the form of feelings and thoughts. Some examples include feeling “embarrassed to recognize my own toxic behavior”, “like I did not need to watch the video” presented in class, and “like [the counselor] was forcing his opinion and not understanding others' points of view”. Lastly, I experienced disconnection in anger management through experiences of rejection. Disconnection through rejection was recorded in thoughts and feelings and related to separation from others. Some examples from my journals are thoughts that “I cannot count on anyone” and “I don't have anyone to share healthy communication with” as well as feelings of “sadness, hopelessness, loneliness”. All of these experiences of disconnection, judgment, and rejection were ways in which I detached during anger management counseling.

I experienced disconnection about half as much in DMT as in anger management counseling. Experiences of disconnection in my DMT journals were nearly all related to disconnection from the sessions themselves. All of the experiences of disconnection occurred while moving in the DMT session and were recorded in the form of sensations, feelings, and thoughts in my journals. In several of the weeks, I had experiences of sensing and feeling “stuck” while moving in relationship to an anger management topic. In week two, I experienced a sensation of “stuck” while moving my attraction to toxicity. In week three, I felt “stuck”, “fake”, and “very surprised at the movement that came out” when moving resentments. In week four, I felt “uncontrolled, flooded by options, overwhelmed, uncertain, disconnected, hopeless, defeated” when moving the process of reaction. In week five, I felt “stuck, lost, unsure of where to go or what to do” when moving invitation and negotiation. Lastly, in week eight, I felt “stuck” and “blank” and had the thought that “I'm unsure of what my values are” when moving

my values. All of these experiences of feeling "stuck" were experiences of disconnection during DMT sessions.

Connection. In addition to experiences of disconnection, experiences of connection occurred throughout the study. I define connection as a relationship in which a person, thing, or idea is linked or associated with something else. Throughout my research, I experienced connection with the anger management topics, myself, the anger management counselor, and the group participants. Experiences of connection occurred through sensations, images, feelings, and thoughts in both anger management and DMT. Connection was more prevalent in DMT. I recorded three times as many experiences of connection in DMT than in anger management.

In anger management counseling, the primary way in which I experienced connection was through feelings. One way in which I experienced connection was feelings of support by the members of the group. In week two of anger management counseling, I recorded feeling "happy to be there and accepted by the group". Again in week five, I recorded a feeling of being "supported by the group members, universality". A second way in which I experienced connection was through feelings of self-acceptance. In week three, I felt "proud of myself for the way I applied the material to my own life", and in week eight, I felt "pride at how well I manage money". Lastly, I had one experience of connection with the anger management counselor, and this presented as an image. In week four, "I saw myself in [the counselor's] shoes when he was dealing with a resistant participant. I imagined myself at work".

Experiences of connection were much more prevalent in DMT. In DMT, I experienced connection through sensations, images, feelings, and thoughts. In DMT, I primarily experienced connection to the anger management topics and the movement that arose in relationship to them. In several weeks, I experienced deep connection to the movement that arose within the session,

and this was recorded through sensations and feelings. In week two, as I moved in relationship to my attraction to toxicity, I had a sensation of "consumed" and felt and "all- consuming curiosity for the movement and imagery". Again in week three, as I moved in relationship to resentments, I felt "curiosity", "growing", and "integration" in relationship to the movement. Another way in which I connected to the movement was experiences of finding support. In week four, I recorded "going to the floor felt supportive in my state of feeling uncontrolled/overwhelmed", and in week six I experienced the sensation of "grounded". Lastly, I experienced connection through self-acceptance in weeks six and seven of DMT. In week six, I moved in relationship to healthy intimate relationships. I was very connected to the topic and movement that arose, and this led to a deeper connection of self through self-acceptance. I recorded that the movement created images, or mental pictures, of "pouring self-love over myself", "washing myself in love", and "cleansing". This week, I also recorded the thought "I have the ability to provide for myself". In week seven, I moved in relationship to acceptance, and this again led to connection to self. The movement included imagery of tactile rubbing and sweeping to integrate acceptance into my physical body", and I recorded that this led to a feeling of "integration".

Anger. The theme of anger and frustration arose in the last five weeks of this study. I experienced anger and frustration in both anger management counseling and DMT. Experiences of anger and frustration were equally present in anger management and DMT and arose through thoughts and feelings.

