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Paving the Road to Resilience: A Grounded Theory Pilot Study

Ruchi Shah
Columbia College Chicago

PAVING THE ROAD TO RESILIENCE: A GROUNDED THEORY PILOT STUDY

Ruchi Shah

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Committee:

Susan Imus, MA, BC-DMT, LCPC, GL-CMA
Chair, Dance/Movement Therapy and Counseling

Laura Downey, EdD, BC-DMT, LPC, GL-CMA
Research Coordinator

Jessica Young, MA, BC-DMT, LCPC, GL-CMA
Thesis Advisor

Amber Elizabeth Gray, MPH, MA, LPCC, BC-DMT, NCC
Reader

Abstract

The purpose of this grounded theory pilot study was to develop a theory about how survival thinking can be fostered into resilience for children from a low socio-economic urban community in Mumbai, India. The study also examined how dance/movement therapy could be utilized to foster these qualities of resilience. Based on experiences with the population, this researcher hypothesized that the children experienced early complex trauma. Data was collected through movement observations of the children, interviews with professionals who have actively worked with them, and the researcher's reflections of her own body felt experiences after each observation and interview. Data was analyzed by creating a salient movement profile of the children as a group, sequential analysis, and literary analysis respectively. Through data analysis and validation strategies, it was evident that while interventions involving the family, community, and children are important; creating internal support using a strengths-based approach to child development may be most integral to fostering resilience.

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Introduction

Mumbai, India is home to Asia's largest slums, housing millions of children exposed to poverty, neglect, physical abuse, emotional abuse, sexual abuse, substance abuse, and violence. They lack access to basic human needs, such as nutrition and sanitation. Daily stressors impact their mental state, often resulting in maladaptive behaviors of violence and abuse by parents and children. This experience of abuse and neglect makes the children susceptible to developing symptoms of complex trauma (Cook, Blaustein, Spinazzola, & Van der Kolk, 2003). Poverty forces these children and their families to focus on daily survival thinking. This is a term that the author developed based on the literature related to trauma. Survival thinking is a way of thinking that focuses solely on day-to-day survival. It confines an individual within the scope of the only reality he believes to exist. Survival thinking drives an individual to focus on existing and surviving the odds, rather than fully living and thriving. Poverty and other adverse life situations lead people to focus on short-term fulfillment and survival thinking. While survival thinking is a strength and a necessity, it narrows their focus on existing and surviving the odds in the present; rather than fully thriving, adapting to overcome challenges, and preparing for the future.

Therefore, this study sought to develop a theory about how survival thinking can be fostered into qualities of resilience (Benard, 1995) and successful adaptation to challenges, through the lens of psychosocial development and dance/movement therapy (DMT). Current relief work within this community largely focuses on meeting immediate needs through surface level interventions of providing housing and training in vocational skills. While these short-term efforts are valuable, there are fewer interventions focused on addressing early persistent trauma with the goal of creating psychological and emotional shifts. Early persistent trauma in children

is often the root of a number of behaviors that are considered to be maladaptive and wrongly diagnosed. Through the review of literature related to complex trauma and by viewing this population through the lens of complex trauma, this study added to this understanding and brought it to the foreground for this population in particular.

Literature Review

Children in the Mumbai Slums

Slums in India are described as a cluster of huts with dilapidated structures, shared toilet facilities, inadequate basic amenities, inadequate arrangements for drainage, and poor disposal of solid waste and garbage (Government of India Report of the Committee on Slum Statistics/Sensus, 2005). There are two contrasting yet complementary sides to the Mumbai slums – one that focuses on entrepreneurship and community and another that focuses on poverty (Mande, 2012; Nita, 2009). Mumbai's largest slum is home to multiple commercial endeavors, including industries dealing in leather, garments, food, recycling, and social services (Ghelani, 2014; Mande, 2012). The slum is responsible for recycling approximately 80% of the city's waste, an industry worth US $665 million (Ghelani, 2014). Concurrently, the slums in Mumbai shelter over 7 million children living in extreme poverty without adequate access to electricity, clean water, food, and educational opportunities. Adversities in the slums such as overcrowding, insecure residential status, poor housing quality, and inadequate access to sanitation, lead to functional impairment, distress, and high risk for mental illnesses in children (Subbaraman et al., 2014).

According to the Gabriel Project Mumbai (2015), a lack of modern farming techniques, poor weather, and scarcity of water make for challenging farming conditions, forcing these children and their families to relocate from rural areas to the city in search of a new source of income. Due to low socio-economic status and scarcity of resources, there is extreme pressure on these families to seek out resources in order to survive. This pressures young children to work unsafe and menial jobs, such as rag pickers and sewage cleaners, earning a few rupees a day to save their families from starvation. These children suffer from malnourishment, witness

domestic violence, and are exposed to substance use. Therefore, the basic need for short-term survival takes precedence over long-term planning, biopsychosocial development, and educational development of the children; preventing them from breaking the cycle of poverty and trauma and successfully adapting to stresses in their environment (Gabriel Project Mumbai, 2015).

Trauma

Van der Kolk (2014) found that after experiencing trauma, "the world is experienced from a different nervous system. The survivor's energy now becomes focused on suppressing inner chaos, at the expense of spontaneous involvement in their life" (p. 53). Therefore, early recurring trauma has an impact on the biopsychosocial development of these children who live in the Mumbai slums. Trauma can be defined as an emotional response to a disturbing event, creating short-term symptoms, such as shock and denial, and long-term symptoms, including unpredictable emotions, flashbacks, strained relationships, and physiological aches and pains (American Psychological Association [APA], 2015). Despite the human capacity to survive and adapt, traumatic experiences alter a person's biopsychosocial equilibrium and impact ego development, body image, emotional integrity, attachment, and interpersonal relationships to such a degree that the memory of one particular event impacts all other experiences (Kornblum & Halsten, 2006; van der Kolk, McFarlane, & Weisaeth, 2007).

Long-term exposure to trauma traditionally leads to a diagnosis of Post Traumatic Stress Disorder (PTSD). PTSD includes exposure to actual or threatened death, serious injury, the direct or indirect experience or witnessing of sexual violence, and the presence of one or more of the following intrusion symptoms – distressing memories of the traumatic event, dreams related to the event, dissociative reactions in which the individual feels as if the event is recurring,

intense or prolonged distress from exposure to internal or external cues relating to the event, and marked physiological reactions to these cues (American Psychiatric Association, 2013). It also entails consistent avoidance of these related stimuli, marked alterations in arousal and reactivity associated with the event, and negative alterations in cognitions and mood (American Psychiatric Association, 2013). The memory of the trauma is not integrated and accepted as a part of one's past, impacting the individual in the present and future even after the event has concluded (van der Kolk et al., 2007). There are many different types of trauma that go beyond the traditional definition and diagnosis of Post Traumatic Stress Disorder. Children in the Mumbai slums experience multiple traumatic experiences in their primary relationships leading to an experience of trauma, specifically referred to as complex trauma.

Complex Trauma

The term complex trauma has a two-fold meaning (Cook, Blaustein, Spinazzola, & van der Kolk, 2003). The first aspect is complex traumatic exposure, which refers to a child's exposure to multiple and pervasive traumatic events such as emotional abuse, sexual abuse, physical abuse, neglect, separation from family members, domestic violence, ethnic cleansing, poverty, or war (Cook et al., 2003; Cook et al., 2007; The National Child Traumatic Stress Network [NCTSN], n.d.-a; Wamser-Nanney & Vandenberg, 2013). These exposures are chronic, begin in early childhood within the caregiving system, and can lead to subsequent trauma exposures (Cook et al., 2003). The second aspect is the range of symptoms and far reaching outcomes that appear after children experience or witness a traumatic event (Cook et al., 2003; Wamser-Nanney & Vandenberg, 2013).

Epidemiological research has yielded evidence of a considerably higher rate of children's exposure to complex trauma than adults (Cook et al., 2003). Exposure to severe early traumatic

events in children could lead to a variety of mood, behavioral, and early childhood disorders (American Psychiatric Association, 2013). While these diagnoses capture an aspect of the child's experience, none of them capture the extent of the developmental impact complex trauma exposure has on young children (Cook et al., 2003). Clinical studies have identified three broad areas of disturbance related to long-term and severe exposure to complex traumatic events, which go beyond a diagnosis of simple PTSD (Herman, 1992). Firstly, the symptoms in survivors of complex trauma appear to be more convoluted, diffused, and obstinate than in simple PTSD (Herman, 1992). Secondly, with relation to the characteristics that develop, survivors of prolonged trauma develop distinguishing personality changes, including distortions of relatedness and identity (Herman, 1992). Thirdly, survivors are at higher risk and more vulnerable to repeated harm, both self-inflicted and by others (Herman, 1992).

