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**DANCE/MOVEMENT THERAPY APPROACH TO EMOTION REGULATION FOR  
COLLEGE STUDENTS EXPOSED TO BULLYING: A PHENOMENOLOGICAL  
PERSPECTIVE**

A Dissertation in

Counselor Education

by

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## ABSTRACT

This dissertation study examined the experiences of college students exposed to bullying before and after a Dance/Movement Therapy (DMT) group intervention. This phenomenological approach consisted of seven participants sharing their stories and how they make meaning of their bullying experiences, as well as their experiences participating in the DMT group. Journal data were collected to mediate the group experiences and acknowledge any external factors that could be impacting participants' experiences. Semi-structured interviews were conducted pre- and post-intervention for all seven participants. Interpretative phenomenological analyses were completed to make sense of the participants' experiences.

Several themes emerged from the data sets. Two groups were formed: one based on the participants' experiences with bullying and its impacts, and another based on the participants' experience of the DMT intervention process. For bullying experiences, four themes emerged: Emotion Regulation (ER), Personality and Self-Worth Changes, Mental Health Diagnoses, and Coping Alone. DMT experiences elicited five themes: Universality and Safety, ER, Bodily Awareness and Anchors, Emotional and Personal Changes, and Internal Dialogues. Quotes from participants were used to highlight the importance of each theme.

This is the first IPA study of a DMT intervention design. This study highlights the importance of using a body-based intervention to address unresolved trauma, such as bullying. Implications for counselors, counselor educators, and supervisors, as well as suggestions for future research, are provided.

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## **CHAPTER 1: INTRODUCTION**

Dance/Movement Therapy (DMT) is a creative intervention used to treat a variety of mental health concerns, including trauma. In literature, bullying is typically defined as a separate construct, but has implications that parallel trauma responses. Research supports the need for increased examinations on bullying due to its prevalence, risk factors, and long-lasting psychosocial impacts on adolescents, as no bullying prevention program or intervention has 100% success rates (Balakrishnan, 2018; Cappadocia, et al., 2013; Tawalbeh, et al., 2015; Yeager, et al., 2015). Discussed in the literature review is the importance of using Polyvagal Theory as a lens to guide the use of a movement-based intervention, such as DMT to best address the body-mind entity and emotional regulation post bullying-exposure. Research support and guidelines for utilizing DMT with victims and bystanders of bullying are provided. Detailed DMT interventions that can be used with this population are specified. The activities and DMT approaches supplied in this study are intended to be utilized as a clinical tool for helping clients in this population facilitate the change process, as well as providing an educational guideline for counselors-in-training and counselor educators for information regarding alternative approaches to verbal psychotherapy treatments.

### **Current World Context for Study**

The nature of this study was impacted by the current global pandemic—the outbreak in Coronavirus disease (COVID-19) cases. The World Health Organization (WHO) reports the most common transmission occurs through droplets or discharge from the nose and mouth when someone coughs or sneezes (WHO, 2020). The United States is experiencing troubling numbers of confirmed cases and deaths, over 32.7 million and 584,700 respectively (Pan American Health Organization [PAHO], 2021). Many states issued stay-at-home orders to prevent the spread, but

several are beginning to re-open causing a resurgence of active cases. The Centers for Disease Control and Prevention (CDC) recommends individuals stay at least six feet apart from others while maintaining social distancing measures (CDC, 2020b). The CDC recommended that healthcare providers take steps to provide services remotely, when available (CDC, 2020a). For that reason, and additional IRB parameters, this study took the necessary precautions to keep both the researcher and participants safe to reduce potential transmission of COVID-19. The DMT intervention took place through a virtual medium, using teletherapy best practices. Additional teletherapy measures and protocol ensured sustained ethical treatment for the voluntary participants of this study. The American Dance Therapy Association (ADTA) sponsored and released a guideline video to inform best practices for adapting dance therapy to a telehealth approach, which was used in the protocol of the study (Baxley-Lee, 2020).

### **Theoretical Orientation**

Theories are useful in designing research to help provide a framework and model which are used to collect, analyze, and interpret data. DMT, as an approach, has roots from several pioneers who founded the psychotherapeutic use of dance and movement through existing counseling and psychological theories (Levy, 1992). However, there is no one theory that captures the complexities of understanding how our bodies cope with trauma. To make sense of the way bodies interpret and express the traumatization that occurs with bullying, a foundation of Polyvagal Theory supports this study.

### **Polyvagal Theory**

Polyvagal Theory was utilized to frame the proposed DMT intervention for individuals exposed to bullying. Polyvagal Theory traces back to 1969 when Dr. Porges was investigating heart rate variability and questioned how one nerve, the vagus nerve, and its tone could be an

indicator for resilience and a risk factor for newborns (Dana, 2018; Porges, 2011). Porges asserted his “vision that monitoring physiological state would be a helpful guide to therapists during the clinical interaction” (Porges, 2011, p 2). Physiological states often are not the primary focus of therapy sessions with clients, but using the Polyvagal Theory as a guide, can help clients become more aware and regulated based on autonomic processes with which bodies respond to external stimuli (Porges, 2009). DMT is a therapeutic process that allows for freedom to use bodies as modes of expression and exploration, rather than traditional talk-therapies, and therefore lends itself to use the Polyvagal Theory to guide processes (Gray, 2017; Meekums, 2008; Porges, 2017).

There are three organizing principles at the “heart” of the Polyvagal Theory: hierarchy, neuroception, and co-regulation (Dana, 2018). Hierarchy refers to the Autonomic Nervous System (ANS) and how it reacts to sensations in the body and signals from the environment through three passageways of response in the order in which they were evolved over time. From oldest to newest, the pathways include the dorsal vagus, which is responsible for immobilization, the Sympathetic Nervous System (SNS), which is responsible for mobilization, and the ventral vagus path, which is responsible for social engagement and connection (Dana, 2018). Next, neuroception describes the ANS response to external and internal cues of safety and danger, the world around us, and in our connection with other people (Dana, 2018). This differs from perception in that it is an automatic process that the body engages in without any cognitive awareness. Lastly, co-regulation is a biological imperative which must be met in order to sustain life; co-regulation requires reciprocal regulation of our autonomic states so that individuals feel safe to move into connecting with others and creating trusting relationships (Dana, 2018). Co-regulation connects to the construct of emotional regulation and a group design to facilitate and

increase participants' experience of trusting relationships, which are typically ruptured after exposure to bullying behaviors.

### **Statement of the Problem**

Although there have been studies into the treatment of students who have been exposed to bullying (Dempsey et al., 2009; Law et al., 2011; Malecki et al., 2015; McCallion & Feder, 2013; Mishna et al., 2011; Slonje, Smith, and Frisen, 2012; Splett, Maras, and Brooks, 2015; Van Noorden et al., 2015), there is no research on the effectiveness of DMT interventions for college students. Kornblum (2002) created a school-based violence prevention curriculum in primary schools, but there were factors that impeded the research: interrupted sessions due to school needs, the reliability of the study was only fair (0.7), and inconsistent reports of efficacy of the program due to writing and reading levels (Hervey & Kornblum, 2006). Reports indicated that school-based bullying prevention programs decrease bullying rates by up to 25% (McCallion & Feder, 2013). Kornblum (2002) also assessed second graders of the entire school, rather than focusing on students who had previous exposure to bullying or violent behaviors. College students present a set of needs that are not present for primary school students: they are typically on their own, independently living for the first time in their life. These circumstances create challenges with adjusting to transitions of new coursework, friend groups, social activities, and homesickness. Additionally, participants who were exposed to bullying may struggle to regulate their emotions already, so the aforementioned changes may present compounded challenges (McCallion & Feder, 2013). The aim of this study was to investigate a DMT intervention's efficacy on emotion regulation (ER) and explore how participants make sense of their experiences.

## **Bullying in College Students**

Bullying is an enduring concern for adolescents in the United States. While researchers cannot agree on the precise prevalence of bullying behaviors, there is a consensus regarding the concerning nature of incident rates among adolescents (Bartlett, 2015; Beran & Li, 2005; Cappadocia et al., 2013; Mishna et al., 2011; Splett et al., 2015). Bullying is defined as “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated” (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7). Van Noorden, Haselager, Cillessen, and Bukowski (2015) clarify that the power differential does not necessarily include physical strength only but might reflect psychological or social imbalances. There is an overgeneralization that bullying includes only physical attacks of harm, which is a common misconception. Paul, Smith, and Blumberg (2012) postulate there are many types of traditional bullying: harmful physical actions, verbal abuse, social exclusion, and damaging personal property. To expand on this definition, Dempsey, Sulkowski, Nichols, and Storch, (2009) take the construct one step further and break bullying into two forms of peer aggression: overt aggression and relational aggression. Overt aggression includes physical behaviors (pushing, kicking, punching, hitting, touching) and verbally aggressive (threatening, taunting) behaviors. Splett, Maras, and Brooks (2015) define relational aggression as behaviors that harm others via direct or indirect attacks on social relationships, including gossiping, rumor spreading, social alienation, social exclusion, and rejection. Due to the importance of social relationships for adolescents, social exclusion and verbal abuse can be exceptionally detrimental to an adolescent’s mental and emotional health.



Bullying consists of several roles among adolescents: bullies (or perpetrators), victims, and bystanders (Almeida, Correria, & Marinho, 2010; Bastiaensens et al., 2014; Law et al., 2012). Bullies are the perpetrator of the aforementioned behaviors. Victims are those directly affected by the bullying behaviors. Bystanders can be anyone who witnesses bullying behaviors, who can either choose to use their influence to react to the situation (Hazler, 1996), choose to tell an authority figure (Bastiaensens et al., 2014), or keep their observations to themselves. Due to safety concerns, this project does not include a focus on the bullies—although there is a cyclical role component to bullying—but will strictly focus on victims and bystanders.

Researchers have investigated the risk factors, protective factors, and mental health implications for victims of bullying. Research findings support some relatively efficacious treatment interventions for bullying in order to prevent long-term negative implications. Concepts in the next chapter include bullying as a trauma construct and the current interventions used for bullying, as well as their limitations. Using a creative intervention that involves the body, such as Dance/Movement Therapy (DMT), may be an alternative intervention to provide successful treatment to those affected by bullying. Literature support and specific interventions and activities will be provided.

### **Dance/Movement Therapy (DMT)**

The American Dance Therapy Association (ADTA) defines Dance/Movement Therapy (DMT) as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, 2016). Ritter and Low (1996) explain “dance has been used therapeutically for thousands of years” (p. 249). Meta-analyses now indicate dance can be used for an array of mental health concerns, covering a wide variety of symptoms (Ritter & Low, 1996).

Acolin (2016) examined themes of DMT throughout literature to develop grounded statements about the significance of using movement in therapy. Some grounded statements that emerged were individuals communicate inner states via body movement, there is developmental progression through movement, movement has observable qualities for interpretation, mental function is isomorphic with movement, movement is integrative, body awareness contributes to healthy functioning and cognitive control, movement allows for creative expression, and body reactions reflect personal relationships (Acolin, 2016). These themes also suggest DMT can be used in numerous ways to address a range of concerns, including planning and decision-making, maintaining positive social relationships, providing an alternative method of self-expression, and connecting the mind to body movements.