Anger arose within anger management counseling in relationship to frustration of how to apply the material to my life. Beginning in week five, I began to record feelings of frustration at learning the same material over and over and not getting to a point of integrating the teachings

on a personal level. In week five, I recorded the thought "I am sick of all this validation". In week six, I recorded feeling "like I am being bogged down by the current patterns of communication in my relationships", and "I am becoming more frustrated each week with learning the same things but not being given solutions" and "I am getting impatient with the process". Anger experienced in anger management counseling seemed to mostly be outwardly directed through criticism of the teachings.

Anger arose within DMT in relationship to frustration with myself. I recorded several feelings and thoughts of self-judgment in relationship to the anger management topics I was exploring through movement. At times when I did not fully understand or feel integrated with a topic, I recorded feelings and thoughts of frustration. In week four, I thought "I don't know how to decide between all of the available options". In week five, I recorded a feeling of "selfishness" and thought "I don't know how to negotiate". And in week eight, I thought "I don't know what my values are", "I'm stuck", and "I am disappointed/irritated that this session felt so unproductive". Anger expressed within DMT seemed to mainly be inwardly focused through frustration and feelings of hopelessness towards my personal ability to understand the teachings.

Fear. The theme of fear arose during week one and continued throughout this study. I encountered fear equally in both anger management counseling and DMT. Fear presented in sensations, feelings, and thoughts.

Fear arose in anger management counseling in relationship to the classes, applying the material to my personal life, and certain topics that were discussed. In week one, I experienced fear related to starting the classes through "nervous energy" and "anticipation of how it (the class) would go". In weeks two and four, I experienced fear related to ways in which I was applying the material outside of class and thought "I need distance but am really scared of what

it may lead to". At times, I also experienced fear when sharing in the group setting. I recorded in week four, "I felt anxious about getting called on" and again in week seven I felt "nervous when sharing my final thought".

In DMT, I experienced fear in weeks one and six, and it directly related to my relationship to the anger management topics I was exploring through movement. In week one, I explored healthy and toxic communication. During this week, the dance/movement therapist reflected parts of my movement back to me towards the end of the session. As I was watching the dance/movement therapist, "I felt fear" because "the way she transitioned between my toxic and healthy [movement] felt too abrupt and vulnerable". In week six, I moved my relationship to healthy intimate relationships. This time, fear arose as I was moving. I experienced feelings of "nervous", "scared", and "fear of providing love to myself, moving forward" as well as the thought "I am afraid of providing what I need for myself".

Research Questions

Through my research process, I deepened my personal understanding of my relationship to anger and the eight anger management concepts that I explored through embodiment. Through analysis of the SIFT that arose in anger management counseling and DMT, I discovered the themes of discomfort, comfort, disconnection, connection, anger, and fear. I discovered that these themes each manifested through different SIFT. Additionally, these themes were experienced differently in anger management counseling and DMT, highlighting the intersection of the two modalities and how they complement/contrast one another when implemented in a joint process. Through analysis, I was also able to answer my three research questions.

Primary question. My first, and primary, question was: How might my embodiment of multiple aspects of anger lead to the development of dance/movement therapy interventions?

The first way is through direct replication of the method of my study. I used anger management topics as guides to embody anger in an improvisational way. This process has the potential to be replicated in individual as well as group formats with clients seeking anger management treatment. To further expand on simply replicating my study, I recorded four ways to expand on interventions within my journal entries.

The first way to expand on the embodiment of anger management topics is through Rudolph Laban's taxonomy of movement analysis; Laban Movement Analysis (LMA). Laban categorizes all movement into four categories: Body, Effort, Space, and Shape. Within these categories individual movements are dissected and labeled to create a universal taxonomy often used by dance/movement therapists. In week four of DMT, the themes of disconnection and frustration arose during my embodiment of the process of reacting: recognize, options, decide, and act. In the discussion with the dance therapist, the question of "How does my use of distal movement relate to feeling disconnected and stuck (not knowing how to decide/act)?" arose. Distal movement is a categorization of movement under Laban's space category. Integrating LMA into the embodiment process is one way to expand on the embodiment of anger management topics.

A second way to expand on the embodiment intervention is through Irmgard Bartenieff's Patterns of Total Body Connectivity. Bartenieff worked directly with Laban and created a system of six movements that describe the developmental progression of movement from baby to adult: breath, core-distal, head-tail, upper-lower, body-half, and cross-lateral. These developmental movements are often used in interventions by dance/movement therapists. Within the anger management course that I attended, most topics were discussed in relationship to healthy vs. unhealthy communication. In week one of anger management counseling, I recorded

the image of “using body-half with all of the polarities discussed”. Integrating the Developmental Movement Patterns into the embodiment process is a second way to potentially deepen the embodiment of anger management topics.