Complex trauma impacts the physical, mental, and emotional well-being of children. Common effects include high risk of serious medical conditions; chronic physical difficulties; maladaptive behaviors such as smoking, drinking or unprotected sex; self-harm; dysregulated affect; difficulty identifying, safely expressing, and modulating emotions; attention and concentration difficulties; negative sense of self; impulsivity; aggression; and difficulty taking risks (Cook et al., 2003; Cook et al., 2007; Defining Trauma and Child Traumatic Stress, n.d.; NCTSN, n.d.; Spinazzola et al., 2002;). Cognitive development seems to be particularly impacted by the sensory and emotional deprivation accompanying neglect and abuse, often displaying as a low overall IQ and delays in development of language (Cook et al., 2007). These children may be at a higher risk of developing learning disorders, autism, and attention-deficit/hyperactivity disorder (ADHD), leading to a dire need for specialized attention at home and in school to foster social and academic adaptability (Cook et al., 2003; Defining Trauma and

Child Traumatic Stress, n.d.; NCTSN, n.d.). Children who have experienced complex trauma also tend to lack creativity and flexibility in solving problems or long-term planning (Cook et al., 2007; NCTSN, n.d). They perceive themselves as powerless, expect rejection, and may constantly blame themselves for their own negative experiences (Cook et al., 2007). This inability toward long-term planning and feeling of powerlessness leads to feelings of helplessness, low self-esteem, and a distorted sense of self, all characteristic of early insecure attachment and complex trauma ("Effects of Complex Trauma," n.d.).

Complex trauma experiences involving abuse within primary relationships can make children feel fearful, helpless, abandoned, hyper-vigilant, and anxious (Cook, et al., 2003; Cook et al., 2007; Courtois & Ford, 2009; Lawson & Quinn, 2013). These early traumatic experiences impact the structure and functioning capacity of the brain and nervous system in the fragile developing brains of children (Siegel, 2012). The healthy functioning of the automatic nervous system (ANS) is negatively impacted, leading to a heightened reactivity to stress manifesting in overly controlled and rigid behaviors or behaviors that lack any form of control, both at extreme ends of the spectrum (Cook et al., 2003; Cook et al., 2007; NCTSN, n.d.). Children who experience abuse and neglect early on learn that their cry for help does not register with their caregiver, conditioning them to give up when faced with challenges as adults (van der Kolk, 2014). Due to their inability to self-regulate and self-soothe, these children can show signs of dissociation, chronic numbing of emotional experiences, avoidance of both positive and negative emotional situations, and maladaptive coping strategies such as substance abuse (Cook et al., 2003; Cook et al., 2007).

The children in the Mumbai slums are exposed to early complex trauma experiences leading to many of the above effects. The neglect and abuse may be an outcome of their poverty

and limited access to resources, which forces families to focus on basic needs rather than emotional and educational needs (Gabriel Project Mumbai, 2015). This survival thinking drives an individual to focus on existing and surviving the odds, rather than fully living and thriving. While this focus of daily survival helps them stay alive, when combined with their low socio-economic status and early traumatic experiences, it may become an obstacle in their ability to adapt to present challenges and focus on the future.

Early caregiving relationships are critical in helping children feel supported through traumatic experiences as they provide the primary protective structure for children to learn about the self, emotions, relationships, self-regulation, safety, and expressive communication (Bowlby, 1988; Cook, et al., 2003; Cook et al., 2007; van der Kolk, 2014). The solution for children in this low socio-economic community in Mumbai may not be so clear. They grow up in extreme circumstances, sometimes without their parents who may live in the village or may be deceased. Lacking external support through primary relationships, these children may need to explore other external protective factors and internal ones within their own personality.

Resilience

Resilience refers to a set of personality characteristics, including a positive attitude, optimism, and the ability to regulate emotions. Through harnessing resources to sustain well-being, seeing adverse experiences as a form of helpful advice, and consciously directing behaviors, individuals take control of their lives, moving forward in insightful and integrated ways (Alvord & Grados, 2005; Masten, 2001; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). Resilience is not extraordinary, rather an ordinary and innate ability in the bodies, minds, relationships, and communities of children that can be fostered or developed through life (Henderson, 2012; Masten, 2001). Resilience is associated with the ability to

identify and utilize appropriate coping strategies when faced with a challenge (Southwick et al., 2015). The Mumbai slums are home to a group of spirited children belonging to a community that looks dismal, but is adaptable (Krishnan, 2008; Nita, 2009). Some of these children have found ways to regulate their outlooks to suit their conditions, in order to find a source of happiness, dignity, and a sense of purpose (Nita, 2009; Mande, 2012).

However, Shastri (2013) emphasized that there is a distinction between resilience and related concepts such as invulnerability, stress resistance, adaptive behaviors, and mental toughness. The three distinguishable aspects related to resilience include the ability to achieve positive results in high-risk situations, the ability to function adeptly in situations of acute or chronic stress, and the ability to recover from trauma (Shastri, 2013). According to Masten (2001), the focus needs to be on how these qualities can be fostered. Thus, resilience needs to be understood from multiple levels of analysis, including genetic, epigenetic, developmental, demographic, cultural, economic, and social (Southwick et al., 2015).

One example that illustrates resilience is the KIPP (Knowledge Is Power Program) Academy Middle School for children from low-income families in the South Bronx region (Tough, 2012). KIPP helped these children who had academic challenges to achieve high scores and admissions into accredited colleges. Eventually, most of KIPP's students dropped out of college. David Levin, the founder of KIPP, noticed that the students who successfully completed school were not the ones who did well academically; rather, they were the ones with qualities of resilience, optimism, and social agility. They were the students who could bounce back from bad grades and try harder. The importance of understanding resilience in children is integral, because children who are exposed to early and prolonged stress from multiple sources have worse developmental outcomes than those who do not (Shastri, 2013).

The presence of resilient factors supports the success of children by compensating for the risk factors in their lives (Shastri, 2013). Resilient children adapt to difficult situations by utilizing internal and external resources as they come to understand that although they cannot control everything, they have some power to influence the course their life takes after adversity (Alvord & Grados, 2005). Contextual or environmental factors that protect children from harsh early environments and influence the development of resilience include supportive and caring family systems, school, external community systems, emotion regulation skills, self-awareness, and the capacity to visualize the future (Alvord & Grados, 2005; Schilling, 2008; Shastri, 2013; Southwick et al., 2015; Tough, 2012). However, it is important to understand that there is no one universal protective factor for all children; rather, it depends on factors such as age, family, environment, culture, and the developmental stage of the child (Alvord & Grados, 2005; Shastri, 2013). Therefore, the focus needs to shift from understanding what goes wrong with people who become chronically symptomatic and function poorly after adversity to what goes right in people who adapt with equanimity (Southwick et al., 2015).

Alvord and Grados (2005) conducted a study with the purpose of enhancing resilience in children and identified a number of effective individual and family approaches. These include teaching children and their families effective problem-solving skills to identify controllable and uncontrollable circumstances and adversities, encouraging children to express both negative and positive feelings, helping children and families identify strengths and positive family experiences, guiding parents and teachers in fostering self-esteem in children through meaningful responsibilities, teaching positive thinking by reframing negative talk, and helping children realistically attribute successes to themselves and not simply to environmental circumstances.

Alvord and Grados (2005), went on further to develop *The Alvord-Baker Social Skills*

Group Model as an intervention for group sessions with children. This is a resilience-based curriculum that works within a systems model of treatment by involving the school and community. They developed a number of strategies and activities for children from grades two through five. The five structural components of this model include interactive didactic, free-play, relaxation/self-regulation, generalization, and parental.