Koch and colleagues (2014) examined the efficacy of DMT and purported as an effective evidence-based intervention for the following populations or disorders: anxiety, autism (children and adults), depression (including adolescent forms), eating disorders, youth at risk, somatoform disorder, schizophrenia, and stress. DMT allows for additional creativity and interpretation for populations who benefit from interventions that differ from traditional talk therapies. Koch, Kunz, Lykou, and Cruz (2014) indicate DMT and dance interventions improve individuals' overall well-being, mood, and affect.

DMT counselors use a variety of approaches: expressive movement, creative dance, role-playing, gross-motor and perceptual motor activities, and a combination of structured and improvised movement experiences. The decision of which movement intervention to use, and when, depends upon observations of nonverbal behaviors and messages from individuals (Erfer & Ziv, 2006). It is imperative to discuss the different types of interventions used with clients, so they are informed of the requirements, expectations, and guidelines for the various activities.

## **Emotion Regulation**

The ability to regulate emotions is imperative to complete daily living tasks and maintain interpersonal relationships. Emotion Regulation (ER) is defined as the “extrinsic and intrinsic processes responsible for monitoring, evaluation, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (Thompson, 1994, p. 27-28). This is especially true for adolescents who experience bullying due to a long list of risk factors and impacts, which will be reviewed in Chapter 2. Emotions vary in intensity and duration, and more than one feeling can occur at one time (Southam-Gerow, 2013). Emotions are regulated by and affect multiple physiological activities, including the cardiovascular, neuroendocrine, and cortical systems (Cole, Martin, & Dennis, 2004; Gerber, 2018; Southam-Gerow, 2013). These systems require a certain level of development in order to effectively regulate emotions. Research does not clearly state the definition of ER but for the purpose of this study, emotion regulation refers to modifications associated with stimulated emotions, which include changes in the duration or intensity of the emotion itself or among systematic changes of psychological processes—including social interaction or memory (Cole, Martin, & Dennis, 2004).

Intense emotions without proper regulation impair adolescents’ ability to plan and can increase maladaptive responses to pursuing important goals “(e.g., “too mad to think” or “too anxious to sleep”) (Wang, Vujovic, Barrett, & Lerner, p.39, 2015). This problem can affect an individual’s performance in school, as well as hinder social relationships. Adolescents struggle with ER due to their lack of neurodevelopment and poor impulse control (Ahmed, Bittencourt-Hewitt, & Sebastian, 2015). Traditional psychotherapy interventions have only been somewhat successful in developing ER in adolescents. However, there is no consensus on the best strategy

for ER. This study investigated the use of a DMT intervention to aid in the ER for college students exposed to bullying.

### **Research Questions**

R1: How do college students who have been exposed to bullying conceptualize their experiences in a DMT intervention group?

R2: How do college students who have been exposed to bullying behaviors overcome their trauma so they can effectively regulate themselves as students?

R3: What role does DMT play in the ER of college students who have been exposed to bullying?

### **Significance of the Study**

There is a gap in DMT research regarding groups that utilize both qualitative and quantitative data collection, as most existing research involves individual case studies. The concepts being explored in this study will address that gap and attempts to increase the legitimacy of utilizing dance and movement in the therapeutic process. Wester (2011) suggested that research must have social validity, which is the impact a study will have on the counseling profession or society as a whole. This study aimed to achieve both aspects of social validity by informing best practices and generalizability of utilizing a DMT intervention with clients in the profession, as well as, helping the participants better function in society. Results from this study help inform clinical practices for bullying treatment of college students. Additionally, the findings and implications from this study benefit the field of counselor education to inform counselors-in-training of alternative efficacious methods to treat their clients. Finally, an unintended benefit was exploring the efficacy of teletherapy for group DMT interventions.

### **Limitations of the Study**

One limitation of completing this study during the global COVID-19 pandemic, was that it prohibited participants from engaging in a residential group process, as initially intended. While the study indicated benefits of being able to continue therapy processes despite restrictions on social gatherings, it also restricted with the natural process of group cohesion that can occur when in the close proximity of a shared space.

Another limitation was the small sample of participants is due to the recommendations of effective group work, which eliminated generalizability of results of the quantitative data. Additionally, the group members were students at the same university and did not represent a saturated and diverse sample. However, the study design can be used to guide future replications for multiple groups to occur simultaneously and compare results for a richer understanding.

### **Key Terms and Definitions**

For the purpose of this study, an understanding of the key definitions below was integral.

**College students** is defined as undergraduate students enrolled at least part-time in a university program. Typical ages range from 18-years-old to 24-years-old.

**Dance/Movement Therapy (DMT)** is defined as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being” (ADTA, 2016).

**Bullying** is defined as “any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.” (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7).

***Traditional bullying*** is defined as harmful physical actions, verbal abuse, social exclusion, and damage to personal property. Traditional bullying can be categorized by overt aggression (physical behaviors—such as kicking, punching, hitting, touching without consent—and verbally aggressive behaviors—such as threatening or taunting) or relational aggression (harm done through direct or indirect attacks on social relationships, such as gossiping, rumor-spreading, social alienation, social exclusion, and rejection).

***Cyberbullying*** is defined as an aggressive act that is repeatedly carried out using electronic means (such as e-mail, text messages, social media platforms, etc.).

**Bullying Role** is an individual's part in bullying behaviors.

***Victims*** are defined as individuals who are directed targets of bullying behaviors.

***Bystanders*** are defined as individuals who witness bullying behaviors.

***Upstanders*** are defined as individuals who intervene when witnessing bullying behaviors.

**Trauma** is defined as a personal experience to an event that includes actual or threatened death, serious injury, or other threats to one's integrity that results in significant fear, helplessness, dissociation, confusion, or other long-lasting intense emotions; this can be direct experience or a witness of trauma (APA, 2013).

**Emotion** is defined as an emotional, mental experience of thoughts, beliefs, desires, and actions that occur in either the unconscious or conscious experience.

**Feeling** is defined as a physical sensation that occurs in conscious experience.

**Emotion Regulation (ER)** is defined as modifications associated with stimulated emotions, which include changes in the duration or intensity of the emotion itself, or

among systematic changes of psychological processes—including social interaction or memory (Cole, Martin, & Dennis, 2004).

**Emotional Dysregulation** is defined as difficulty accepting and appropriately expressing intense emotions.

## **CHAPTER 2: LITERATURE REVIEW**

Given the noteworthy increase in bullying incidences in the United States, professional counselors are faced with finding ways to help adolescents and young adults deal with the consequences. There are some programs implemented at the school level to create an environment that encourages kindness and condemns bullying of any kind (Evans et al., 2014; Gaffney et al., 2019; Ttofi et al., 2011). While having these prevention programs in place is a positive step in addressing the significant concerns of bullying, there are a number of young adults who did not have access to a program to help reduce bullying exposure. The literature review focuses on the prevalence rates of bullying, the psychosocial impacts, bullying roles, and Dance/Movement Therapy (DMT) as a recommended approach for working with college students who have already been exposed to bullying behaviors.

### **College Students' Development**

College students are typically adolescents who are transitioning from childhood to adulthood, and thus experience a multitude of changes in their development. These changes include physical, social, behavioral, cognitive, and emotional development (Association of Maternal & Child Health Programs; AMCHP, 2013). There are three categories of adolescent development: early adolescence, middle adolescence, and late adolescence. College students traditionally fall into the late adolescence category.

#### **Late Adolescence**

Late adolescence occurs in young adults aged eighteen to twenty-four and is characterized by more cognitive developments than physical, as in early and middle adolescence. At this point in their development, late adolescents are typically more accepting of their bodily changes and adjusting to their sense of identity (SAHRC, 2013). Additionally, late adolescents



are now able to think more rationally, plan for the future, and have a greater ability to consider differing viewpoints and examine alternative perspectives (AMCHP, 2013; SAHRC, 2013). In this stage, adolescents are also engaging in more autonomy from their parents/caregivers and balancing their social connections. One change that occurs in peer relationships is the shift in focus to individual peers, rather than the group as a whole (SAHRC, 2013). Late adolescents transition into adulthood which includes more focus on work, college or trade school, and independent living—though the current generation has a more gradual shift than previous generations—and young adult experiences may vary greatly depending on social class, race, ethnicity, and gender identities (SAHRC, 2013).

### **Bullying Prevalence Rates and Statistics**

Bullying is a growing concern for students in the United States. Statistics indicate approximately 20% of students have been victims of bullying behaviors (CDC, 2017; National Bullying Prevention Center, 2020; National Center for Education Statistics, NCES, 2019). More specifically, a meta-analysis study found that the mean prevalence rate was 35% for traditional bullying and 15% for cyberbullying (Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014). That implies one out of every five students report being bullied, but this number does not include individuals who do not feel comfortable reporting their bullying experiences so the number may be even higher. Additionally, about 41% of students who reported being victims of bullying believe that the bullying would happen again (NCES, 2019). Exposure to bullying is staggering, with approximately 70% of students reporting they have witnessed bullying behaviors (Bradshaw, Sawyer, & O'Brennan, 2007; CDC, 2017; NCES, 2019).

## **Bullying Roles**

Bullying can be comprised of many roles that individuals may play during the bullying behaviors or incident. In order to qualify as bullying, there needs to be at least one individual who is perpetrating the bullying behaviors and at least one individual who is the target. In addition to these roles, there are a variety of witness roles—bystanders—which adolescents may play throughout the bullying process.

### **Victim**

The victim role is defined as an individual who is the target of the bullying behaviors. There are specific risk factors that may lead certain children and adolescents to be chosen as targets. A common risk factor for children and adolescents to become a bullying victim is being perceived as “different” than their peers, including disabilities, body appearance, wearing different clothing or glasses, or being unable to purchase the trends that other kids can afford (McCallion & Feder, 2013). Another risk factor in becoming a target of bullying is being perceived as weak or unable to defend oneself (McCallion & Feder, 2013; U.S. Department of Health and Human Services, 2018).

### **Bully**

Individuals who perpetrate the bullying behaviors are referred to as the bully or child/adolescent who bullies. The U.S. Department of Health and Human Services (2018) suggested there are two types of children and adolescents who are more likely to bully others: individuals who are well-connected to peers and already have social power and significant concern for their popularity and domination of others, and individuals who are more isolated from peers, easily pressured by peers, or inability to identify the emotions of others. Whichever category the bully belongs to, there are common factors for those who engage in bullying

behaviors. The most common characteristics of bullies are aggression or easily frustrated, thinking badly of others, view violence positively, have difficulty following rules, have less parental involvement, and have friends who also bully others (U.S. Department of Health and Human Services, 2018). The trademark of a bully includes a power differential, but that does not have to only include strength or physical size, this also includes popularity, physical and mental strength, and cognitive abilities.

### **Bystander**

Bystanders are individuals who are witnessing the bullying behaviors. There are different types of bystanders, all of which can affect the outcome of the bullying behaviors. First, there are reinforcers, or individuals who may laugh at or otherwise encourage bullying behaviors (Nickerson, Mele, & Princiotta, 2008; Pouwels, Lansu, & Cillessen, 2018; Salmivalli, Lagerspetz, Björkqvist, Österman, Kaukiainen, 1996; U.S. Department of Health and Human Services, 2018). Reinforcers may be friends of the bully or be fearful of becoming a target, so they engage in reinforcement behaviors.