A third way to expand on the development of DMT interventions is through exploring sub-topics from anger management counseling. During my study, I chose main topics from anger management counseling to guide my embodiment sessions. However, many of the topics that I chose to embody, as well as other topics from the course, had multiple sub-topics discussed within the classes. In week one of DMT, I explored the topic of healthy vs. toxic communication. During my embodiment, I “moved healthy and toxic communication focusing on the transitions between the two”. In my journal that week, I recorded there are “many ways to expand this intervention: match up sub-topics of healthy and toxic communication and move between them”. Addressing sub-topics from anger management counseling is a third way to expand on the embodiment of anger management topics.

The fourth, and final, way to develop DMT interventions is through the use of the SIFT model. In week seven of anger management counseling, the counselor introduced his model of life experience. This model depicted four ways in which individuals experience life, and one of the ways was through sensations. In my journal that week, I recorded the thought that “DMT could integrate with [the counselor's] model of life experience under the sensations category”. Directly integrating awareness of SIFT with specific topics from anger management counseling is a fourth way to specify the embodiment of anger management topics.

Secondary questions. My second research question was: How might embodying anger be used to supplement conventional anger management counseling?. This question was first and foremost addressed through the completion of my study alone. By implementing my study, I

provided one way in which embodying anger could supplement anger management counseling: attend anger management counseling and DMT simultaneously, using salient anger management topics to guide embodiment sessions. Additional ways in which embodying anger may be used to supplement conventional anger management counseling can be found in the previous section which answered my primary research question.

My third, and final, research question was: How might the sensations, images, feelings, and thoughts experienced in anger management counseling lead to an embodied expression of anger?. The SIFT that arose in anger management counseling directly corresponded to my embodiment sessions. The SIFT recorded in my anger management journal entries guided my selection of topics to embody each week. I began each DMT session with a discussion of that week's anger management class. This discussion was fueled by my journal entries, and the SIFT I recorded each week were indications of salient topics. I used the SIFT experienced in anger management counseling to choose the topic that would guide my embodied expression of anger.

Conclusion

This research process allowed me to gain a deeper personal understanding of anger and anger management counseling. Through embodiment, I was able to deepen my understanding of my personal relationship to the eight anger management topics explored. Additionally, I discovered answers to my primary as well as secondary research questions.

Chapter Five: Discussion

When I began my study, I hoped to further understand how dance/movement therapy (DMT) could be used as an intervention tool with anger management counseling. My initial motivation to engage in this research was my own personal experiences with anger and the curiosity of how to harness the physical expression of anger in a positive way. I knew early on in my graduate studies at Columbia College Chicago that I wanted to address anger in my work as a dance/movement therapist. This, in part, led me to my internship at an inpatient behavioral health hospital for children and adolescents with behavioral health diagnoses. However, once in this setting, I was at a loss for how to connect the dots and provide safe and effective movement interventions targeting anger. At this point, I knew that I needed to enhance my knowledge of DMT and anger by exploring it as the topic of my thesis research.

Throughout this study I gained a great deal of universal and personal knowledge around the topics of anger management counseling and the embodiment of anger in DMT. Through my literature review research as well as attending anger management counseling, I developed a comprehensive and subjective understanding of the types of anger management counseling currently available to the public. Through my literature review research and the DMT sessions, I discovered how embodiment effects emotional processing and, on a personal level, how embodying aspects of anger deepens ones understanding of their own relationship to anger. Finally, through analysis of my data, I uncovered the results of this study. I revealed ways in which embodiment acted as an effective intervention for anger management counseling. I found several additional movement intervention ideas to use with anger management counseling. Lastly, I uncovered themes that connected the experience of anger management counseling and DMT.