While Alvord and Grados (2005) developed a model focused on individual factors reinforced by external factors, Brooks (1994) developed a set of intervention strategies that focused on the areas of competence that already exist within the child. The first strategy encourages children to engage in contributory activities that make a positive difference in the lives of others. This builds self-respect, hope, and a corrective experience, contrasting feelings of defeat and despair. The second strategy fosters the belief in children that they have control over their own lives by providing opportunities to learn and practice skills of sound decision-making and problem-solving. This empowers children and provides a sense of ownership. The third strategy focuses on the importance of appreciation, positive regard, and encouragement from caregivers and significant adult role models in promoting self-worth, optimism, ownership, and resilience. The fourth strategy includes nurturing their understanding of the impact of one's behaviors on others and involving them in the process of creating discipline to better understand the necessity for rules increasing motivation to follow them. The fifth strategy focuses on helping children see the importance of failure in the process of learning by acknowledging this fear of failure and working through it instead of giving up, while highlighting the child's strengths alongside. This encourages children to continue trying when faced with a challenge, further fostering self-esteem and resilience.

The most positive results in fostering resilience can be achieved by creating change in

both environmental as well as individual factors (Shastri, 2013). Therefore, the focus needs to extend to developing this internal ability to adapt by recognizing strengths used in the past and utilizing these in present and future challenges (Shastri, 2013). In developing effective interventions to foster resilience, it is critical to understand that these children, their families, the community, organizations, and culture, are all interrelated, and interventions at one of these levels impact change at another (Southwick et al., 2015). For these children in the Mumbai slums, relying on stable external support systems is not always an option. Their parents are either away in the village while they live with distant relatives in the city, have passed away, or are emotionally and physically absent due to mental illness and stress. Therefore, creating internal shifts and strengthening their innate ability to adapt becomes even more important.

Dance/Movement Therapy with Children who have Experienced Trauma

Bowlby (1988) found that reflective functioning or the ability to talk about adverse childhood experiences enables individuals to moderate the long-term consequences of early trauma, thereby emphasizing the similarities between secure parenting and good psychotherapy, focusing on the role of a therapist as a companion for the patient in the latter's exploration of himself and experiences. The first phase of psychotherapy with clients with complex trauma histories needs to focus on "resourcing" the client, helping them identify their own strengths and resilience (including survival skills and adaptations) (Courtois & Ford, 2013). Psychotherapy, specifically DMT, has been looked upon as an effective means of working with children from low socio-economic communities who have experienced complex trauma. Clinically designed DMT programs, focusing on cultural dance practices and utilizing creative artistic expression, have proven to be effective for children who have experienced trauma by fostering qualities of resilience in them (Gray, 2008; Harris, 2007b).

DMT is considered valuable for survivors of trauma as it facilitates access to body-felt trauma responses, provides a safe space for external expression of these inner experiences, and helps develop self-awareness (Dunphy, Elton, & Jordan, 2014; MacDonald, 2016). It helps individuals navigate the conscious experience of their trauma and recognize the unconscious feelings, needs, sensations, connections, and experiences (Alexander & LeBaron, 2012). DMT has a significant impact on how people access and process traumatic memories and emotions found stored in the body (van der Kolk, 2014). More specifically, it has been found that providing children with a wide variety of body-based skills and a safe environment to develop emotional regulation could help them examine, modify, and evaluate their relationship to their environment and reduce aggressive and self-destructive tendencies (Betty, 2013; Kornblum, 2002).

Tortora (2006) offered an example of this when she used dance-play games, obstacle courses, and relaxation exercises to modulate extreme risk-taking behaviors of a six-year-old boy who wanted to hurt everything. He was able to work through his guilt, decrease aggression, reduce negative self-thoughts, and identify his strengths (Tortora, 2006). Harris (2007b) provided the example of two successful dance-based interventions, one in the U.S. with unaccompanied minors from South Sudan and another in Sierra Leone with adolescent war combatants, whose main objectives were to foster resilience in the clients. The goals included desomatizing memory, increasing mindfulness, enabling contained discharge of anxiety and aggression, and fostering creativity to help participants symbolize their traumatic losses and future hopes (Harris, 2007b). Through DMT techniques and practices such as drumming, performing cultural dance forms, embodying personal experiences, and creative expression, the participants of both programs developed a sense of wholeness brought about by full body expression, accepted their

past trauma, and found traditional coping mechanisms to reduce hyper-arousal and manage difficult emotions (Harris, 2007b).

Gray (2008) found that DMT was especially appropriate for children from different countries and cultures, who have experienced extreme stress and violence, as it has its roots in rituals and traditional healing practices. In her work in Haiti with street children, child survivors of imprisonment, abandoned children with mental and physical challenges, and child survivors of violence, she found the following:

> The flexibility and fluidity inherent in the practice and application of dance/movement therapy create a medium in which the cultural and social practices essential to recovery from extreme stress, even if the individuals or social structures that carry them are disrupted or in part destroyed by the acts of violence, can be cultivated and integrated into a larger-scale healing process (p. 233).

DMT empowers clients by helping them identify personal strengths in a safe and culturally sound environment (Harris, 2007b; Kelton, 2014; MacDonald, 2016), which is an integral precursor for resilience (APA, 2014). Kelton (2014) found that through dance and movement, individuals are better able to trust their own abilities and strengthen internal support systems important in the fostering of resilience. While the western world is viewing the benefits of DMT in the treatment of trauma, it is also an emerging practice in India (Rangparia, 2011). Within a culture that has limited allocation of medical care for mental disorders, poor use of available resources, and a lack of sustainable mental health programs (Khandelwal et. al, 2004; Murthy, 2011; Padmavati, 2005), practitioners of DMT in India are seeing its benefits and encouraging its practice, especially with children (Rangparia, 2011). A non-governmental organization (NGO), Kolkata Sanved, works with young girls who have experienced trauma in

the form of prostitution due to poverty (Luffman, 2010). One of the participants from their program, a girl orphaned when she was five, said that DMT helped her cope with her anger and her traumatic past (Luffman, 2010). Sohini Chakraborty, founder and director of Kolkata Sanved, believes that DMT can play an integral role in empowering trauma survivors to become leading agents of change (Kolkata Sanved History, 2012).

Although numerous studies add to the literature of how children and adolescents perceive and experience resilience, there is a need to conduct more research on the correlation between DMT and resilience (Kelton, 2014). This researcher found that there is limited knowledge about how children in the Mumbai slums develop due to their early experiences of abuse, neglect, and poverty. Being informed by her past work with children from this community in Mumbai, as well as reviewing the literature about complex trauma, the researcher recognized that these children are likely to experience complex trauma (NCTSN, n.d.-a). The literature highlights resilience as a protective factor to early traumatic experiences. The researcher also hypothesized that while survival thinking due to poverty is what keeps these children bound into their comfort zones and immediate reality; resilience is what will empower them to break their cycle of trauma and focus on long-term adaptation and fulfillment. The purpose of this study was to deepen the understanding of how these children experience early complex trauma and to develop a theory about how their trauma and subsequent survival thinking can be fostered into resilience through the incorporation of DMT.

Methods

Methodology

This qualitative study utilized a grounded theory methodological approach to research (Creswell, 2013) fostering resilience in children from a low socio-economic, urban community in Mumbai. Grounded theory guides the research beyond a mere description of the population's experiences with complex trauma and survival thinking; truly generating a theory about how survival thinking can be fostered into resilience. The theory generated in this research was grounded in the data collected from within the urban community under study. The data highlights the realities of the children as constructed by their own experiences and situations.

Participants and Setting

Approximately 60 children (girls and boys) between the ages of 8 and 11 were intentionally observed for this study after gaining verbal assent from them as a group (see Appendix A). They were all third and fourth grade students studying at a primary school in a low socio-economic community in Mumbai. The second set of participants included three adult interviewees, one man and two women, working in the roles of social workers, project managers, mentors, or volunteers with the children. They were interviewed after signing informed consent, because they have actively engaged and personally worked with the children participants for at least two months (see Appendix B).

Data Collection

Data was collected through three different data collection methods.

Observations. The children were observed within the classroom and playground settings as a group in order to create a profile of their salient movement qualities. The third graders were observed on three separate weekdays during the first week, and the fourth graders were observed

on three separate weekdays during the following week. For both grades, the first day was simply observing and notating initial movement parameters; the second day included observations in the classroom, and observations on the third day took place on the playground or during recess. These observations were structured using Moore and Yamamoto's (2012) process of movement observation—following the phases of relaxation, attunement, point of concentration, and recuperation—and were recorded using Movement Assessment Coding Sheets (MACS) (see Appendix C).