Next, there are assistants, or individuals who do not start the bullying behaviors, but will join in once they have been started (Nickerson, Mele, & Princiotta, 2008; Pouwels, Lansu, & Cillessen, 2018; Salmivalli, Lagerspetz, Björkqvist, Österman, Kaukiainen, 1996; U.S. Department of Health and Human Services, 2018). There are also defenders, or individuals who try to intervene and stop the bullying, tell an adult, or comfort and make friends with the target (Nickerson, Mele, & Princiotta, 2008; Salmivalli, Lagerspetz, Björkqvist, Österman, Kaukiainen, 1996; U.S. Department of Health and Human Services, 2018). Finally, an outsider is someone who either does not know the bullying exists, or actively ignores it (Nickerson, Mele, &

Princiotta, 2008; Pouwels, Lansu, & Cillessen, 2018; Salmivalli, Lagerspetz, Björkqvist, Österman, Kaukiainen, 1996; U.S. Department of Health and Human Services, 2018).

It is important to note that an individual's bullying role is likely to change over time and can depend on external circumstances for which role one is actively playing. Individuals who are in both the bully and victim roles are more likely to have longitudinal negative outcomes, such as depression and/or suicidal ideation (U.S. Department of Health and Human Services, 2018).

Bystander roles can have significant impact on cyberbullying behaviors as well. Bastiaensens et al. (2014) examined the roles and intentions of bystanders in regard to reinforcing the bullying behaviors or defending the victims. Results indicated females are more likely to defend and comfort the victim, give the victim advice, and report the incident to an authority figure, while males are more likely to tell the bully they think it is funny. Males are more likely to reinforce the bullying behavior and join in bullying against their peers. Additionally, severity of incidents had a significant impact of bystanders' responses: the more severe the incident, the more likely bystanders' intentions were to help the cyberbullying victim (Bastiaensens et al., 2014).

### **Bullying Risk Factors and Psychosocial Impacts**

Bullying behaviors have numerous risk factor influences. Nader (2008) reported unresolved traumatic reactions may seriously impact an adolescent's life path, academic performance and overall well-being. Cappadocia et al. (2013) examined specific risk factors that contribute to cybervictimization; students who reported traditional bullying or higher levels of alcohol drinking were two times more likely than peers to be involved in cyberbullying incidents. Furthermore, exposure to cyberbullying behaviors at an earlier age is a risk factor for future cyberbullying victimization (Bartlett, 2015). Students who are exposed to fewer positive

peer behaviors were about 50% more likely than other adolescents to be involved with bullying (Cappadocia et al., 2013). This indicated that adolescents who are already isolated socially in some way are larger targets for additional ridicule of bullying behaviors. Students who are experiencing depression, anxiety, or low self-esteem are at a greater risk to be victims of bullying behaviors (U.S. Department of Health and Human Services, 2020). Albdour and Krouse (2014) found that African American adolescents have higher rates of bullying victimization than other adolescent populations. Additionally, African American adolescents who were exposed to bullying experienced higher incident rates of substance use, health concerns, and academic performance difficulties. As mentioned earlier, adolescence is a time for identity exploration and those who are considered “different” are at a greater risk of becoming a target of bullying behaviors. Research shows that individuals who are members of the LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersexual, and Asexual) community are more likely to be bullied than their heteronormative peers (Moran, Chen, & Tyron, 2018).

### **Risk Factors**

Splett et al. (2014) postulate parenting styles, attachment relationships, and environmental factors provide socialization messages to youth via modeling behaviors and disciplinary responses, which can have significant ramifications for learned relational aggression. Attachment styles have been shown to significantly impact one’s life in many areas, so it is logical that it would also have a high impact on those susceptible to cyberbullying behaviors. Insecure attachment styles and development of relational behaviors have been linked to social information processing skills, which posits a person’s ability to process how a sequence of social cues impacts one’s behavioral response (Splett et al., 2014). Rodkin and colleagues purport that a “poor home life” may be an antecedent to bullying behaviors, going on to say that insensitive

parenting and coercive cycles of parent-child interactions may lead to bullying behaviors as the perpetrator (2015, p. 314).

Research indicated that males are more likely to engage in physical bullying behaviors, whereas females are more likely to engage in relational factors, such as spreading rumors and manipulating friendships (Turkel, 2007). Adolescence is characterized by the importance of social and peer relationships, so bullying behaviors can interfere with the relationship-building process, depending on the age when the bullying occurs. For example, if the bullying occurs in middle adolescence, the peer crowd is more important than an individual relationship which can have impacts on youths' behaviors and reactions. Because of the strong network of friends, females are at higher risk of relational bullying from their "friends" and the established relationship can lead to deeper damage due to more knowledge of what will have the most impact on the target (Turkel, 2007).

### **Psychosocial impacts**

In addition to the many risk factors identified for adolescent bullying behaviors, there are even more psychosocial impacts from experiencing such behaviors. Bullying can have long-lasting impacts of dysregulated mood, mental health diagnoses (e.g. generalized anxiety disorder, major depressive disorder, substance use disorders, and post-traumatic stress disorder; PTSD), psychosis symptoms, disturbances in interpersonal functioning, irritability, changes in self-esteem, isolation, somatic complaints, and self-punishment (Kelleher et al., 2008; Malecki, Demaray, Coyle, Geosling, Rueger, & Becker, 2015; Mishna et al., 2011; Nader, 2008; Navarro, Yubero, & Larrañaga, 2015; Patchin & Hinduja, 2010; van der Kolk, 2014). Patchin and Hinduja (2010) examined the relationship between self-esteem and cyberbullying behaviors. They explain that cyberbullying is a repetitive cycle with damaging effects. Cyberbullying decreases

the victims' level of self-esteem, and those with low self-esteem are more likely to be targeted as victims (Patchin & Hinduja, 2010).

Mishna et al. (2011) examined risk factors for cyberbullying and found students who are cyberbullied reported feeling sad, anxious and afraid, had difficulty concentrating, experienced social difficulties, engaged in drug and alcohol use, and were more susceptible to eating disorders. Malecki and colleagues (2014) examined the relationship between power differentials in bullying and anxiety and depressive symptoms; researchers found the power differences and intentionality of behaviors significantly impacted victims' anxiety, depression, and self-esteem. With the increased feelings of sadness, anxiety, and fear students who are cyberbullied have an increased tendency to skip school (or have suspensions from school) to avoid seeing their perpetrators. Davis et al. (2018) examined the links amongst bullying victimization and psychosocial influences and found support for an interpersonal risk model due to the cascading effects of exposure to bullying on problems with academic performance, depression symptoms and diagnoses, and alcohol use in adolescents. Barkoukis et al. (2015) reported cyberbullying victimization has been directly and indirectly associated with poor academic performance, lower self-esteem, social isolation, lower self-control, depression, and suicidal ideation.

Cappadocia et al. (2015) also found that adolescents who report cyberbullying others or who are victims of cyberbullying behaviors are more likely to report suicidal thoughts and suicide attempts than those who are not involved. Suicidal ideation and attempts are a significant risk for adolescents, as they are in a developmental stage that increases their risk for impulsive and risk-taking behaviors (Barkoukis et al., 2015). Thus, the need for early prevention and intervention is imperative to adolescents' mental and physical health.

### **Bullying as Trauma Construct**

Trauma involves a personal experience with an event, which includes actual or threatened death, serious injury, or other threats to one's integrity that results in significant fear, helplessness, dissociation, confusion, or other long-lasting intense emotions; this can be direct experience or a witness of trauma (American Psychological Association; APA, 2013). The definition of bullying lends to a natural connection of bullying as a trauma experience, as it describes the repeated nature of threatened or experienced injury that can lead to the plethora of psychosocial effects above. Bullying literature does not necessarily refer to bullying as a type of trauma, but the impacts may parallel other childhood and adolescent trauma exposures. Currently, the U.S. Department of Health and Human Services website has a page dedicated to "Bullying as an Adverse Childhood Experience" (ACE) and another page for "Bullying and Trauma" indicating a shift to accept bullying as a form of trauma (2018). Signs of trauma in adolescents include anxious or fearful feelings, guilt or shame, difficulty concentrating, difficulty sleeping, changes in eating habits, alcohol and other drug (AOD) use, and avoidance behaviors (APA, 2013; U.S. Department of Health and Human Services, 2018).

Navarro, Yubero, and Larrañaga (2015) examined bullying risk factors and found that bullying behaviors were significantly correlated with low self-efficacy levels for both victims and perpetrators. Low self-efficacy can impact one's level of confidence to attend school, interact with peers, and complete daily living tasks as a result from trauma exposure. Additionally, Patchin and Hinduja (2010) examined the relationship between self-esteem and bullying behaviors. Bullying is a repetitive cycle with damaging effects, including decreased level of self-esteem of victims, and individuals with low self-esteem are more likely to be targeted as victims (Patchin and Hinduja, 2010). This cycle can be difficult to interrupt, which presents a challenge for treatment interventions.



In addition to low self-efficacy and self-esteem, bullying presents a host of various risk factors. Mishna et al. (2011) examined risk factors for cyberbullying and found students who are cyberbullied reported feeling sad, anxious and afraid, had difficulty concentrating, experienced social difficulties, engaged in drug and alcohol use, and were more susceptible to eating disorders. There is also a direct and indirect association between bullying victimization and poor academic performance, social isolation, lower self-control and depression (Barkoukis et al., 2015; Nader, 2008).

Perhaps the most concerning psychological impacts of bullying are self-injurious behaviors and suicidal ideation. According to the National Institute of Mental Health (NIMH; 2019), suicide is the second leading cause of death for adolescents (age ranges ten to fourteen *and* fourteen and twenty-four). Victims with negative mood and diminutive self-control are more likely to self-harm compared with victims with more positive mood and self-control (Ryan & Curwen, 2013). Significant research suggests a strong correlation between bullying victimization and increased likelihood to engage in self harm and suicidal ideation (Barkoukis et al., 2015; Cappadocia, Craig, & Pelter, 2013; Ryan & Curwen, 2013). Suicidal ideation and attempts are a significant risk for adolescents, as they are in a developmental stage that increases their risk for impulsive and risk-taking behaviors (Barkoukis et al., 2015). Thus, the need for early prevention and intervention is imperative to adolescents' mental and physical health.

Carney (2000) explored the potential connections between being an adolescent of peer bullying and suicidal feelings and behaviors by examining the perceptions of adolescent victims and bystanders. Participants designated as victims versus bystanders on the suicidal characteristic variables of suicidal ideations, negative self-evaluation, hopelessness, and hostility found no significant differences, indicating bystanders also have a higher risk of suicidality (Carney,

2000). This finding suggests a need for an intervention that can combine victims and bystanders of bullying, where individuals can empathize with one another and share their experiences.