Embodiment as an Intervention

This thesis research provides one model of a DMT intervention that could be effectively used with clients seeking treatment for anger. I found that this model facilitated my own understanding of anger. Through the eight weeks of data collection, my understanding of my personal beliefs about anger became heightened. Through analysis, it became clear that engaging in anger management counseling and DMT sessions created a shift in my relationship to anger through gaining a deeper personal understanding of healthy relationships to anger. I gained a heightened cognitive understanding of healthy and unhealthy relationships to anger through anger management counseling, and I integrated this on a body level during DMT sessions. The themes presented in the results chapter of this thesis, discomfort, comfort, disconnection, connection, anger, and fear, help explain the connected experience between anger management counseling and the embodiment of anger. Through the simultaneous process of attending anger management counseling and DMT, I deepened my personal relationship to the anger management topics that I explored through embodiment.

Through the embodied exploration of anger management topics, I used movement as a means to explore my relationship with multiple aspects of anger. Movement became a metaphor for these relationships during this process of exploration, and I ultimately transformed my relationship to anger over the course of this study. By exploring anger in this way, I began to let go of an identification with anger and work on the relationship between myself and different aspects of my anger. The results of this study reveal that the DMT sessions provided an internal experience that I did not experience in anger management counseling and contributed to my transformative process. I found that the combined experience of anger management counseling and embodiment of anger management topics contributed to my transformation by effecting

three specific areas: motivation to change, means of therapy, and implementing cognitive and behavioral change.

Motivation to change. I entered into this research with a clear intention to gain a deeper understanding of anger management counseling and my own relationship to anger. However, embodiment assisted in revealing the frequency and depth of my relationship to dysfunctional anger which directly influenced my motivation to change. The literature on anger management counseling programs suggests that addressing motivation to change in the early stages of therapy is imperative for treatment of anger to proceed successfully (DiGiuseppe, 1999). Clients often minimize the extent of their anger responses and beliefs about anger (Deffenbacher, 2004). Through embodiment, I uncovered my own minimized and unconscious beliefs about anger.

A clear example is from week one where I embodied my relationship to healthy and toxic communication. In my journal for anger management counseling I documented the image of "recent fights" and the thought of "my relationships and my selfishness within them". I also documented the feeling of being "embarrassed that I recognized so many toxic behaviors in my own life". During anger management I experienced themes of discomfort in relationship to toxic communication or dysfunctional anger. However, my embodiment of healthy and toxic communication revealed a deeper relationship. In my journal for DMT, I documented that "I felt sick to my stomach when moving toxic". Yet, I thought that "it was easier to transition from healthy to toxic than from toxic to healthy", and witnessing the therapist transition from toxic to healthy in movement "felt too abrupt and vulnerable". This session highlights a deeper understanding of my relationship to healthy and toxic communication. In the present moment, during embodiment, I uncovered the comfort that accompanies the embarrassment and discomfort in my relationship with toxic communication. The present moment feelings and

thoughts experienced during embodiment revealed this deeper relationship.

This finding supports the embodiment effect of bodily states directly influencing affective states (Barsalou et al., 2003; Koch & Fuchs, 2011). Through my bodily states, I was able to connect to an emotional relationship with healthy and toxic communication. Additionally, this finding supports the embodiment effect that whether we are observing or embodying, similar neurological functions are being activated (Winters, 2008). In the above example, I experienced similar emotional responses to healthy and toxic communication both when I was embodying and when I was observing the dance/movement therapist. Uncovering these beliefs was the first step in understanding the extent of my relationship to dysfunctional anger. Once I subjectively understood and experienced, through embodiment, the relationship I had to dysfunctional anger, this became a motivating factor to change.

Means of therapy. Prior to engaging in anger management counseling and DMT, I designed the procedure of my study with a clear means of therapy: attend one anger management class per week and embody a topic from this class in one individual DMT session per week. It became apparent, through analysis, how the use of SIFT influenced the means of therapy. The literature on anger management counseling suggests that even when clients have taken responsibility for their anger and are ready for change-focused interventions, these interventions should not be provided based on symptom presentation. Therapist and client should work together to create the interventions uniquely suited to the history, sources, and nature of the client's anger (Deffenbacher, 1999). During the course of this study, the dance/movement therapist and I engaged in this process. It is clear how choosing topics to embody based on the SIFT experienced during anger management counseling influenced my transformative process.