Interviews. Semi-structured in-depth interviews (Mertens, 2015) were conducted with the adult participants after all the observations were completed. The interviews began with broad questions pertaining to the children and their characteristics, needs, and goals, and then became more focused on survival thinking and resilience based on the research question. A fixed set of questions was used as a guide (see Appendix D), but new questions evolved with each interview as the researcher became more sensitized to the content. Each interview lasted one to two hours.

Embodied writing. After each day of observation and interview, the researcher engaged in embodied writing (Anderson, 2001) in the form of prose or poetry in a personal journal for approximately 30 minutes. These writings reflected the researcher's body felt experiences during the observations and interviews highlighting sensations, images, thoughts, and feelings. Relaying the researcher's experience from the inside out creates a type of "sympathetic resonance" with the reader (Anderson, 2001, p. 21). Each entry was made once the researcher returned home and was alone to protect the children's identities and keep the journal locked in a safe space.

Data Analysis

Data was analyzed through three different methods corresponding with each data collection method. Movement observations were analyzed by creating a movement profile. The

most frequently observed movement qualities recorded during each observation were integrated into one final MACS to create a salient movement profile of the children as a group. Interviews were analyzed using Chesler's (Miles & Huberman, 1994) 7-step process of sequential analysis, which includes (a) underlining key terms that relate to the research question; (b) paraphrasing and restating key phrases understanding the context; (c) creating clusters with phrases that may be related in content or topic to help organize phrases and notice patterns; (d) creating codes by reducing clusters and attaching labels; (e) generalizing about the phrases in each cluster; (f) generating mini theories; (g) integrating theories into an explanatory framework to generate a central theme. The researcher's nine journal entries (one after each movement observation and interview) were studied to identify recurring themes from the recorded sensations, images, feelings, and thoughts.

Validation Strategy

The three sources of data collection served as a validation strategy of triangulation to support and strengthen the interpretations and conclusions made in this research (Mertens, 2015). This validation evoked consistencies, as well as differences, in order to fully understand and make meaning of the data collected by observing the children's movements, investigating the perspective of the adults who have worked with them, and the researcher's own body felt experience.

Results

This grounded theory pilot study was conducted to answer the research question: How can survival thinking be fostered into resilience for children from a low socio-economic urban community in Mumbai? Data collected and analyzed led to a deeper understanding of these children and their experiences, the circumstances that lead to survival thinking, and proposed theories about how this survival thinking can be fostered into resilience. Results from the three forms of data collection will be presented individually.

MACS

The final movement profile for the third and fourth grade children as a group reflects the most salient and least observed qualities across observations in the classroom and on the playground (see Table 1).

Table 1

Salient Movement Profile of the Children as a Group

	Effort	
Effort Element	**Most salient**	**Least salient**
Flow	Freeing	
Weight	Increasing pressure	
Space	Directing Indirecting	
Time		Accelerating Decelerating
Action Drives	Punch Wring Press	Float Dab

Body		
Movement patterns	**Most salient/Connected**	**Disconnected**
Patterns of Total Body Connectivity	Body-Half	Breath Core-Distal Cross-Lateral
	Active	**Held**
Body Part Usage	Hands Feet Face/Affect	Chest Neck
	Most salient	**Least salient**
Still Forms	Screw Pyramid Ball Wall	Pin
Shape		
Movement characteristics	**Most salient**	**Least salient**
Shaping Quality	Advancing Sinking Enclosing	
Shape Flow	Shrinking without breath support	Growing
Space		
Movement characteristics	**Most salient**	**Least salient**
Dimensions	Horizontal	Vertical
Planes	Horizontal Sagittal	
Reach in Kinesphere	Near	Far

Phrasing		
	Most salient	**Least salient**
Phrasing	Preparation Initiation Main action/Exertion	Follow through

Within the Effort category, the group's use of space, time, and action drives was noteworthy. Presenting a hypothesis, Laban correlated space to the mental effort of attention (Moore, 2014). This was reflected in the children's use of space, as they were directing in the classroom to facilitate focus and concentration on their lessons, and indirecting on the playground, enabling flexibility and multi-focused attention to facilitate recuperation and play (Moore, 2009). Similarly, Laban associated the category of time to making decisions and taking action (Moore, 2014). Therefore, it is noteworthy that the focus on time, both acceleration and deceleration, was not salient in the children's movements.

These children struggle with making decisions for themselves, needing constant external support. This was evidenced on the playground where they were unable to efficiently make teams for themselves or decide on the game they wished to play. They also tended to impulsively react rather than rationally respond, which may be a result of their survival pattern and trauma. Thus, it was ironic to note that the most salient action drives were punch, wring, and press; all of which involve the use of increasing pressure. Increasing pressure may be associated with a powerful urge to do things (Moore, 2014). This led the researcher to hypothesize that while these children have the innate urge to move forward and achieve tasks, they are unable to make rational decisions and internally push themselves to take actual action. Action drives such as float and dab utilizing decreasing pressure were not observed.

In terms of movement phrasing, the children visibly moved through and successfully complete the initial stages of preparation, initiation, and main action (Hackney, 2002). However, their phrasing lacked follow through, prematurely regressing back to the preparation stage (Hackney, 2002). This was visible especially in the classroom where they would prepare for the lesson with all their material organized on their desks and a focused intent. They would continue into the main action phase by reciting the poem, for example. However, very often they would give up and move back into the preparation phase without completely reciting the poem.

It is also essential to note that their most disconnected pattern of total body connectivity was the core-distal connectivity, as evidenced by the tension and holding in the torso and liveliness in the distal ends such as hands, feet, and face. An activated or strengthened core is associated with core support, which Hackney (2002) described as attributing to high self-esteem, a sense of purpose, and a confident approach to life. The children were also disconnected from their breath, visible in their movements of shrinking with no breath support. Cross-lateral movements were only visible as functional movements; for example, when they were running in the playground. It was interesting to note that the pin still form was least observed, as it requires the body to move into the vertical dimension, closer to the self, which was also the least observed spatial quality.

The shaping qualities most observed were advancing, followed by sinking and enclosing. They would advance into volunteering to answer a question, but when called upon by the teacher, they would sink back into their seat in an enclosed manner. Within the Space category, the children moved in near to mid reach in their kinesphere in the middle level, and almost never moved into the vertical dimension. Kinesphere is understood physically by the distance that can be reached around the body without taking a step and psychologically by the space the mover

senses or believes to be his or hers (Hackney, 2002). These children predominantly move in their horizontal dimension, creating relationships with those around them. While considering the results of the movement observations based on Laban Movement Analsysis (LMA), it must be noted that movement is a uniquely cultural expression; therefore, all movement analysis or meaning making is more a guide that should be considered against the unique societal and cultural experience of these children.

Embodied Writing

A journal entry consisting of prose, poetry, and phrases about the lived experience of the researcher was made after each of the six observations and three interviews. The nine entries were analyzed to filter out themes informed by mood, sensations, and imagery. The five prominent themes include curiosity, lack of stable relationships, pity and victimization, sadness, and the experience of feeling trapped. Evidence of each theme is provided below.

Table 2

Embodied Writing Themes

Theme	Supporting quotes
Curiosity	• "What keeps me going? The smile from a stranger, my teacher's appreciation, or knowing that understanding means helping and helping means validation?" • "Why are these children here? What makes them walk through the crowd every morning to make it to school every day and study?" • "As I sit there in the crowd I can't help but wonder what makes me different?"
Lack of stable relationships	• "Is this their experience with people around them? Touch and go?" • "Feeling lost and lonely in a crowd"
Pity and Victimization	• "All I wanted to do was save them." • "Why should I do it? Why did this happen to me? Why me?"

Sadness	• "In the gloomy room sat a boy." • "He sat there alone eating his lunch." • "Feeling lost in the crowd."
Feeling trapped	• "Image of a caterpillar wrapped in a cocoon and sitting in a crowd and chaos." • "I noticed a space in my beating heart, wanting to leap out in the midst of all that thunder." • "There are millions of people in there, all vibrating and struggling to come out." • "I experienced stomachaches, nausea, and vibrating in the body, all representative of my experience of being trapped."

Interviews

Nine themes that arose in all three interviews included: the impact of being urban poor, attachment, the role of education, limited exposure leads to limited goals, reframing response to trauma and stress, lack of follow through, fostering resilience, identified strengths, and fostering resilience utilizing identified strengths.