Ttofi, Farrington, Losel, and Loeber (2011) examined the long-term effects of bullying in a longitudinal study. Examining long-term outcomes is imperative to determine if bullying has similar effects than other types of traumas. Findings indicate the probability of being depressed up to thirty-six years later was much higher for children who were bullied at school than for non-involved students (Ttofi, Farrington, Losel, & Loeber, 2011). Bullying victimization was a significant risk factor for later depression after accounting for up to twenty major childhood risk factors (Ttofi, Farrington, Losel, & Loeber, 2011). Fried (1997) explained that research indicated that by age twenty-three, victims of childhood bullying are more likely to develop depression and have poor self-esteem. These findings indicate the need for interventions that allow for long-term positive outcomes for treatment modalities.

Few studies have examined the specific aspect of bullying as a type of trauma. However, the U.S. Department of Health and Human Services (2018) include a distinct page on their website dedicated to the effects of bullying as trauma, and lists bullying as an Adverse Childhood Experience (ACE), which means it can have long-lasting negative effects. Carney (2008) found a significant impact on frequency of exposure to bullying events as the greatest factor in predicting trauma level. One of the aspects of bullying is the repeated harm over time, which means individuals who are more likely to experience the bullying cycle may have an increased likelihood to have other trauma symptoms. Higher ratings of trauma by females as compared to males on the Avoidance subscale but not on the Intrusion subscale may indicate that female students may perceive avoidance as a viable coping mechanism for bullying impacts (Carney, 2008). This avoidance can lead to numbness or repression of intense emotions,

anhedonia (loss of interest or pleasure), and decreased interest and engagement in previously enjoyed activities. When late adolescents have been exposed to bullying trauma, it is very likely they are experiencing emotion dysregulation as a result of this avoidance tendency.

Idsoe, Dyregrov, and Idsoe (2012) examined the effect on bullying in relation to PTSD symptomology. Interpersonal events show significantly higher levels of PTSD symptoms than other types of distressing events (Idsoe, Dyregrov, & Idsoe, 2012). Because of the inherent interpersonal nature of bullying, this implies the importance of addressing bullying as a specific type of trauma. Additionally, there is a strong association between exposure to bullying frequency and PTSD symptoms (Idsoe, Dyregrov, & Idsoe, 2012). The American Psychiatric Association (2013) revised the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to incorporate PTSD into a new category of “Trauma- and Stress-Related Disorders.” This can be beneficial for adolescents who do not meet full criteria for PTSD but still experience significant impacts. Treating bullying as a specific trauma construct allows counselors the opportunity to utilize the DSM-5 in bullying interventions. The implications discussed encourage counselors to utilize creative strategies in order to prevent the drastic, long-term effects of bullying victimization and bystander incidents.

### **Bullying in College and Late Adolescence**

Bullying is a topic typically researched in children and early adolescents; however, there is research to suggest that later adolescents are still impacted by bullying behaviors. Late adolescents may still be exposed to continued bullying behaviors into high school and college settings. Additionally, there are longitudinal impacts that are still prevalent for later adolescents and adults.

Chapell et al. (2006) examined the bullying journey from elementary school to high school, and college (N= 119; 62 females and 57 males). Results indicated about 5% of the college sample were bullied during their college experience, and 72% of this group had experienced bullying in both elementary and high school, indicating a significant positive correlation of  $p < .001$  (Chapell et al., 2006). It appears that the risk factors that are identified in early adolescence will remain risk factors for future bullying exposure in late adolescence if not addressed. Chapell and colleagues (2004) assessed bullying on college campuses and found that 25% of the 1,025-student sample had witnessed students being bullied by other students and 12% reported witnessing teachers bullying students. This indicated an additional concern of navigating the transition process into adulthood where many students believe they can put their experiences from elementary and high school behind them. It is exceptionally concerning that teachers were observed bullying their students, when they should be trusted adults to help curb bullying behaviors and support students who may be struggling.

A more recent study suggests that there may be more instructor-initiated bullying than peer-to-peer bullying. Marraccini and colleagues (2018) examined the typologies of instructor and peer bullying in college. The sample size was N = 325 with 30% of the sample identifying instructor bullying behaviors, 22% identifying peer bullying behaviors and 12% reporting a combination of instructor and peer bullying behaviors (Marraccini, Brick, & Weyandt, 2018). These studies suggest the need for interventions to address the bullying exposure to college students that are often omitted from bullying treatment foci.

Moran and colleagues (2018) examined bullying behaviors among college students who identify as members of the LGBTQIA community and found that bullying behaviors were prevalent and positively correlated with depression symptoms and diagnoses. They also found

that there were four types of bullying present in this population: verbal, relational, cyber, and physical (Moran, Chen, & Tyron, 2018). These findings are interesting, as researchers indicate physical bullying decreases in late adolescence due to increased brain maturation and impulse control than early and middle adolescence (Chappell et al., 2006).

### **Emotion Regulation**

For the purpose of this study, emotion regulation (ER) refers to modifications associated with stimulated emotions, which include changes in the duration or intensity of the emotion itself or among systematic changes of psychological processes (Cole, Martin, & Dennis, 2004). ER among adolescents needs to be addressed proactively to prevent maladaptive behavioral patterns and poor impulse control. There are few specific research studies that examine long term effects of these behavioral patterns. There are two common approaches to ER: Cognitive reappraisal and suppression.

#### **Cognitive Reappraisal**

Cognitive reappraisal refers to the ER strategy of changing the trajectory of an emotional response to a specific situation and then reevaluate the methods used to address the situation, challenge inappropriate/maladaptive reactions, and make better choices in future similar situations (Brewer, Zahniser, & Conley, 2016; Garnefski et al., 2004). Reappraisal is typically viewed as a more appropriate ER strategy due to its long-term benefits. Garnefski and colleagues (2004) found individuals who use positive reappraisal are less likely to experience depression symptoms.

#### **Suppression**

Expressive suppression is an emotional regulation strategy that involves an individual attempting to conceal, inhibit, or diminish emotion-expressive behavior (Brewer, Zahniser, &

Conley, 2016). Suppression is typically viewed as a negative strategy of ER due to its avoidant nature. Research suggests a need for long-term solutions for expressive suppression strategies for adolescents. Specifically, suppression strategies for emotional regulation were predictors of long-term mental health concerns and poor psychosocial functioning (Brewer, Zahniser, & Conley, 2016).

### **Impacts of Emotional Dysregulation**

A longitudinal study examined the long-term impacts of emotional dysregulation on various life outcomes (Brewer, Zahniser, & Conley, 2016; Garnefski, Kraaij, & Spinhoven, 2001). Research indicated ER as a predictor for future mental health and psychosocial functioning. Effective coping strategies for emotions predicted the long-term effects of depression and anxiety after experiencing a negative life event (Garnefski, Kraaij, & Spinhoven, 2001).

### **Gender Differences in Emotion Regulation**

Research indicated a difference in how genders approach regulating their emotions. Garnefski et al. (2004) examined the symptoms of depression and the use of cognitive ER strategies and found significant higher levels of rumination, catastrophizing, and positive reinforcement for women versus men (379 females and 251 males). Results indicate females are more likely to utilize strategies that include self-blame and increased symptoms of depression (Garnefski et al., 2004).

### **Emotion Regulation in Adolescents**

Adolescents are at risk of negative consequences as a result of emotional dysregulation. Research indicated a strong need for a proactive approach to address adolescent emotion regulation (Garnefski et al., 2006a; Garnefski et al., 2006b; Houck, et al., 2016; Lantrip et al.,

2016). Emotional development is necessary for adolescents in order to ensure appropriate psychosocial wellness as they become emerging adults. Thompson (1991) found that ER capacities impact language and cognitive skills, self-understanding, and social interactions (among friends and family members/caregivers). Zimmerman and Iwanski (2014) also examined the need for emotional development for adolescents and found fear, sadness, and anger emotional expressions significantly impacted adolescent developmental processes.

### **Brain Maturation**

One concern for proper ER in adolescents is a lack of brain maturation. Ahmed and colleagues (2015) examined the importance of brain development on adolescent ER. The limbic system and prefrontal cortex are brain regions that impact development of regulation and expression of emotions (Ahmed et al., 2015). The concern for adolescents is the vulnerability inherent with their suppression strategies to reduce emotional expression, which can lead to depressive and anxiety symptoms and social isolation. Alternatively, there is also concern for increased impulse control and the development of brain regions that regulate hasty emotional expressions (Wang et al., 2015).

Trauma impacts the brain of a developing adolescent. Ogden, Minton, and Pain (2006) explain the child's brain is impacted in the following ways: interruption in information processing, attachment, social engagement systems, self-regulatory abilities, and actions related to system of defense and daily living tasks. Another specific area of the brain impacted by trauma is the amygdalae; the central function of the amygdalae is to identify stimuli and send quick messages to our bodies (Ogden, Minton, & Pain, 2006; van der Kolk, 2014). There is no current consensus on an ER strategy that addressed these developmental concerns.

## **Evidenced-based Conclusions**

The ability to regulate emotions is imperative to daily living for adolescents; this is especially true for those who experience bullying. There are many facets that will be impacted in an adolescent's life if they do not regulate emotions. Integrations among peers, family members, and teachers can be impacted if an adolescent has maladaptive emotional regulation strategies (Wang et al., 2015). There is research supporting the need for increased emotional development for adolescents but no clear strategy that has been significantly effective (Ahmed et al., 2015; Brewer, Zahniser, & Conley, 2016; Garnefski et al., 2004; Lantrip et al., 2015).

## **Dance/Movement Therapy Research**

There is limited research for the field of DMT. Historically, much of the research was conducted in psychiatric or state hospital settings with individuals who had profound intellectual disabilities. Recently, there has been a push for expanding DMT's use with more diverse populations (ADTA, 2020).

## **Dance/Movement Therapy with Adolescents**

Utilizing DMT with adolescents allows for creative expression of themselves through movement. Erfer (2006) emphasizes the importance of cohesion of groups for participants to feel safe working towards intervention goals. This is especially true when working with adolescents because of the increased vulnerability of sharing and expressing emotions within a group of peers. Participants (N= 402) completed mood measures before and after DMT group sessions to measure the effectiveness of DMT on emotions with adolescents (Anderson et al., 2014). Research found a significant change in adolescents' mood states after participating in even one DMT session ( $p \leq .01$ ) (Anderson et al., 2014).



Research has examined the effectiveness for DMT on specific problems or concerns among children and adolescents. Martin (2014) studied DMT use for children diagnosed with Autism Spectrum Disorder (ASD) as an early intervention tool. It is proposed that DMT is an effective tool for those with ASD diagnoses because of the increased social and communication challenges, whereas DMT will provide an alternative communication expression source and allow children to integrate development of emotional connections to others (Martin, 2014).

Lee and colleagues (2015) examined the effectiveness of DMT on patients (n=18) with schizophrenia and found a significant decline in anger and expressed depression compared to a control group. Although this study showed impacts for individuals diagnosed with schizophrenia, it is likely that similar reductions of negative effects could be attained through a DMT group with individuals who do not have a diagnosis. Additionally, Mala et al. (2012) completed a review for studies regarding depression symptoms as a result of DMT interventions. Results indicated a need for higher quality among studies of DMT and depression, as only one study was found to have high quality standards (Mala et al., 2012). This diminished quality could be a consideration of other similar studies regarding different problems addressed by DMT, and further quality research studies are needed to ensure valid results.