In anger management counseling, topics were taught in relationship to personal

experiences of group members. The counselor used the personal stories that were shared to expand on the concepts of the course and provide a means of applying these concepts to life outside of class. Through analysis, I recognized that my anger management journal entries documented a cognitive understanding of how to apply the course concepts as well as a desire to begin to apply the concepts to my life. However, this was accompanied with feelings of frustration at where to begin applying the material in my own life. It was within the embodiment sessions that I was able to identify and connect with the internal starting point of exploring and beginning to shift my relationship to anger. Through embodiment, I was able to access a deeper connection to my anger. Rather than exploring anger through the lens of my past lived experience or experiences of group members, I connected to my internal relationship to my own anger. Each week, the dance/movement therapist and I began with a discussion of my anger management journal entry and chose the topic for embodiment based off of the SIFT I recorded. This collaborative process ensured that I was exploring anger through interventions that were directly related to the nature of my relationship to anger. This allowed me to begin learning and growing from the core of my own anger.

My experience in week six of data collection provides a clear example of this process of connecting to the nature of my own anger. In my anger management counseling journal for this week, I documented a great deal of frustration with my process of integrating the course material. During week six, I explored healthy intimate relationships, which the counselor defined as a relationship that is egalitarian with equal voices in choices and decisions. The counselor also provided that communication in healthy intimate relationships includes intimacy in talking, trusting, and feeling and honors the pain and the hurt. In my anger management journal that week, I documented that in my check-in "I admitted to some of my feelings of

frustration with myself and my relationship to myself". I experienced thoughts including "I am getting impatient with the process and feel like I am searching for a nonexistent solution. I need a solution!". In the DMT session I "moved my relationship to healthy intimate relationships". I experienced feeling "fear of providing love to myself" followed by images of "cleansing" and "washing myself in love" to move the session forward. In this journal I also documented the thoughts "I have never been in a healthy intimate relationship", "I have the ability to provide for myself", and "healthy intimate relationship is the solution".

This finding, like the first, supports the embodiment effect of bodily states directly influencing affective states (Barsalou et al., 2003; Koch & Fuchs, 2011). Through my bodily states, I was able to connect to an emotional relationship with and cognitive understanding of healthy intimate relationships. Furthermore, this finding could possibly be explained by the embodiment effect that inhibiting motor movements interferes with the experience and processing of emotional information (Niendenthal, 2007). As I was learning about healthy intimate relationships in anger management counseling, without intentional movement, I became increasingly frustrated. However, through embodiment of the topic, I found a solution. Finally, this finding may also support the embodiment effect that the congruency of bodily and affective states modulates the efficacy of performance. "In general, when embodied and cognitive states are compatible, processing proceeds smoothly. When embodied and cognitive states are incompatable, less efficient processing results" (Barsalou et al., 2003, p. 56). Through embodiment, I provided time and space to explore my relationship with a frustrating topic and this naturally led to congruency in my bodily and affective states. Through embodiment, I engaged in interventions targeting the nature of my own anger, creating a means of therapy that both felt personally relevant and supported a transformative process.

Implementing cognitive and behavior change. Engaging in anger management counseling and DMT simultaneously facilitated cognitive and behavioral change. Cognitive interventions include interventions aimed at changing anger-inducing attitudes, beliefs, and self-talk (Deffenbacher, 2004). Furthermore, this process of self-exploration may restore the resiliency and cohesiveness of the self, leading to improved ability to cope (Ornstein, 1999). Through embodiment, I heightened my cognitive understanding of my own anger by gaining insight from unconscious beliefs revealed through movement. In addition to cognitive change, behavioral change is a necessary component of anger treatment. Clients with dysfunctional anger often have engrained reactions and do not know how to behave differently (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Through embodiment, I began exploring new ways of responding and relating to my beliefs about anger.

Several researchers throughout the literature stressed the importance of evoking and exploring anger within the therapy session to implement both cognitive and behavioral change (Deffenbacher, 2004; DiGiuseppe, 1999; Kannan et al., 2011; Paivio, 1999). This can allow clients to gain insight into their own experience of anger and learn how to cope with anger-inducing situations (Kannan et al., 2011; Paivio, 1999) through learning and practicing new responses (DiGiuseppe, 1999). However, the anger management class I attended never utilized this technique. We discussed past as well as possible future experiences of anger and were psychoeducated on alternative responses to implement in these scenarios. Through embodiment, I placed myself in direct relationship with anger management topics, often coming to places of stuckness or frustration, and moved through these to uncover beliefs about anger and create new responses to the situation.