Table 3

Interview themes

Theme	Supporting examples
Impact of being urban poor	• Awareness of situation, yet not intimidated • Focus on materialistic and technological deficiencies • Chaotic and disorganized lives • Awareness of possibilities and motivation to achieve them • Limited by survival thinking, lack of resources, and poor education
Attachment	• Lack of primary secure attachment and sustained relationships • Distorted construct of relationships • Lack of self-confidence due to victimization from family and community

	• Lack of positive role models
Role of education	• Motivated to attend school, yet do not value education • Low quality education • Lack of support from school and family to cope with drugs, alcohol, and violence • Informing parents about the importance of education • Economically empower parents to help acknowledge a positive shift in the value placed on education
Limited exposure leads to limited goals	• Focus on materialistic goals and quick money • Job choices limited to high-paying but unsafe work • Restricted from following passions and talents towards achieving fullest potential • Goals influenced by mainstream media and what they see around them
Response to trauma and stress	• Some have the ability to creatively respond to challenges and stressful situations • Others get intimidated, giving up easily • Most respond aggressively (learned response of fight or flight)
Lack of follow through	• Lack of trust in community organizations due to inconsistent efforts • Struggle with follow through as they see parents constantly changing jobs to survive
Fostering resilience	• Psychotherapy, DMT, art, music, dance, and mentoring to help identify and work through psychological barriers • Cultivate the power of imagination and belief in possibility of life outside their known realities • Extracurricular activities to increase creativity, self-expression, and self-confidence
Identified strengths	• Power of imitation • Open, hospitable • Competitive • Warm, kind, friendly • Energetic • Strong sense of community
Fostering resilience utilizing identified	• Withstand challenges yet not empowered to successfully adapt and change

strengths	• Approach involving family and community • Focus on psychological goals, personality development, and self-actualization in relief efforts • Shift focus from displacing families to empowering the individuals while staying connected to community • Focus on identifying internal strengths to foster empowerment and resilience

Discussion

The results revealed that the most idealistic approach to fostering resilience in children appears to lie in comprehensive interventions involving the government, community, family, and children. The lack of access to basic needs restricts the ability to fulfill higher needs of self-esteem and self-actualization. As reflected in the interview theme – *impact of being urban poor* – reducing chaos and disorganization in the physical structure of the community can create a sound external environment for the biopsychosocial development of these children. These external shifts, including better housing, infrastructure, and educational facilities, would have to be initiated by the government for funding purposes.

While this idealistic approach of evoking economic support from the government is being pursued by various organizations, such reforms take several years to complete and typically experience multiple interruptions from political institutions and financial challenges. While government support is integral in empowering these children to foster resilience, a combination of external and internal resources help children adapt to difficult situations more effectively, as they come to understand that they have power to influence the course their lives take after adversity (Alvord & Grados, 2005).

Economic upliftment, support, and empowerment at the family level, would help parents create more secure, stable, and supportive relationships with their children, fostering resilient qualities early on (Alvord & Grados, 2005; Schilling, 2008; Shastri, 2013; Tough, 2012). Economic upliftment could help parents be more physically present for their children, supportive psychotherapy could help them process their stresses and be more emotionally attuned to their children, and parenting psychoeducation could help them more successfully meet their children's biopsychosocial needs.

External Support

Emerging from the themes of *attachment* and *lack of sustained relationships*, external factors were considered essential in fostering resilience in these children. External support for most individuals is found in immediate family and friends. However, these children are brought up in unstable family systems characterized by a lack of attention, emotional support, and structure; all of which are necessary factors in fostering resilience. There is a strong connection with friends, but the children lack the ability to differentiate between positive and negative influences, making them vulnerable to the influence of substance use and crime in peer relationships. Integrating results from the three data sources, it was evident that these children predominantly move in their horizontal dimension creating relationships with those around them (Hackney, 2002). This could suggest a strong sense of community, which was observed as a strength they possess. However, their inability to come back into the vertical dimension evoked curiosity in the researcher and may be hypothesized with being unable to come back into the core/individual self. While their community spirit is a strength, it may hamper their ability to be individualistic and independent, and peer groups can have a negative influence on their behaviors.

External support systems in this context need to be understood beyond the purview of immediate friends and family. The extended community can offer crucial support, especially when home support is lacking (Shepard et al., 2012). According to all the interviewees, NGO-provided mentorships have shown excellent results and can be an efficient external support system. Mentors can create strong, caring, and stable relationships with these children (Schilling, 2008), becoming positive role models who can inspire and affect change. Two of the adult participants noticed that these children have a great ability of imitation, which can be capitalized

upon when provided with role models. However, there are a number of challenges associated with mentorship within the surveyed community.

Organizations working within the mentorship model are focused on tangible results. One adult participant shared the example of an organization that had to shift its focus from working with children to helping adolescents train for and find jobs, because these outcomes were measurable. The inability of these organizations to follow through with aid efforts makes it challenging for the children to trust them, creating unstable and inconsistent attachments. The researcher wondered in her own journal entries if "this (is) their experience with people around them? Touch and go?"

Additionally, as reflected in the theme *pity and victimization,* the external support that numerous community organizations are offering is focused on freely providing materialistic resources and is guided by sympathy and victimization rather than empathy. Actions that stem from sympathy may be fueled by pity and lead to freely providing, but actions that stem from empathy originate from support and could lead to empowerment. This was evident in an interview with an adult participant who said, "I'm realizing the problem is not with the kids, but with what we do and how we perceive them." She went on to describe that any interventions that rules out of sympathy are in vain, but what roots from empathy and strength is where there is a positive outcome." This idea of pity was also reflective in the researcher's journal entries where she noted, "all I wanted to do was save them," referring to the children she observed. If the focus shifted to empowering individuals to work hard in order to receive and achieve, they could free themselves from the experience of *feeling trapped*.

Therefore, external systems may be able to successfully foster resilience and impact change through long-term, trusting, and consistent efforts focused on psychological growth and

development along with upward socioeconomic mobility. From the perspective of secure attachment, a long-term approach can enable children to build trusting relationships and create corrective experiences for early attachment challenges. It can also provide them with the value and experience of *follow through*. When people do not give up on them, they learn not to give up on themselves.

Lastly, the role of education is also seen as a source of external support as highlighted in the interviews. The school itself and the teacher/student relationship could be considered fundamental in empowering students to overcome challenges and foster resilience (Shepard et al., 2012). However, the low quality education received by the children does not equip them to use their strengths of curiosity and creativity or their movement preferences of advancing, directing, and free flow. Therefore, while external systems are integral in fostering resilience, the quality and consistency of these is lacking in this community in Mumbai, pushing the researcher to explore more efficient, immediate, and accessible alternatives to bring about this shift.

Internal Support

While themes such as *impact of being urban poor, attachment, role of education, pity* and *victimization,* and *lack of stable relationships* emphasize the importance of sound external support systems; most of the researcher's data focused on the value of building an internal support system by developing existing strengths to foster resilience in children. A strengths-based approach to working with children seeks to identify and further develop the unique strengths they have used in the past to deal effectively with adverse personal (e.g. physical injury or learning disabilities) and social (e.g. poverty or parents with substance abuse and mental illness) situations (Smith, 2006). Padesky and Mooney (2012) created a four-step strengths-based model to fostering resilience, which includes identifying and describing strengths in everyday

language, developing a personal model of resilience (PMR), and applying it in smaller, everyday activities as well as more intimidating challenges.

The adult participants in this study had diverse views about the presence of resilient qualities in these children. Some believed that the children were already resilient. Others believed that they were not resilient, but possessed certain strengths that helped them cope with their daily stresses. The children's strengths, as identified through the interviews, are not being harnessed into qualities that help them adapt and thrive in the face of adversity. As was evident in the salient movement profile, the pin like still form was least observed, which could be related to moving into the vertical dimension to connect to self (Hackney, 2002).

Strengths

It was evident through the interviews, movement observations, and journal entries that these children are open, competitive, warm, kind, energetic, friendly, motivated, curious, creative, and quick learners. The salient movement profile created by the researcher suggested a strong preference for the shaping quality of advancing, which indicates moving forward into an experience (Moore, 2009). The profile also reflected a preference for the use of free flow, which may relate to emotional expressivity; increasing pressure, which could support the quality of actively yielding into the earth to push away with strength; and directing, which may relate to paying attention (Hackney, 2002). It could be hypothesized that the children have the drive and ability to advance into learning and other tasks with the existing qualities of free flow, increasing pressure, and directing (Hackney, 2002).