### **Dance/Movement Therapy and Emotions**

Minimal research has investigated the use of DMT and emotions, specifically. Behrends, Muller, and Dziobek (2012) discussed the importance of nurturing empathy through dance and movement. Empathy is imperative to adolescent emotional regulation because it boosts their ability to understand the emotions of their peers, families, and teachers. Research indicated a need for emotional empathy among adolescents to increase positive psychosocial behaviors (Behrends, Muller, & Dziobek, 2012; Berrol, 2016).

Shafir and colleagues (2013) examined emotional regulation through emotional movements and results indicated a positive correlation between movement and corresponding affective states as a strategy for emotion regulation. Shafir, Tsachor, and Welch (2016) researched movement and its effect on basic emotions and found a relationship between specific movements and emotions. These results indicate a need for observing DMT groups for specific movements to assess participants' emotional states throughout the intervention.

### **Dance/Movement Therapy Treatments**

DMT research is primarily comprised of case studies and practice-based evidence. The following sections will review research from these practice-based evidence to provide context for the type of practices one may observe during a DMT session. First, Psychodynamic Oriented Dance Therapy will review an in-depth psychological approach that connects to individuals' past experiences and how those experiences impact one's current expression. Next, Authentic Movement will review the modality of dance meditation through entirely self-directed movement. Lastly, Grounding is a technique of DMT that connects the body-mind entity with the present environment. All three approaches are common elements utilized in DMT sessions, which could also benefit adolescents who experience bullying to be used in the proposed study.

#### **Psychodynamic Oriented Dance Therapy**

Brauninger (2014) describes Psychodynamic Oriented Dance Therapy as an in-depth psychological approach that allows clients to share beliefs and past conflicts that can be expressed during DMT sessions. This authorizes clients to express former bullying experiences to be shared and demonstrated through movement. Additionally, this approach integrates movement improvisation and an analysis of the movement experiences within the relationships of the group (Brauninger, 2014). While examining interpersonal reactions, clients may express

unconscious feelings and positions, similar to psychodynamic free association. Clients may increase their insight for how bullying is affecting different areas of their life while completing this intervention, which can be beneficial to counteract the long-term negative outcomes of bullying. Brauninger (2014) found that participants preferred this technique over other DMT interventions, citing they “felt better” afterwards and noticed a health improvement (p. 450).

### **Authentic Movement**

Brauninger (2014) describes Authentic Movement as a form of dance mediation where the mover explores their unconscious via self-directed movement, while observers watch the process without judgments. This intervention specifically allows clients to utilize their body’s natural movements, no dance training required, in order to effectively convey a personal message. Research indicated Authentic Movement helps strengthen social relations between the individual mover and other group members (Brauninger, 2014). This is important for victims and bystanders to increase levels of empathy and support for one another, instead of avoiding others as a coping mechanism as discussed previously. Once clients emotionally reconcile the impacts of past bullying trauma, emotional processes such as grief, shame, mourning, and rage often emerge (Pierce, 2014). Specific concepts from DMT, such as attention to creative communication and interoception, may support clients in their effort to process the emotional and physical toll of their traumatic histories (Pierce, 2014).

A similarly important next step for clients is to learn skills for the healthy expression of the inner experience that is explored via interoception (Pierce, 2014). Strong emotions and bodily sensations were often intolerable, or even dangerous, in bullying environments, retrieving and expressing them in a group presence can be overwhelming; therefore, safe spaces are imperative when clients process traumatic material (Pierce, 2014). The DMT counselor

facilitates this process by establishing group norms, encouraging the importance of confidentiality, and emphasizing the importance of respect throughout the process group. It is also important to address any concerns as they arise during group, so members maintain their sense of safety. According to van der Kolk (2014), “being able to feel safe with other people is probably the single most important aspect of mental health (p. 81).

### **Grounding**

de Tord and Brauninger (2015) define grounding as an interaction of the body and mind, beginning from the feet and legs as a foundation for support. Additionally, physical stability provides a basis for emotional stability, which can be crucial for bullying victims who lack this steadiness. Throughout the grounding process, specific themes can emerge.

Some examples of the themes are exploration of boundaries, somatic resources, symbols, emotions, mindfulness, body awareness, enhanced movement experiences, and safety and touch (Punkanen, Saarikallio, & Luck, 2014). A verbal discussion of the current theme is essential to begin and finish DMT sessions. When concentrating on bullying trauma, clients learn to focus on their bodily sensations and autonomic nervous system reactions when approached by another person (Punkanen, Saarikallio, & Luck, 2014). Through these bodily exercises, participants become aware of where their safe boundaries align with each group member and learn safe ways of expressing their anger through spontaneous and improvised dance movements with the support of the therapist, music and other group members (Punkanen, Saarikallio, & Luck, 2014).

Basic movement exercises create increased well-being, stability, integration, and connection with reality at the physical, sensory, emotional, and social level (de Tord and Brauninger, 2015). Specifically working with children and adolescents who may dissociate from their bodies, grounding can be an important intervention to address trauma that has occurred on a

body-level (de Tord and Brauning, 2015). This allows clients the ability to become engaged with their physical reactions to their trauma in a safe space, facilitated through grounding DTM. Clients who have experienced traumatic events can profit from grounding exercises in particular, because dancing means to feel one's existence, to feel vigor and joy, and to feel alive (de Tord and Brauning, 2015). Grounding can help address the depression, low self-worth, low self-control, and suicidal ideation for victims and bystanders of bullying. Grounding seems particularly relevant for clients who lack a sense of self, who are disconnected from reality, and who are not well-centered due to their bullying trauma which may have pulled them off the ground (de Tord and Brauning, 2015).

### **Mirroring**

Mirroring activities allow groups to create a sense of cohesion, increase interpersonal relationships, gain awareness of self and others, and enrich the ability to interact more effectively (Erfer & Ziv, 2006; McGarry, & Russo, 2011). This can be done specifically for groups about bullying, with members divided into pairs. The designated mover is asked to complete simple movements, while the other partner does exactly what the mover does. The remainder of the group observes carefully, and then they take turns doing the movement. After the dyads are complete, the group comes together to complete a group mirroring activity led by the therapist. The group is encouraged to not only mimic movements, but also focus on specific breathing patterns as well. It is beneficial to end the session with movements that are gathered against oneself (e.g. hugging) in order to return to a calm environment and allow for additional grounding (Erfer & Ziv, 2006). Punkanen, Saarikallio, and Luck (2014) explain that many clients with histories of prolonged trauma experience a constant state of alertness, which means they are often more oriented toward the basic need of survival than the integration and resolution of

traumatic memory. By utilizing mirroring, victims and bystanders are able to reconnect with group members in a safe space in order to disengage their increased state of vigilance. The movement transitions into a processing discussion, where group members can discuss their experiences as the mover and the follower. A goal for this intervention is for group members to better empathize with one another after the activity, which allows for additional support to discuss bullying behaviors and impacts. Mirroring offers the opportunity to build interpersonal connections for group members to feel safe to work together to achieve their treatment goals. Pierce (2014) reports that participants are able to receive peer support and learn new skills from other group members. Behrends, Muller, and Dziobek (2012) discuss the importance of nurturing empathy through dance and movement. Empathy is imperative to adolescent emotional regulation because it boosts their ability to understand the emotions of their peers, families, and teachers. Research indicated a need for emotional empathy among adolescents to increase positive psychosocial behaviors (Behrends, Muller, & Dziobek, 2012; Berrol, 2016).

### **Summary and Conclusion**

Intense emotions without proper regulation impair adolescents in a variety of ways (Wang, Vujovic, Barrett, & Lerner, 2015). Developmentally, adolescents struggle with impulse control, goal setting, planning, and decision-making. These challenges are magnified when intense emotions and poor emotion regulation are experienced by adolescents who have been exposed to bullying behaviors. ER strategies vary widely, and there is no clear solution to increase appropriate ER for adolescents.

Brewer, Zahniser, & Conley (2016) conducted a longitudinal study to examine impacts of ER on emerging adults and determined that expressive suppression of emotions (maladaptive ER) predicted long-term psychosocial adjustment. These findings indicate a need for increased

ER to improve long-term mental wellness for adolescents as they continue to develop into adulthood. This is especially true for victims and bystanders of bullying behaviors due to the significant psychosocial impacts and risk factors because preventable programs do not address these long-term concerns.

The need for intervention strategies for late adolescents who are exposed to bullying is illustrated through the substantial number of damaging psychosocial and long-term effects of the trauma. The high prevalence rates of bullying effects from exposure in early learning, as well as the significant number of bullying behaviors that occur in the college years also support the need for interventions. The goal of this study was to implement a DMT small group intervention for late adolescents attending college. The aim was to explore their individual experiences throughout and after the group process, as well as to assess the efficacy of the intervention design on participants' levels of ER, depression symptoms, and anxiety symptoms due to the high correlation of emotional dysregulation, depression, and anxiety as long-term psychosocial impacts from bullying and trauma exposure.

## CHAPTER 3: METHODS

A small number of studies examined the effectiveness of a dance/movement therapy (DMT) approach to specific problems in children or adolescents such as depression, autism spectrum disorder, and schizophrenia (Betty, 2013; Lee, Jang, Lee, & Hwang, 2015; Mala, Karkou, & Meekums, 2012; Mala, 2012). Although these specific concerns can relate to emotional regulation (ER), the aim of this study was to examine experiences of ER among adolescent bullying victims and bystanders throughout participation of a DMT group.

### Research Design

The aim of this research was to examine adolescent bullying victims' and bystanders' experiences when participating in a small group dance therapy intervention. A qualitative approach collected data from participants' experiences through a phenomenological lens. Collections took place over the course of the 7-week intervention design, with additional qualitative interviews pre-and post-intervention. This study focuses on the mental health of participants who engage in a DMT intervention. This research allowed for both deductive and inductive approaches to figure out the known patterns and the "why" and "how" explanations of how phenomena occur (NIH Office of Behavioral and Social Sciences, 2018).

A constructive phenomenological approach was used for collecting and interpreting qualitative data. A phenomenological study describes a common meaning of lived experiences of a concept (Creswell & Poth, 2018; Moustakas, 1994). The shared experiences of participants included both their commonality of being exposed to bullying trauma and their participation in the DMT intervention group. In the study, an interpretative phenomenological analysis (IPA) was utilized to explore the phenomenon of college students' experiences of the DMT intervention group. The sample comprised of college students who have been exposed to



bullying, either by direct contact as a victim or as a witness, regardless of bystander type. Creswell and Poth (2018) emphasize choosing a phenomenological approach when it is important to understand common experiences to develop practices or a deeper understanding of the phenomenon. Both goals are aims in this study. Additionally, Smith and Osborn (2008) emphasized that IPA focuses on how participants are making sense of their experiences, how the researcher makes sense of the participants' experiences, and the entire group's experience through interpretations. Intervention outcomes of a creative DMT approach can benefit the counseling profession by developing best practices for treatment of individuals who observe or experience bullying. Additionally, the data may help create a deeper understanding of those common experiences which could lead to features-identification of the phenomenon and help guide future areas for research.