A clear example of cognitive change occurred during week three. I focused on

resentments that week, which the counselor defined as frozen anger and discussed as dysfunctional. In my anger management counseling journal I documented the image of "the many toxic habits and resentments in my own relationships", and my check-in for the week included sharing that I was taking a break in a personal relationship to "distance myself from the toxicity/anger and focus on making my own communication healthy". In the DMT session, a deeper relationship with resentments was revealed through embodiment. I "started on the ground feeling solid like a block of ice or cement". I "moved the stuck feeling" and "started to reach out and feed the resentment". I "saw the resentment as an ball of energy/light". I then started to "pat and press the resentments into my body all over" through a "process of integrating the resentments into my body" due to feelings and thoughts of "wanting to keep [the resentments] with me" and "not liking the idea of losing [the resentments]". This is a clear example of embodiment providing unconscious material that highlights an incongruity in my thoughts and feelings about resentments on a cognitive level and the nature of how I relate to them on a deeper level. In this DMT journal entry I even documented that "I felt very surprised with the movement that came out.".

Again, this finding supports the embodiment effect of bodily states directly influencing affective states (Barsalou et al., 2003; Koch & Fuchs, 2011). Through my bodily states, I was able to connect to an emotional and cognitive understanding of my relationship to resentments. Embodiment revealed new information about the nature of my relationship to all eight anger management topics explored. Across sessions, embodiment revealed unconscious material that was both similar and dissimilar to my experience in anger management counseling. I gained a heightened understanding of anger management topics that I found comfort in and anger management topics that I found discomfort in. Through embodiment sessions, I shifted my

relationship to anger from an identification with unhealthy habits to an exploration of integrating healthy habits into my life. By week six, comfort in healthy anger management topics naturally arose in the present moment of my embodiments.

An example from week seven shows how I used embodiment to begin to integrate healthy habits and create behavior change through movement. During week seven, I explored acceptance. In my anger management journal I recorded that "I experienced waves of nausea throughout [class]" and "especially when thinking about my final thought for the day". My final thought was "how to implement acceptance", and the counselor responded by asking me "if I allow myself to feel good, and if I deserve to feel good". During my DMT session that week, I "moved my acceptance of both healthy and toxic communication residing within me". I experienced a feeling of "integration" as I "began a process of tactile rubbing and sweeping of [my] body to integrate healthy and toxic into [my] physical body. Healthy and toxic began to blur together. I was simply accepting my communication on a physical level.". This is a clear example of movement providing a means of behavior change. Through embodiment, I implemented acceptance. This example also highlights the growth that occurred over the course of this study. In week three my experience of integration was my resentments, and in week seven I was integrating acceptance. I even wrote in my DMT journal for week seven the thought that it "reminded me of movement for resentment".

Again, this finding supports the embodiment effect of bodily states directly influencing affective states (Barsalou et al., 2003; Koch & Fuchs, 2011). Through my bodily states, I was able to connect to an emotional relationship with acceptance. This finding supports the embodiment effect that the congruency of bodily and affective states modulates the efficacy of performance. Through embodiment, I shifted my relationship to anger from comfort with

dysfunctional anger management topics (ie. resentments) to an exploration of finding comfort in healthy topics (ie. acceptance) which led to congruency in my bodily and affective states. Embodiment provided a means of cognitively shifting my beliefs about anger and implementing behavior change.

Points of Consideration and Future Research

The previous section stated findings that are clearly supported by the literature on anger management counseling, embodiment theory, and my results. However, two additional considerations came up in my analysis in relationship to the dual role of anger management counseling and embodiment of anger in DMT: managing physiological arousal and teaching relapse prevention and the role of the additional embodiment effects.

Physiological arousal and relapse prevention. The literature on anger management treatment provides that the emotional state of anger often produces immediate and extreme physiological over-arousal, and addressing this first, before focusing on other aspects of treatment, may help clients respond to additional interventions more effectively (DiGiuseppe, 1999; DiGiuseppe & Tafrate, 2001). Although this aspect of anger treatment was discussed by several researchers, the anger management class I attended did not include an aspect of managing physiological arousal. The class format consisted of discussion, psychoeducation, and watching video clips. In addition to managing physiological arousal, anger management literature suggests that teaching and practicing body and mental relaxation techniques can help reduce the risk of relapse (Leifer, 1999; Mayne & Ambrose, 1999). Again, the anger management class that I attended did not include teaching of body and mental relaxation techniques. Suggestions such as creating distance, or physical space, from the triggering even were discussed often, but no techniques were practiced within the class.