However, they may struggle with following through once they start a task or are faced with a challenge, as was evident in their difficulty with completing a movement phrase. Turning to the body as a source of strength is one way that DMT can facilitate the development of

resiliency. DMT interventions can help children identify and reframe their challenges with follow through by working with movement phrasing on a body level.

In addition to poor follow through, their core-distal pattern of total body connectivity was the least salient and their core and torso region were perceived as tense or held. While they may possess strengths at the core, they appear to struggle with connecting to and nurturing these strengths to help increase self-esteem (Hackney, 2002) and resilience. According to Hackney (2002) core support is looked upon as the presence of an active and engaged core that helps uphold the body and energizes its interaction within the self and with the environment. An energized core may also be related to having faith in oneself and one's ability to move through life. Within the context of identifying and developing internal strengths to foster resilience, one adult participant suggested focusing on the 35% change that is achievable for these children—the passing score for tests—rather than setting an unrealistic goal of 100%. Identifying and developing 35% of their strengths can help increase self-confidence and self-esteem; key goals in fostering resilience in children (Alvord & Grados, 2005).

According to the adult participants, strengths as reflected in their passions, skills, and interests, can be identified and harnessed by the children's involvement in extracurricular activities (Rapp & Goscha, 2012). Being passionate, motivated, and successful in one positive aspect of their lives may help them translate this experience into other areas in the long run. Activities such as sports, music, dance, and art teach the children the value of trying after failure. These activities may also be valuable avenues for the children to express themselves, foster creativity, and find relief from the experience of feeling trapped in their trauma.

The focus, according to one participant, should also be on cultivating the power of imagination in these children—the power to imagine and believe in the possibility of a life

outside their known realities. This imagination can lead to identifying healthy aspects of the self (MacDonald, 2016), and result in empowerment and validation through achieving these visions. Shastri (2015) used metaphor to help uncover individual aspects of resilience. One of the interviewees believed that an impactful way to empower these children may be to help them create internal shifts in "self-confidence, self- concept, or self-esteem" using external interventions and support. However, the children's experiences of *being urban poor, feeling trapped*, and *pity and victimization* may be major deterrents in their ability to foster resilience.

Survival Thinking

Despite their strengths, the children's survival thinking makes them feel confined within themselves and their reality. This was reflected in the journal theme of *feeling trapped*. It was also evident in the children's near to mid reach in their kinesphere and quality of holding in the chest and neck areas. Not only is their physical environment crowded, which restricts them to a smaller use of kinesphere, but they are also internally restricted due to their limited exposure to experiences outside their immediate community, restricted imagination, low self-efficacy, and minimal access to resources. However, as reflected in the journal theme of *feeling trapped* through statements such as, "I noticed a space in my beating heart, wanting to leap out in the midst of all that thunder" and "There are millions of people in there, all vibrating and struggling to come out," this experience of feeling bound and stuck is often complemented by a vibrating struggle and desire to be free. This drive can be a strength that is trapped inside the core of their body waiting to be identified and developed. Along with strengths, mentoring, and talents, one of the adult participants reflected on the importance of psychotherapy and DMT in helping these children identify and work through psychological barriers and challenges.

Dance/Movement Therapy and Resilience

Dance and movement are integral parts of the children's culture. Movement through cultural dances, rituals, and music can help these children create a deeper connection to themselves and their cultural roots, increasing a sense of belonging and strengthening a sense of self (Harris, 2007a). DMT is based on the principle that dance is communication and enables self-expression through movement and metaphor, especially in children who are unable to verbally explain their experiences (Levy, 2005). Individuals enacting posttraumatic repetition compulsions are frequently more capable of expressing internal experiences through physical movements or pictures than in words (van der Kolk et al., 2007). Therefore, DMT can be effective in fostering resilience in children who have experienced trauma (Gray, 2008; Harris, 2007b).

As was evident in the journal theme of *lack of stable relationships*, these children lack the critical and protective early caregiving relationships imperative for building trust, regulating emotions, and feeling safe (Bowlby, 1988; Cook, et al., 2003; Cook et al., 2007; van der Kolk, 2014). DMT can provide the children a safe and creative means of connecting with and expressing their trauma in order to facilitate processing and healthy adaptation, thereby empowering them to embody past traumatic losses and instill future hopes (Bowlby, 1988; MacDonald, 2016). DMT also uses non-verbal communication to create a healthy and empathic therapeutic relationship between the client and therapist (Chaiklin & Schmais, 1993). The most primal movement of breath is often utilized as the inroad to attunement, DMT can help strengthen the children's connection to this most primary pattern of total body connectivity to create a sense of trust in the self and environment (Hackney, 2002). This therapeutic relationship

can create an emotionally corrective experience for the children and help them feel supported and safe as they explore themselves and their environments (Bowlby, 1988).

Another core principle of DMT focuses on the body-mind connection to increase integration and processing in individuals (Levy, 2005). All experiences of emotional and physical trauma are manifested in the physical body (van der Kolk, 2014). DMT can help these children foster survival thinking into resilience by accessing challenges stemming from early complex trauma that reside in the subconscious or unconscious mind and body (Levy, 2005). It can help the children increase awareness about the stressors in the present and teach them how to respond using new coping mechanisms instead of recreating the traumatic past behaviorally, emotionally, and biologically (Harris, 2007a).

A comparison can be drawn between the experience of the children from the low socio-economic community in Mumbai and Siegel's (2002) window of tolerance theory. When individuals attempt to break out of their window of tolerance (Ogden & Minton, 2000; Siegel, 2002;), they experience disorganization and chaos, deepening their experience of distress. Most children who step out to face an unfamiliar challenge get confused and disoriented, and immediately lose interest. They step back into the comfort of surviving. When these children are expected to move out of survival thinking, focus on short-term rewards, and move into resilience and follow through, they step out of the safety of their comfort zones and into the unknown. Therefore, to foster qualities of resilience in the face of challenges, theoretically, these children's windows of tolerance need to be expanded. Such individuals can then feel safe enough to move toward new situations and challenges without the experience of hyper-arousal. The focus through DMT could be on helping them expand and reframe their

response to trauma and stress in order to access new life experiences with more resilience by creating shifts in their physical bodies.

Expanding one's use of effort qualities can serve as an inroad to facilitating this resilience/shift within the body. Effort modulation can be associated with change of mood or emotion, and can facilitate expressivity (Hackney, 2002). The children predominantly moved using increasing pressure and free flow. They were also able to direct their attention in the classroom, but engaged in more flexible and indirecting movement on the playground, allowing them to effectively express themselves and successfully complete tasks. These children are therefore visibly able to oscillate between the motion factor of space, but may struggle to do so in the motion factors of weight and flow (Moore, 2009).

DMT interventions such as Effort Modulation Intervention Dance (EMID) could foster the children's ability to flexibly oscillate between the polarities of motion factors to effectively express themselves and move through new experiences without being dysregulated (Corbi, 2005). Facilitating this successful oscillation and flexibility in the physical body could help these children effectively move through diverse emotional states and shift into a more integrated self to decrease chaos when distressed (Corbi, 2005). In turn, this could potentially facilitate widening one's window of tolerance to support a state of resilience. As observed in their salient movement profile, action drives such as float and dab utilizing decreasing pressure were not observed, reflecting the children's possible challenges with oscillating into action drives utilizing decreasing pressure.

Dance/movement therapy pioneers such as Chace's use of symbolism and Schoop's improvisational and structured movement could enable the contained discharge of sadness in these children as evidenced in the journaling themes (Levy, 2005). Using movement metaphors

through DMT can help foster their power of imagination and help these children identify healthy aspects of themselves to free themselves from *feeling trapped* and *pity and victimization* (Harris, 2007a; MacDonald, 2016). Overall, DMT approaches such as these can help foster qualities of resilience in the children from this urban community.

Dance/Movement Therapy as a Strengths-Based Approach

As discussed earlier, using a strengths-based approach could be an effective means for fostering resilience in these children. The principles and techniques used in DMT are a seamless marriage with a strengths-based approach. According to Young (2017), dance/movement therapists work with the individual as a whole (body, mind, and spirit), drawing from the strengths already present in the body. They use creativity and movement as a stimulus for change (Young, 2017). DMT can help illuminate the strength it takes to get by on a daily basis, that almost feels like a mundane normalcy to the children, by increasing characteristics of resilience such as self-worth, self-esteem, and self-confidence.