### **Dance/Movement Therapy Intervention Group**

This research study consisted of a seven-week DMT group intervention with college students who attend a large public university in mid-Atlantic United States. The therapeutic approaches consisted of grounding, authentic movement facilitation, kinesthetic, emotional, and cognitive empathy, and verbal reflections and processing derived from the foundation of the Polyvagal Theory nervous system responses. Before the DMT group began, participants were invited to participate in a pre-intervention interview to share their bullying experiences. The DMT intervention group consisted of the seven of sessions: one opening session, five working sessions, and one termination session. There was one session per week, with each session lasting for sixty minutes. Utilizing the Polyvagal Theory, the clinician attended to the participants' regulation of their autonomic nervous system (ANS). The ANS guides how individuals move through their environments, including how individuals turn inward and isolate themselves, or

break out and connect to others with co-regulating relationships (Dana, 2018). In this way, the Polyvagal Theory provides the clinician with a neurophysical framework to consider why individuals act the way they do. The DMT group fostered development of participants' cognitive and behavioral signals of connection and conscious awareness of their processes. In the final ten minutes of each session, participants were asked to complete semi-structured journals to provide additional information about how they are responding to the intervention. Participants also had access to their journals throughout the week, if they wanted to reflect or provide additional information for how they were doing between sessions. Once the intervention weeks were completed, participants were invited to complete a post-group interview to discuss their individual experiences.

The aim of the study was to recruit approximately six to eight individuals to participate in the DMT group. Thirteen individuals completed the initial screening survey and the final total number of participants for the group was seven and the aim was met. The rationale for the group size is based on recommendations for both talk therapy and dance therapy best practices. Gladding (1994) recommends an ideal group size for talk therapy of eight to twelve participants in order to prevent formation of subgroups. Corey, Corey, and Corey (2014) recommend eight members for adult groups with one facilitator and three-to-four children per one facilitator. Due to the development of older adolescents, the aim of this study will be to average the recommendations between six and eight individuals with one clinician facilitator. After completing the screening process and gathering potential participants' availability, the total number of participants to engage in the entire research study was seven. The maximum number of participants for the small group design also allows for more thorough observation of participants, which is especially integral to the dance therapy process (Berrol, 2016; Chaiklin &

Schmais, 1993; Fraenkel, 1983; Levy, 1992). This was especially true due to the adapted format to teletherapy virtual sessions.

### **Adapting group for Teletherapy Approach**

The ADTA hosted a webinar to inform best practices for adapting DMT to a telehealth approach, as CDC recommended switching to remote services as much as possible due to the COVID-19 pandemic (Baxley Lee, 2020). The first recommendation is to consider your space for DMT delivered through teletherapy. DMT, in person, abides by the foundation of setting a container for the environment one practices in (Beard, Koch, & Panhofer, 2014; Chaiklin & Schmais, 1993; Levy, 1992). This is similar to traditional talk therapy where the clinician reviews confidentiality limits, group norms, and expectations to provide a safe space to explore and be vulnerable to the therapeutic process. In the Polyvagal Theory, the container is referred to as the “welcoming environment,” which refers to both the physical setting the therapeutic process will take place in, as well as the internal environment to allow the autonomic nervous system to include features of safety (Dana, 2018, p 112). The container for DMT approaches also includes a private space to which other individuals do not have access. Teletherapy approaches need to go a step further since the clinician is not providing the location for the process and must check in with clients to plan for each individual’s container (Baxley Lee, 2020). Considerations for the client’s container include having ample space to move safely, having a secure chair/other piece of furniture for balance or support if needed, having a door that locks for privacy, placing a sign on the door to let others know not to disturb the process, using headphones/earbuds for privacy, ensuring access to appropriate equipment/technology, and creating a plan for how issues may be resolved during the teletherapy process (Baxley Lee, 2020). Because this study utilized a group approach, a plan was created with each individual participant at the beginning of the group

sessions. This process confirmed the location where participants attended sessions, which was verified for safety purposes at the start of each session. Participants were asked to let the researcher know if they planned to attend from an alternative location. The group also created a plan together during the first session in order to discuss participants' technology use, privacy, and needs and wants from the group.

The second recommendation involves preparing equipment that will be used throughout the therapeutic process (Baxley Lee, 2020). First, equitable access to a computer, phone, or tablet that connects to the internet and has a camera for video and audio to utilize the Zoom software was crucial for each participant. The clinician set up the zoom meetings through university access, which also allowed all participants to have equal and free access. Baxley Lee recommends scheduling a technological test for each participant and researcher prior to the first session and creating a back-up plan if technology fails during a session (2020). Additionally, DMT typically involves use of external creative equipment, such as music, art supplies (paper, crayons, colored pencils, paint, etc.), and props (scarves, musical instruments, masks, balls, etc.). To complete DMT via teletherapy, this equipment was included in the plan to ensure each participant has access to what is needed prior to the start of each session. The researcher received a Research Initiation Grant which provided funding to purchase materials to safely disseminate to participants. During the pre-intervention interview process, the clinician asked about access to provided props and ensured each participant has equal access by arranging local drop-offs or shipment of materials.

Baxley Lee recommends an intake session to review typical logistics of the therapeutic process, such as informed consent, assessment and considerations for pain/discomfort, assessments for limitations of space and other spatial risks, preparations for strongest internet

connection signals, choosing a location that will prevent disturbances, and discussing group rules and norms (Baxley Lee, 2020). Teletherapy requires additional steps to ensure safety of every individual involved. Two additional steps that need to occur in the first session are: ensuring clients are in safe and private spaces and documenting the location and number in case of emergency (Baxley Lee, 2020; Caldwell, 2020). Each subsequent session receives verbal consent to engage in teletherapy and confirm participants' location and number with the one provided.

Another adaptation discussed focuses on physical comfort of using screens to facilitate DMT approaches. Baxley Lee explains the importance of finding adequate space, finding a way to be "hands-free," preventing injury from too much screen time (for example hand injuries from the keyboard and mouse, or eye strain due to blue screen and brightness levels), ergonomics of screen, seat, and light levels in the room, and auditory inputs, such as traffic and other background noises (Baxley Lee, 2020). These concerns were addressed during the screening process in order to emphasize the importance and check for accessibility of potential participants. The research used wireless, noise-cancelling headphones and a noise machine on the outside of the private room for each interview and session to ensure participants' privacy.

### **Participants**

One goal in choosing participants and their setting is to establish particular comparisons to illuminate the differences among settings or individuals (Maxwell, 2013). Participants of this study included college student bullying victims and bystanders. The setting that will illuminate the differences will be in their school, as it may be one of the settings where they are exposed to bullying behaviors. However, due to COVID-19 restrictions, the study ultimately took place in a virtual format, though participants will be students from the same university.

A purposive sample was recruited for this study based on researcher's accessibility to university students. A critical case sample included students who share a phenomenon—meeting the criteria of bullying exposure. Smith and Osborn (2008) suggested that IPA research designs require a small sample size in order to address the details that emerge from the significant amount of data. The aim of this study was to recruit approximately six to eight participants to complete the entire study process (7 weeks of intervention plus pre-and post-intervention interviews). The researcher contacted several colleges/departments at a large northeastern university in the United States. Recruitment also included e-mail requests for students who are attending residential courses (see Appendix A). Students who were interested in completing the intervention completed the informed consent found in Appendix B. Once consent was obtained, potential participants were asked to complete a screening survey to assess bullying exposure and bullying role. All participants were screened prior to the intervention group sessions to assess for appropriateness. Ultimately, seven participants were able to complete the research process.

### **Screening**

The screening process is integral to this type of research due to the significant psychosocial impacts individuals who are exposed to bullying may experience. First, it was important to note how much exposure to bullying a potential participant has had. The data collected during screening procedures helped identify individuals who were appropriate for the study, as well as provide insight for individuals who would not be appropriate for the study. The screening questionnaire can be found in Appendix C. Because the psychosocial impacts of individuals exposed to bullying is high, there were additional mental health resources provided on the screening questionnaire for participants in need of additional support. Though the intervention included dance and movement, no dance training or experience was required or

included as a prerequisite for participation. Demographical data were collected after the screening process and the form can be found in Appendix D. A follow-up e-mail was sent to participants who met criteria to participate in the DMT group (see Appendix E). Individuals who completed the screening questionnaire but did not qualify had their emails saved to contact for research incentive compensation.

### **Exclusion Criteria**

Individuals were excluded based on several criteria. First, it was important to provide a safe space for members of the group; therefore, individuals with a primary “bully” role were excluded from participating among peers who may be victims of their behaviors. For safety reasons, individuals who present as a potential physical threat may be excluded from participating in the group. The change to a teletherapy approach addressed this challenge, and no participants were found to be a physical threat to self or others. Participants were required to be currently enrolled in their university at the time of study, which eliminated two participants who completed the screening questionnaire. According to the informed consent and IRB approval, participants were also required to speak and understand English in order to effectively participate throughout the process.

### **Demographics**

The total number of participants to complete the intervention process was seven. Participants’ demographic information was unknown until after acceptance into the study. Though the inclusion criteria only included exposure to bullying and current enrollment as college students, all participants were female-identifying and white. This was unintentional and may indicate a pattern for individuals who may be drawn to participate in this type of creative study design. Participants’ ages ranged from 20-37 years of age, with a mean age of 23.71. There

was a mixture of undergraduate and graduate students, with various majors of study. Please refer to Table 3-1 for further demographic details.



Table 3-1 *Participant Demographics*

<i>Participant</i>	<i>Age</i>	<i>Race</i>	<i>Gender</i>	<i>Sexual Orientation</i>	<i>Type of Student</i>	<i>Year in School</i>	<i>Bullying Role</i>	<i>Bullying Type</i>	<i>Level of Exposure</i>	<i>School Exposure</i>
Cara	20	White	Female	Straight	Undergraduate	3	Victim Bystander Upstander	Social Verbal Physical Cyber	Often	Primary Secondary College
Kathryn	37	White	Female	Straight	Graduate (Doctorate)	1	Victim Bystander Upstander	Social Verbal Physical	Often	Primary Secondary College
Kimberly	24	White	Female	Straight	Hybrid (Master's)	5	Victim Bystander Upstander Outsider	Social Verbal Cyber	Often	Primary Secondary
Becky	20	White	Female	Straight	Undergraduate	3	Victim Bystander	Social Verbal	Rarely	Primary Secondary
Chloe	22	White	Female	Straight	Graduate	1	Victim Bystander	Social Verbal Cyber	Sometimes	Primary Secondary
Jackie	21	White	Female	Straight	Undergraduate	3	Victim Bystander	Social Verbal	Rarely	Primary Secondary
Sammy	22	White	Female	Straight	Undergraduate	4	Victim Bystander	Social Verbal	Often	Primary Secondary

## **Instruments**

There were several forms of qualitative data collected over the course of the intervention. Weekly journals were collected so the participants could reflect and process each session as the intervention progressed. Participants were also invited to complete a pre-intervention and post-intervention interview to discuss their individual experiences and validate their journal entries.