This point is of interest to consider because the means of managing physiological arousal and preventing relapse within the literature are all body based techniques including breath and walking meditation (Nickerson & Hinton, 2011) and progressive muscle relaxation (Leifer, 1999). I am left wondering how embodiment, a body based technique, may have acted as an influence of or substitute for the lack of techniques addressing the management of physiological arousal and relapse prevention in the anger management course. I provided a bodily outlet for myself through embodiment of anger management topics. Additionally, the dance/movement therapist often provided verbal breath cues throughout the embodiment sessions. Although not intentionally done, this may have provided me a way to manage physiological arousal and prevent relapse that was not provided in anger management counseling. As the literature suggests, it may have also influenced my response to additional interventions throughout the eight weeks of the study. Studying the effects of embodiment on physiological arousal and relapse prevention within anger management counseling is a suggestion for a point of future research.

Additional embodiment effects. Embodiment theory provides six effects of embodiment: our own bodily states cause affective states, perceived social stimuli cause bodily states, witnessing bodily states in others causes our own bodily imitation, witness others in affective states cause our own affective responses, whether we are observing or embodying, similar neurological functions are being activated, and the compatibility of bodily states and cognitive states modulates performance effectiveness (Koch & Fuchs, 20011; Niendenthal, 2007; Barsalou et al., 2003; Wilson, 2002; Winters, 2008). In the three findings described prior, it is clear how the first as well as the final two embodiment effects were directly involved in my embodiment sessions. The role that the additional effects had on my study can be explained

through the implementation of SIFT.

The majority of embodiment effects happen automatically without the use of the conscious mind (Koch, 2006). This suggests that embodiment effects were happening throughout the course of this study that were unknown and not recorded. In each anger management and DMT session, I documented my experience through SIFT that arose. If I assume the embodiment effects to be true, I hypothesize that the influence of social stimuli (ie. discussion, video, stories) and bodily and affective states of others (ie. counselor, dance/movement therapist, group members) directly influenced my own bodily and affect states and thus the SIFT experienced and recorded. Studying the effects of social stimuli and bodily and effective states of others on the experience of anger management counseling is a second suggestion for a point of future research.

Limitations of this Study

Two limitations to this study are my dual role as both researcher and participant and being the sole participant of the study. My dual role as both researcher and participant, although never intentionally done, may have influenced how I responded during sessions and what I recorded in my journal entries. Additionally, as the sole participant of this study, the results are limited to my subjective experience. While I attempted to make the presentation of results as universal as possible, the results ultimately came solely from myself. I am familiar with and had previous experience with DMT, embodiment, and anger management counseling. I entered into this research with a level of comfortability with all aspects of the study that may not be true to the general public. It is important to note that this limitation is true for the majority of research on treatment for anger (DiGiuseppe, 1999). Most studies are done on volunteer participants, and this may not be representative of clients who actually present for treatment, many of who are

sent by courts, employers, or spouses (DiGiuseppe, 1999). Both of these limitations are factors to consider in implementing embodiment as an intervention or conducting future research related to this topic.

Summary and Implications

The purpose of my study was to examine the intersection of anger management counseling and embodiment. More specifically, I hoped to understand how embodiment, as a DMT intervention, could supplement traditional anger management counseling for clients seeking treatment for dysfunctional anger. Again, I attempted to answer the questions: How might the embodiment of anger integrate with anger management counseling? How might the sensations, images, feelings, and thoughts experienced in anger management sessions lead to an embodied expression of anger? How might my embodiment of multiple aspects of anger lead to the development of dance/movement therapy interventions?

This study provides evidence of embodiment effects and supports the use of embodiment as an effective intervention in DMT practice. One way in which embodiment may be implemented as an intervention is through direct replication of the method of my study. This could be used with individuals seeking treatment for anger management counseling. Therapists could also follow the method of my study as a way to heighten their own understanding of and personal beliefs about anger. This may be especially useful for therapists treating patients who present with dysfunctional anger. Additionally, this intervention could be expanded in four ways: integrating Laban Movement Analysis into the embodiment process, integrating the Developmental Movement Patterns into the embodiment process, embodying sub-topics of anger management counseling, and integrating awareness of SIFT with specific topics from anger management counseling.