According to Young (2017), Chace's four core concepts align with a strengths-based approach. Building a trusting therapeutic relationship through empathic attunement can make these children feel heard and seen; experiences they lack daily. Through the process of mirroring, dance/movement therapists reflect positive and integrated parts of the client's self. Such an intervention could help the children identify their internal strengths, resulting in increased self-esteem. Activating the body through a warm-up could help the children feel acknowledged and validated for the movements they already possess. It could also encourage them to experiment and try on new movements thus expanding their movement repertoire, increasing body awareness, and identifying movement strengths rather than focusing on their deficits. Symbolism can help the children externalize and process their emotions in a safe way, enabling them to feel

empowered to face future challenges. Rhythmic group activities can help these children feel connected to others that may be having similar experiences, resulting in universality, empowerment, and a decrease in self-pity and victimization (Young, 2017).

Survival thinking brought about by the children's early and ongoing experiences of complex trauma is already a strength they possess. Despite their daily challenges, these children are ambitious, driven, and creative. However, there is a sense of internalized self-pity, an innate sadness, and a feeling of being trapped that surfaced through this study. Pity from the community and self-victimization shrouds the strengths they possess. This was also noted in their movement preference of sinking, which overpowers their ability in advancing. DMT can help these children identify and connect with their strengths in order to then reach out into their environment and subsequently their future with resilience.

Summary, Limitations, and Implications

The purpose of this pilot study was to develop a grounded theory about how survival thinking can be fostered into resilience for children from a low socio-economic urban community in Mumbai. As indicated in the literature and found in the results, these children possess numerous strengths. However, their early experiences of complex trauma, extreme poverty, and lack of internal and external support, often overpower these strengths. Non-governmental organizations are focused on fulfilling immediate needs, such as jobs, water, and sanitation. However, there is little to no focus on fulfilling the psychological needs of the children and families who make up the community. This study sheds light on the experiences of the children in the community and further proposed to theorize a way of empowering them. In conclusion, it was evident that while increasing community and family support can foster survival thinking into resilience, utilizing a strengths-based approach to DMT can be effective,

as beginning internally can result in individuals manifesting their strengths through ultimately being part of the solution to external supports.

While this study was successfully completed and presented, there were limitations present through the process and in the final outcome. During the movement observations, despite the researcher's familiarity with the children and the school, the children appeared to be self-conscious and guarded, impacting their movement. The movement coding sheets were also created without any verbal interaction with the children, limiting opportunities for the researcher to address her own body knowledge and body prejudice (Moore & Yamamoto, 2012). Movement is also a uniquely cultural expression and therefore it must be noted that all movement analysis or meaning-making was more a curiosity and hypothesis. Movement observations on the playground were also shifted to the classroom once due to rain, further impacting their movement choices as they engaged in play in a smaller space. It is important to consider that this study was based on children from two classrooms in one school in this entire community. While the findings and implications may be generalizable to various similar populations, unique cultural experiences must be considered.

The results of this study have significant implications for the field of DMT in India and across the world. Dance is already an accepted cultural art form in India, suggesting that DMT can be less threatening for communities who may still stigmatize therapy. While this study proposes a theory grounded in literature and results, it needs to be validated through actual practice. Further research needs to be done through a clinically designed DMT program to evaluate and validate how a strengths-based approach to DMT can foster qualities of resilience in these children. Future research investigating how facilitating the widening of one's window of tolerance could potentially support a state of resilience could also be meaningful to the fields of

DMT, trauma, and child development (Ogden & Minton, 2000; Siegel, 2002). Although this was not directly reflected or addressed in the data collected, based on the author's observations of the community, future research can also explore religion as a protective factor for these children and their families.

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Appendix A

Verbal Assent Script

Good morning/afternoon/evening. How are you?

My name is Ruchi Shah and I am here to tell you about a project I am working on. I am completed my Master's from a college in the United States. As part of my program, I am required to complete a thesis. For my thesis project, I chose to come back to this school and understand how you all live and learn. From this understanding, I wish to generate a theory about how to we can help you develop some qualities in you to help achieve your dreams.

Therefore, for one part of my project, I will be sitting in your classrooms, around the playground, and in the activity room (if applicable) and observing you all during your regular activities. I will fill out some information about how you all move in your bodies. I will not be taking down any personal information about any individual each of you. Instead, I will observe you all as a group. If you choose to participate, all that will be asked of you is to go about your daily routine at school as you would on a daily basis. Each observation will last around 35 minutes. These observations will take place between June and September, 2016. There are no penalties to you if you don't want to participate. Thank you for meeting with me and listening to me. I would appreciate your participation in this study.

Do you have any more questions?

Do you agree to participate in this project?

NOTE: This script will be delivered to the children in Hindi and in an informal way to confirm they understand it before they agree in order to provide informed assent.

Appendix B

Informed Consent Form

Columbia COLLEGE CHICAGO

Informed Consent Form
Consent Form for Participation in a Research Study

Title of Research Project: Paving the Road to Resilience: A Grounded Theory Pilot Study.
Principal Investigator: Ruchi Shah #313.773.2414 or #9819797302
Faculty Advisor: Jessica Young, jyoung@colum.edu
Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA, 312.369.8617, ldowney@colum.edu

INTRODUCTION

You are invited to participate in a pilot research study to construct a grounded theory about how survival thinking can be fostered into resilience for children from a low socio-economic and under resourced urban community in Mumbai, India. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records. Please review the informed consent form provided to you and return with a response within two to three weeks of receiving this form. The first 3 to 5 participants to respond will be selected for the study.

You are being asked to participate if you have at least 3 months of in-depth experience of working and personally engaging with the children from a low socio-economic and under resourced community in Mumbai, India. Also if you are well versed in Hindi and English both.

DEFINITION OF KEY TERMS

Resilience. The term used to describe a set of qualities that foster a process of successful adaptation and transformation in response to risk and exposure to adverse life situations (Benard, 1995). Resilience is not a trait that people either have or do not have, rather it refers to a set of behaviors, thoughts and actions that can be learned and developed in anyone over time (American Psychological Association, n.d.). These are behaviors, thoughts, and actions that help an individual rise above adversity.

Survival thinking. It is a way of thinking that focuses solely on day-to-day survival. It confines an individual within the scope of the only reality he believes to exist. Survival thinking drives an individual to focus on existing and surviving the odds, rather than fully living and thriving. Poverty and other adverse life situations lead people to focus on short-term fulfillment and survival thinking. Various essentials for the overall development of a child such as education take a back seat as the family focuses on meeting the immediate needs for food to be able to survive (Gabriel Project Mumbai, 2015).

PURPOSE OF THE STUDY

Learning from my past work with these children, I recognize that the children I worked with experience poverty, neglect, abuse, violence, and a lack of access to basic human needs. This experience of early and persistent form of what appears to be complex trauma combined with other socio economic factors leads to an overall lack of motivation and a focus on day-to-day survival. The purpose of this research project is to theorize how survival thinking can be fostered into resilience for these children from a low socio-economic urban community in Mumbai, India.

PROCEDURES

- Participants will be invited to engage in one to two hour semi-structured interviews. The interviews will include questions or statements that invite you to give detailed accounts of your experience(s) with the children. The interview questions will be worded in such a way that will invite you to give specific stories, personal experiences, thoughts, beliefs, and, ideas related to the research question and population.
- The interviews for this research project will be conducted in person. The interviews will be conducted in a private and enclosed room at either of the two offices belonging to the organization i.e. (i) Social Quotient - Deep Financial Consultants Pvt. Ltd. Flat no. 1, 1st floor, Shree Ganesh Kunj CHS, Vaikunthlal Mehta Road, JVPD Scheme, Juhu, Vile Parle (west), Mumbai 400056 or (ii) Nimaya Foundation - One Forbes', No. 1, Dr. V.B. Gandhi Marg, Mumbai – 400001. Interviews may also be conducted at the participant's private office. The time, date, and location for the interview will be decided in advance upon collaboration and discussion between you and I between the months of June and August of 2016.
- In order to most responsibly and effectively capture the research interview it will be recorded via digital audio recording. You will be prompted upon entering the interview space when the digital audiotape will be turned on and off, representing the beginning and ending of the interview process after the consent form is signed.