### ***Semi-structured Journals***

Participants completed semi-structured journals throughout the treatment process in order to explain their experiences and have an alternative source for expression. Journaling time was provided for the final ten minutes of each session, to help with the recency effect of remembering their experiences.

Adolescent bullying victims and bystanders may have a barrier to expressing themselves in session, as trauma oftentimes interferes with full expression (van der Kolk, 2014). By completing journals at the end of sessions, as well as between sessions if they chose, participants had greater opportunities to express blocked feelings and cognitions that may have occurred throughout typical days. Adolescents typically enjoy writing diaries, song lyrics, poems; completing a task that is familiar will likely hold their interest and satisfy their self-expression (Gerdald & Gerdald, 2010). Van der Kolk (2014) adds that writing is a great way for individuals to access their inner world of feelings. Participants were encouraged to include their internal experiences and external experiences in their journals. There are two types of self-awareness: one that tracks across time and one in the present moment (van der Kolk, 2014). Participants could maintain records of their journals well beyond the scope of study, if they chose, which can help track their self-awareness across time. Journals utilized across time can be examined for patterns of behaviors, outcomes, and help identify future goals (Geldard & Geldard, 2010).

These patterns were also helpful when interpreting the data through the phenomenological lens of participants' experiences.

The Helpful Aspects of Therapy (HAT) form was used for the semi-structured journal prompts. The HAT is a post-session/intervention self-report questionnaire for clients to explain the helpful or hindering aspects of therapy (Llewelyn, 1988). The HAT is a simple qualitative form with seven items to collect client perspectives about the therapeutic process. Sample items include: which event that occurred during the session was the most important or helpful for you? And describe what made it important/helpful; how helpful was this event (on a scale from 1 [hindering] to 9 [extremely helpful]; did anything happen during the session which might have been hindering? The full HAT form can be reviewed in Appendix F.

Sample questions for the other journal prompts may include: How was your day? What did you do? How do you view your day? How did you feel emotionally? Physically? How are your relationships? Or lack thereof? What did you learn about yourself? (Geldard & Gerald, 2010). This helped provide context for the participants' experience of the individual sessions if there are additional external factors that could be contributing to their experience of the DMT group. Krantz and Pennebaker (2007) researched traumatic experiences and their expressions by having groups use expressive body movements and then write for at least ten minutes per day, express kinesthetically, or engage in a routine exercise program. Results indicated the best outcome for the group that danced and wrote, indicating better physical health and a higher GPA in school. "The mere expression of the trauma is not sufficient. Health does appear to require translating experiences into language" (Krantz & Pennebaker, 2007, pg. 245). The semi-structured journal prompts can be found in Appendix G.

### ***Pre-intervention Interviews***

Before the DMT sessions began, participants were invited to share their experiences about their bullying exposure and its impacts. Creswell (2014) emphasizes the importance of utilizing open-ended questions to elicit opinions and beliefs from participants. Nader (2008) agrees that using open-ended questions and free recall are the most successful ways to elicit the most reliable responses, in addition to a non-judgmental demeanor of the interviewer. It is imperative to provide a safe environment for college students to share their truthful experiences. Traumatized youth require physical safety and the location of interviews should reflect that need (Nader, 2008). Once a safe environment has been recognized, the researcher must establish and maintain rapport, adapt to the needs of the participants, and demonstrate an interest in the youth's emotional state to create a successful outcome of shared experiences (Nader, 2008). Appendix H demonstrates use of open-ended questions and opening statement utilized for interviews.

### ***Post-intervention Interviews***

Once the DMT intervention group had terminated, participants were invited to complete semi-structured interviews to share more about their individualized experiences of the intervention. This was accomplished by having the same researcher conduct the interview as the pre-intervention interview and intervention weeks.

An interview protocol assisted the process and maintained a level of structure. Nader (2008) states that youth participants should be prepared for the nature of the questions, have opportunities to ask questions about the interview/process, and be advised about confidentiality of the interview. See Appendix I for a statement that informed participants about the voluntary nature of the interviews, their right to ask questions or refuse to answer questions, confidentiality

limits, and interview questions. Creswell (2014) recommends the following components for interviews: a heading, instructions for interviewer, questions, additional probes, acknowledgement statement to thank participants, and space for a log for record-keeping. Additionally, Varela and Shear (1999) recommend that an interview should assume a second-person perspective and take an empathetic position to connect with the interviewees. This means taking up an empathetic position whereby that experience and understanding of interviewer and interviewee resonate. At the completion of the interview, it was important for participants to feel a sense of closure or resolution, which was done by asking participants to share any additional information or experiences that had not been discussed yet.

### **Qualitative Trustworthiness**

Qualitative validity, or trustworthiness, is defined by an investigator checking for accuracy of findings by utilizing strategies and procedures (Creswell, 2014). The validity of a study like this is important when describing individual experiences, to ensure the most truthful interpretation as possible. Morrow (2005) reviewed quality and trustworthiness in qualitative research designs and recommended guidelines to follow for conducting qualitative research. Using these guidelines aided in the overall quality and credibility of this study. For a constructivist perspective, it was suggested that researchers embrace subjectivity, dependability, and triangulation as important factors of quality (Morrow, 2005). Creswell (2014) recommends using a data analysis cycle that contributes to a higher likelihood of validating the accuracy of the information collected. A structure provided a solid foundation for building accurate interpretations of data. The cycle included collecting the raw data, organizing, and preparing it for analysis, reading through all data carefully, coding the data, identifying themes and providing

a description, building interrelated themes and descriptors, then finally interpreting the meaning of the themes (Creswell, 2014).

### ***Triangulation***

There are several types of triangulation in qualitative research designs. Creswell (2014) defines triangulation as examining evidence from different data sources to build justifications for themes. Additionally, triangulation seeks “to enhance the interpretative status of the evidence” (Morrow, 2005, p. 256). Triangulation in this study was completed through comparing the individualized participant journals to the interview transcription data. Both sources of information allowed for different types of data interpretation: ongoing throughout the intervention and a terminal conclusion once the groups had ended. The journals were employed to check potential progress identified by participants, verify stated abilities of what the participants learned throughout the process, and check for validity against the post-intervention interview responses.

Morrow (2005) defined triangulation as a capturing of multiple perspectives and can be utilized to refer to multiple investigators examining the evidence. For this study, additional researchers reviewed, coded, and analyzed the data to increase trustworthiness of the design.

### ***Reflexivity***

Researcher reflexivity is a process in which the researcher reflects about her role, background, culture, and personal experiences and how they impact the interpretation of the data (Creswell, 2014). This research design maintains an inherent dual role for the principal investigator: therapist who implements the treatment modality and the observant researcher. In order to preserve themes and interpretations of the data, the researcher maintained a regular memo system in order to address how personal experiences could have affected the results.

Reflexivity notes will be used to identify biases and researcher positionality during each point of data collection.

### ***Member Checking***

Member checking involves a system to determine accuracy of the findings of participants' experiences (Creswell, 2014). Participants were asked to review copies of their transcriptions to address any inconsistencies of their responses or add credential to their answers. Participants were invited to correct any potential misinterpretations of their data once the findings are completed. An external auditor may also be utilized to review the entire project to check for accuracies of data interpretation, relationships between data and research questions, and address any outstanding validity concerns (Creswell, 2014).

### **Procedures**

The study was evaluated and approved by the Institutional Review Board (IRB) before employing the intervention groups. During the review process, the IRB analyst required this study to apply for a Certification of Confidentiality (COC). The COC was approved and attained before receiving full IRB approval to continue with the study (see the COC and IRB approval in Appendices, J and K, respectively). Data were collected in several ways throughout the study. First, participants were asked to partake in a pre-intervention interview to discuss their individual experiences with bullying and its impacts on their lives. Next, participants were invited to engage in a seven-week DMT intervention group.

The primary focus of this study was on the qualitative data collected throughout each session and the semi-structured interviews. Each week at the end of the group session, participants were asked to complete a semi-structured journal entry to chronicle their experiences. This process was outlined during the screening process for adherence and in the

final consent form for participation in the study. It was essential that participants were aware of the process, expectations, and value of completing the journal entries. Geldard and Geldard (2010) stated young individuals are in a developmental stage that lends to experimentation of new and complex thoughts and feelings, increasing their ability to think abstractly, use metaphors, and symbols for expression. This may have led to a higher likelihood of adherence of completing the journal entries. One aim was to investigate qualities and other factors in the group that may be helpful or detrimental to a participant's ER. A general focus of individual experiences was explored. Participants were invited to explain their experiences both in and outside of group: especially if there were any external experiences that triggered intense emotions throughout the week between sessions. Participants were asked to meet for a round of semi-structured interviews after the seventh termination session to explore each participant's experience of the intervention.

### **Group Sessions**

The nature of completing group sessions for each intervention modality was intentional for treatment of individuals who experience trauma. "Social support is the most powerful protection against becoming overwhelmed by stress and trauma" (van der Kolk, 2014, pg. 81). Group members have similar experiences and levels of bullying exposure, and knowing they have peers who are more likely to understand their concerns can be significant in the therapeutic process. As a whole, the group format was intended to lead to cohesion and insightful experiences for participants. Group cohesiveness includes the relationship in the group and has two dimensions: structure—direction and function of the group—and quality of the relationship (Burlingame et al., 2011). The function of the group was explained throughout the screening and consent process. van der Kolk (2014) stresses that social support does require a certain level of



reciprocity, so that individuals feel seen and heard by the others. The quality of relationships will be discussed in further detail in Chapter 4.

A modular treatment approach was utilized to provide structure to the intervention processes for each group. Modularity comprises the creation and identification of parts referred to as modules (Southam-Gerow, 2013). One benefit to using a modular approach is reliability for treatment implementation. Each group consisted of separate approaches and potential themes by nature of modality (talking versus moving): however, using modules reduced the level of uncertainty and discontinuity of treatment. In a modular approach, the therapist can utilize any module, regardless of session number or order of modules (Southam-Gerow, 2013). This allows for greater flexibility for the facilitator but ensures a similar level of quality and content of treatment regardless of modality. This flexibility was utilized when one planned module took twice the intended amount of time, therefore taking up two full sessions of the intervention. Elements to a modular approach include a theme for the module, when to use the module, objectives, and procedures (Southam-Gerow, 2013). A module approach allows for additional freedom from a typical manualized treatment. Weisz and colleagues (2012) found the modular approach to have better outcomes than a treatment manual or typical care. Table 3-2 shows the modules for the seven-week intervention design.