Through the simultaneous process of attending anger management counseling and DMT sessions, focused on embodiment of anger management topics, I developed a deeper understanding of and began to shift my relationship to anger. Embodiment put me in direct relationship with anger management topics and this provided motivation, a means of therapy connected to the nature of my own anger, and cognitive and behavioral change. I hope that the results of this study are an encouragement for therapists to explore the nature of their own relationship to anger. I hope therapists across the field of psychotherapy continue to research anger treatments and directly address dysfunctional anger with their clients. I hope that dance/movement therapists are encouraged to address client anger through the use of embodiment. Additionally, I hope that more research on movement based anger management treatments will be conducted within the field of DMT.

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Appendix A

Definitions of Terms

Anger Management Counseling

A specific type of counseling, done in group or individual format, with its primary focus on anger management. "Anger management is the process of learning to recognize signs that you're becoming angry, and taking action to calm down and deal with the situation in a productive way" (Mayo Clinic, 2017).

Dance/Movement Therapy

A form of psychotherapy under the creative arts therapies umbrella which include art, dance/movement, drama, psychodrama, poetry, and music. "The American Dance Therapy Association (ADTA) defines dance/movement therapy as the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual" (American Dance Therapy Association, 2017).

Patterns of Total Body Connectivity

"Basic body connections are established through a stage-specific developmental progression early in life. These basic connective patterns become integrated in the adult and function as patterns of total body connectivity, which are then available for timely use and phrasing according to context...In my own work I have shortened the list of Developmental Patterns to a basic six...Breath, Core-Distal Connectivity, Head-Tail Connectivity, Upper-Lower Connectivity, Body-Half Connectivity, Cross-Lateral Connectivity." (Hackney, 2002, p. 42-4).

Embodiment

"What do I mean by embodied or embodiment? In one sense, I mean it as equivalent to the dance/movement therapists' directive to ''move out'' a situation, image, feeling, idea or

word" (Hervey, 2007, p.93).

Laban Movement Analysis

"Laban Movement Analysis (LMA) is a tool that can be used to refine awareness of movement, to describe actions objectively, and to encourage conscious reflection on the meaning of this dynamic dimension of human behavior" (Moore, 2012, p.35).

Multi-Modal Treatment

An approach to psychotherapy that incorporates multiple interventions into treatment protocol. "MMT [Multimodal Therapy] is based on the assumption that most psychological problems are multifaceted, multidetermined and multilayered, and that comprehensive therapy calls for a careful assessment of seven dimensions or 'modalities' in which individuals operate - Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationships and Biological processes" (Lazarus).

SIFT

"...we SIFT our experience by exploring four things that are the life of the mind beneath behavior: Sensations, Images, Feelings, and Thoughts. When we SIFT the mind, we engage the "mindsight" circuits that support how we have insight into our own inner lives, and empathy for the inner experience of others" (Siegel, 2014).

Appendix B

Semi-structured Journal Entry

Date:
Session #:

1. What topic(s) were covered?

2. What intervention(s) or tool(s) were used?

3. Sensations:

   Images:

   Feelings:

   Thoughts:

4. Any other relevant information from this session:

Appendix C

Dance/Movement Therapy Contract

Dance/Movement Therapy and Counseling
Columbia College Chicago

This contract agreement is entered into this _____ day of _____, by and between Maria Parise ("Parise") and _____ ("The Therapist") to explore the embodiment of anger in relation to anger management counseling through individual dance/movement therapy (DMT) sessions.

A. Duration:
The agreement may be used between _____ and _____ or until duties are completed, whichever comes first, and will be subject to renewal only by mutual written agreement of both parties.

B. Duties of the parties:
1. The therapist will facilitate eight one-hour individual DMT sessions. The therapist will hold no more than one session a week at a prescheduled time at the therapist's office.
2. The therapist will use the research question to guide each session and focus interventions on the embodiment of anger.
3. In each session, the therapist will lead an individual session for Parise.
4. The therapist will not at anytime divulge information related to Parise and will protect such information as confidential.
5. In the event the therapist is not able to facilitate a session, the therapist will inform Parise at least 24 hours in advance and will reschedule the make-up session at a mutually agreed upon day and time, prior to the termination date of this agreement.
6. The therapist will receive his/her regular hourly payment for facilitating the individual sessions.

C. Termination:
1. In the event the therapist is unable to fulfill the terms of this agreement, the therapist will notify Parise within three (3) business days and attempt to find a qualified replacement at Parise's discretion.
2. Termination of this agreement will not result in any penalties to either party.

Print _____

Signed _____ Date _____

Print _____

Signed _____ Date _____