If you agree to participate in this study, you will be asked to do the following:

- Read over and sign this informed consent form
- Respond to any communication from myself (principal investigator) prior to the interview process
- Schedule a date and time for the interview to take place with researcher/primary investigator
- To give at least 24 hours notice if the scheduled interview needs to be cancelled
- To avoid cancelling the scheduled interview no more than one time
- To set aside at least 60 to 120 minutes for the interview process
- Agree to the interview being audio recorded

POSSIBLE RISKS OR DISCOMFORTS

- The potential risk in this study mainly includes threatening the identity and safety of the children. Children are a protected population and there may be opportunities for too much disclosure about the group's identifying information during the interview. To prevent this from happening and protecting the children, I urge you not to disclose any personal identifying information if you wish to talk about individuals to support your experience with examples. However, for the most part I wish to stick to talking about them as a population or group rather than any individuals.
- While sharing past or current stories, you may experience discomfort sharing controversial material about their experiences.
- You will be invited to take breaks if needed.
- The time decided for the interview and the amount of time each interview will take will be a commitment that may sometimes feel uncomfortable because the interviewees are all very busy at their respective jobs or roles.

POSSIBLE BENEFITS

You may not directly benefit from participating in this pilot study; however, through participating in the study and sharing your expert knowledge, future research in the fields of dance/movement therapy, psychology, social work, education, and specifically empowerment of these children will be advanced.

CONFIDENTIALITY

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

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

1. The actual name of the school, community, and organization will not be recorded any where in the final thesis product.
2. The researcher will keep all study records locked in a secure location.
3. Any personal communication between you (research participant) and I (researcher) will be stored and retrieved in a private location, on my private computer. My private computer and e-mail will be protected through the use an encrypted password.
4. Personal communication through e-mail will be exchanged through my private e-mail account. The name of the school or organization will not be explicitly mentioned in email communication either.
5. Any audio recordings will be deleted upon submission of the final thesis product.
6. Personal study notes that I create may be kept indefinitely, however, any personal information identifying you as the participant will be permanently blacked out to ensure your confidentiality.
7. All electronic files containing personal information will be password protected.

8. Information about you that will be shared with others will be unnamed to help protect your identity.
9. No one else beside myself (researcher) will have access to the original data.
10. The audio data collected will only be transcribed by me, the primary investigator.
11. The data will only be synthesized and analyzed by me, the primary investigator.
12. You (participant) and I (researcher) will be the only individuals aware of location, dates and times for interviews.
13. At the end of this study, I may publish my findings. If so, you will not be identified in any publications or presentations.
14. You are required to protect the confidentiality of the children you work with and may be reflecting on in your responses during the interview for this study. Please refrain from using the children's' names and any other personal identifiers.

RIGHTS

Being a participant in this study is voluntary. You may choose to leave from the study at any time without penalty. You may also refuse to participate at any time without penalty.
If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Ruchi Shah at 313.773.2414 or 9819797302 or ruchi.shah@loop.colum.edu. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.

COST OR COMMITMENT

- As a participant in this study, you are required to supply your own transportation to and from the interview location at your own cost. The cost of your participation could include bus fare, train fare, gas mileage, and/or parking fees, if applicable.
- Your potential time commitment includes:
    - Responding to personal communications with the investigator (i.e. e-mails, phone calls, reading or filling out of paper work).
    - Any personal preparation needed on the your part to prepare for the interview(s)
    - Travel time to and from the interview location, if applicable.
    - Approximately one to two hours for the interview (this time allotment includes a five to ten minute break for bathroom, snack or other personal needs).

PARTICIPANT STATEMENT

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

Participant:	**Print Name:**	**Date:**
_____	_____	_____
Principal Investigator's Signature:	**Print Name:**	**Date**

Appendix C

Movement Assessment Coding Sheet (MACS)

Movement Assessment Coding Sheet by RUCHI SHAH

Name: _____ Date: _____
Location: _____

EFFORT

Weight (Sensing):	Increasing	Neutral	Decreasing	**Inner States:**	**Action Drives:**
Flow (Feeling):	Binding	Neutral	Freeing	Stable (W+S)	Float
Space (Thinking):	Directing	Neutral	Indirecting	Mobile (F+T)	Punch
Time (Intuiting):	Accelerating	Neutral	Decelerating	Awake (T+S)	Glide
				Dream (W+F)	Slash
				Remote (F+S)	Dab
				Rhythm (W+T)	Wring
					Flick
					Press

Transformation Drives:

Passion Drive (Spaceless)

Vision Drive (Weightless)

Spell Drive (Timeless)

Phrasing Types:

Even

Increasing Intensity (Impactive)

Decreasing Intensity (Impulsive)

Increasing Decreasing Intensity (Swing)

Resilient (Elastic/Buoyant/Weight)

Decreasing Increasing Intensity

Accented

Vibratory

Phrasing
Preparation Initiation
Main action Follow Through

BODY

Connectivites:

Breath	Upper - Lower
Core - Distal	Body - Half
Head - Tail	Cross - Lateral

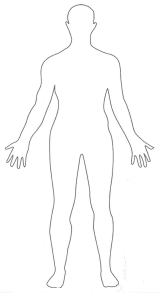
Posture/Gesture/Posture Gesture Merger:

Posture:

Gesture:

Posture Gesture Merger:

Active (circle) or Held (cross) body Parts:



Notes:

_____
_____
_____
_____
_____
_____
_____
_____

Fundamentals:	**Body Part Phrasing:**	**Still Forms:**	**Stability:**
Heel rock	Simultaneous	Ball	**Mobility:**
Femoral flexion	Successive	Pin	
Lateral pelvic shift	Sequential	Wall	
Sagittal pelvic shift		Screw	
Arm circle		Pyramid	
Knee drop			

SHAPE

Shaping Qualities: **Shape Flow:**

			Breath support						
Rising	Sinking								
Spreading	Enclosing	Growing	(Not Visible)	1	2	3	4	5	(Visible)
Advancing	Retreating	Shrinking	(Not Visible)	1	2	3	4	5	(Visible)

Directional Modes of Shape Change:

	Body part used
Spoking	
Arcing	
Carving	

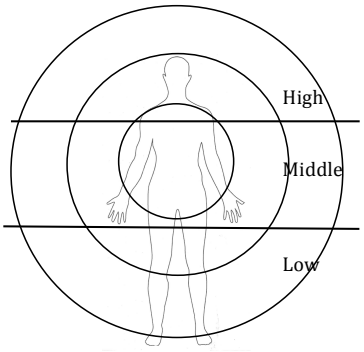
Notes:

_____
_____
_____
_____
_____
_____
_____

SPACE

Kinesphere:

Reach	Levels	Approach
Near	Low/Deep	Central
Middle	Middle	Peripheral
Far	High	Transverse



Space Harmony (Use of directional movement):

Octahedron (S):	Icosahedron (S +M):	Cube (M):	
Dimensions	Planes	Diagonals (Zones)	
Vertical	Vertical	FRH	BLD
Sagittal	Sagittal	FLH	BRD
Horizontal	Horizontal	BLH	FRD
		BRH	FLD

Appendix D

Interview Questions

- Welcome and Introduction – The interviewee and I will sign the informed consent form. I will keep the original for my records and hand a copy to them for theirs. I will inform them once again about the duration of the interview, that they can take a 5 to 10 minute break if they need to, and that the interview will be audio recorded. I will open the conversation to any questions the interviewee may have before we get into the interview.
- Tell me a little about your background and your work with the population.
- Through your interactions with these children, what do you believe are the salient characteristics of these children?
    - Strengths
    - Challenges
    - Biopsychosocial needs
    - Biopsychosocial goals
- What are your thoughts on the 'survival thinking' that is present in these children?
- How do you think they respond to adversity or challenges that they face in their daily lives?
- What are some dreams and aspirations these children have? Does this 'survival thinking' get in the way of their ability to achieve these? If so, how?
- What is your perception of the concept of resilience in relationship to these children?
- Given your experience, how can we foster these traits of resilience in these children?
- How would resilience benefit or harm these children?
- How can this shift from survival thinking to resilience be made in this population of children?

- What needs to be done for it to be brought about?
- Who can support these children in bringing about the change?
- What can we do as external support systems to foster this shift? And what needs to shift internally within them to foster this change?
- Is there anything else you would like to add related to the research question?
- Is there anything you would like to ask me?