Table 3-2 *DMT Sessions Agenda*

	<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>	<b>Session 5</b>	<b>Session 6</b>	<b>Session 7</b>
<b>Aim</b>	1. Introduction of Participants 2. Introduction of DMT Group 3. Create group rules/norms	1. Begin to create group cohesion & universality through sharing bullying experiences 2. Introduction to Grounding	1. Identify nervous system/bodily responses to bullying trauma 2. Continue building group cohesion and rapport	1. Create safety anchors through Polyvagal theory-informed DMT	Continuation of Session 4	1. Connect to 3 state responses to help guide daily experiences	1. Process group intervention experiences 2. Terminate DMT group relationships
<b>Objectives</b>	1. Participants will be able to identify and articulate rules for small DMT group 2. Participants will be able to demonstrate appropriate communication skills for sharing information in group setting	1. Participants will be able to identify shared bullying experiences among participants. 2. Participants will be able to demonstrate understanding and use of grounding techniques.	1. Participants will be able to demonstrate understanding of the three nervous symptoms responses: dorsal vagal, sympathetic, and ventral vagal. 2. Participants will be able to identify their 3 system responses with specific examples of each.	1. Participants will be able to identify experiences that anchor them in a safe, ventral vagal state. 2. Participants will demonstrate knowledge of anchors by creating an anchor portfolio to use outside of sessions.	Continuation of Session 4	1. Participants will be able to demonstrate knowledge and execution of embodiment exercise to connect to 3 response states. 2. Participants will be able to increase awareness and language to describe their experiences of the 3 response states.	1. Participants will be able to identify their personal experience and response to the DMT group intervention. 2. Participants will be able to verbalize the meaning of other group members on their DMT group intervention experience.
<b>Materials</b>	Coloring Utensils Paper Computer for Journal	Computer for Journal	Coloring Utensils Paper Computer for Journal	Coloring Utensils Paper Computer for Journal	Continuation of Session 4	Coloring Utensils Paper Weighted bean bags Scarves Musical Instruments Computer for Journal	Coloring Utensils Paper Weighted bean bags Scarves Musical Instruments Computer for Journal
<b>Activities</b>	1. Intro. to DMT group 2. Introduction Ice Breaker 3. Group Rules/Norms 4. Journal	1. Check-in & Review of rules 2. Verbal discussion of bullying experiences 3. Grounding exercise 4. Journal	1. Check-in 2. Review shared bullying experiences 3. Finding Landmarks through movement 4. Journal	1. Check-in 2. Anchoring in safety: Whos & Whats 3. Create Anchor portfolio 4. Journal	1. Check-in 2. Anchoring in safety: Wheres & Whens 3. Finish portfolio 4. Journal	1. Check-in 2. Embodiment Activity to 3 states 3. Journal	1. Check-in 2. Individual + Group processing 3. Final group dance 4. Journal

After the group sessions ended, participants were invited to complete a post-intervention interview about their experiences as a member of the DMT group. Once each of these steps were complete, participants were sent an electronic gift card to compensate them for their time and express gratitude for their involvement in the group, according to the compensation rates provided in the informed consent. Additionally, individuals who completed the screening questionnaire but did not engage in the DMT intervention were randomly entered to win one of three \$5 gift cards for their time.

### **Data Analyses**

Multiple data analysis approaches were implemented to best analyze the varying types of qualitative data sources.

#### **Qualitative Data Analysis**

The qualitative research questions were:

R1: How do college students who have been exposed to bullying conceptualize their experiences in a DMT intervention group?

R2: How do college students who have been exposed to bullying behaviors overcome their trauma so they can effectively regulate themselves as students?

R3: What role does DMT play in the emotional regulation of college students who have been exposed to bullying?

The DMT sessions were recorded with audio and video, which allowed for additional qualitative analysis of the themes of each session, movement and other non-verbal communication observations, and participant experiences throughout the intervention. The process of analyzing the session data included a ladder approach. First, the raw data were separated and organized to prepare for the analysis. Creswell (2014) recommends a hierarchical

approach, that can be interactive in nature as the process unfolds. The steps in the hierarchy include reading through all the data, coding, separating themes and descriptions, reviewing interrelating themes/descriptions, and then interpreting and making meaning of the themes.

### ***Transcription***

The semi-structured interviews were video and audio-recorded to develop transcriptions for each participant's experiences. Due to the virtual nature of this study, the recordings were only accessible to the principal investigator on a two-factor authentication password-protected Zoom recording. The Zoom platform also provided a transcription for the interviews, so additional transcription was not necessary; however, the investigator reviewed the transcriptions for accuracy. Each participants' transcriptions were then used for coding and interpretation purposes.

### ***Coding***

The researcher thoroughly reviewed both the journals and interview transcriptions to begin coding and making sense of the data. An important question to ask is: what type of coding is best suited for the research project? Saldana (2016) recommends several types of appropriate coding methods for phenomenological studies: descriptive, process, initial, versus, evaluation, domain and taxonomic, causation, pattern coding, and theming the data. Due to the nature of the study, theming the data was appropriate to begin to uncover participants' meaning. A theme can be considered a form of capturing a phenomenon that a researcher attempts to understand (Saldana, 2016). This approach is post-hoc in nature, and the researcher did not begin the process of coding themes with hypotheses about the data. The codes began with descriptive comments and linguistic comments (such as pauses, laughter, crying, pattern identification of metaphors) and then advanced to conceptual comments about the participants' understanding and meaning

making of their experience (Smith, Flowers, & Larkin, 2009). Using IPA for the coding process was essential to transition from the descriptive to the interpretative, which allowed for attunement of the messages participants shared (Smith, Flowers, & Larkin, 2009). Theming the data was beneficial for participant interviews and other subjective data, such as journals and observations. The researcher maintained a heuristic perspective in coding the data, making meaning and interpreting the data for a report through a series of coding cycles (Saldana, 2016). Member checking occurred once the themes were created to check for accuracy among the participants, to empower their voices, and to gather any additional themes they may wish to add to the data.

### **Assumptions**

Utilizing a DMT intervention for the collection of these data was based on several assumptions about the nature of dance therapy work. First, the body and mind are one interconnected entity. The idea that the body is a driving force to create a connection with the mind lays the foundation for the definition that DMT promotes emotional, social, behavioral, and cognitive well-being. Next, there is an assumption that dance is inherently healing. Though this study used the Polyvagal Theory to support the use of dance and movement as an intervention, history dictates that dance has been used for thousands of years in a healing capacity (Ritter & Low, 1996).

### **Conclusion**

This study aimed to explore the experiences of college students exposed to bullying and examine the efficacy of a DMT group intervention to address bullying's psychosocial impacts. Qualitative data were collected through semi-structured interviews, journals, and observations, and then analyzed to seek varying perspectives about both bullying experiences and its impacts

and the DMT group experience itself. Throughout the process, the study's trustworthiness was increased with multiple data sources, triangulation, and member checks. The transcription, coding, and analysis processes elicited themes that allowed the researcher to make meaning of the participant experiences.

## CHAPTER 4: FINDINGS

The purpose of this study was to explore and better understand the experiences of college students who were exposed to bullying behaviors throughout a Dance/Movement Therapy (DMT) intervention group. I considered this goal and created specific research questions to guide the process. The research questions were:

R1: How do college students who have been exposed to bullying conceptualize their experiences in a DMT intervention group?

R2: How do college students who have been exposed to bullying behaviors overcome their trauma so they can effectively regulate themselves as students?

R3: What role does DMT play in the ER of college students who have been exposed to bullying?

The research questions allowed me to focus on data collection and analysis in the following areas: participants' bullying experiences, the efficacy of the DMT intervention, making sense of the DMT group process.

### Findings

Qualitative data were collected in phases: first, a pre-intervention interview was conducted to get a better sense of the participants' experiences and impacts of bullying. Next, the seven-week DMT group took place and for the final ten minutes of each session, participants completed semi-structured journals. After the seven weeks concluded, post-intervention interviews were conducted to make meaning of the DMT group process as a whole.

Interpretative phenomenological analyses (IPA) were completed for all qualitative data. IPA focuses on how participants make sense of their experiences and/or how the researcher makes sense of the participants' experiences (Smith & Osborn, 2008). During the pre-

intervention interview, it became clear that several participants appeared to have poor psychological insight into their experiences and identified suppression and repression of their experiences. The brain can suppress stress-related memories, which in turn, disrupt socio-affective functioning (Meyer et al., 2020). Therefore, the analyses were primarily my interpretations of the experiences, with supplemental interpretations from participants when provided.

### **Bullying Experiences**

Each of the seven participants scheduled a 60-minute interview to discuss their bullying experiences and its impacts. With the aim of qualitative research question two (R2) in mind, themes emerged from the interviews that provided additional insight into how participants responded to bullying while it occurred and the long-term impacts that still exist today. Four themes emerged from the data: Emotion Regulation, Personality and Self-Worth Changes, Mental Health Diagnoses, and Coping Alone. Aliases are used to protect the privacy of the participants.

#### **ER: Repression, Suppression, and Dysregulation**

Participants exemplified emotional suppression and dysregulation through their stories and the interactions with me throughout the interviews. Suppression was interpreted from both verbalized examples and how I made sense of participants' experiences. Emotional dysregulation was identified from specific examples that participants shared that included literature-supported impacts of dysregulation. Participants also disclosed repression of memories due to the traumatic nature of their experiences.



### ***Repression***

Repression is a defense mechanism that unconsciously blocks unpleasant emotions, impulses, memories, or thoughts from the conscious mind (APA, 2016). Bullying is a prime example of when someone may use repression to protect oneself from painful memories and their associated emotions.

Becky was discussing how scary and confusing bullying can be then promptly stopped mid-sentence and stated, “And, also... I’m now just remembering...” and provided another example of a peer who was bullied who she was an upstander for. While discussing the emotional toll the bullying took on her, she activated her repressed memories and was able to recall another similar example.

Kathryn was questioning if her memories were reality. “A lot of this is recall, but like, ‘is this an actual memory?’ Or ‘is this me layering on a general feeling I had?’” After further discussion, she agreed that she was able to identify the prominent feelings of bullying incidents happening often, or the anticipation that something ‘bad’ may happen and intermittently came up with specific examples of bullying.

Jackie had difficulty remember specific examples and took long pauses to think about her responses. At one point she admitted, “I don’t know. I guess those are my two things that ring a bell when... obviously, there’s probably things that I forget, but I think we sometimes repress those things.”

### ***Suppression***

One example of emotional suppression came from the nonverbal behaviors during the interviews. When asked about the emotional impact that bullying had on her, Becky averted eye

gaze and stared off to the side for approximately 10 seconds. She then reported that she developed anxiety:

I would freak out the minute something humiliating, or someone would yell at me or bully me, I would panic. And then, I couldn't control the tears, because I would start hyperventilating and crying and I wouldn't be able to speak...So, I panic and cry, and then when I get home, I'm just sad and feel lonely because it's like, "who do I talk to?" Because my sister is the most confident person. My brother knows how to handle these kinds of things. For me, I take it personally and I'm sad and alone. It grew hard, emotionally, to be able to reach out to somebody and be like, "this is what's happening to me. I don't know how to deal with this." (Becky)

Another example of suppression was self-identified by Cara:

I end up internalizing it all and just, kind of, pretending like it never happened. In high school, it caused me to shut down and suppress myself because I was so scared of being bullied...I was afraid to say the wrong thing. I was afraid to wear the wrong thing. I was afraid to BE the wrong thing... I just didn't want to *feel* it anymore. (Cara)

Jackie shared an example of intention suppression of her emotions and sharing her bullying experiences to prevent further responses from her peers.

I think I just tried to let it go, "Oh, it doesn't really bother me." You, know? I was trying to not let it bother me. And I think I just didn't want to make a scene, because I didn't want to be judged for like, "Oh, you're the one that was the tattletale."

Chloe shared an example of trying to "push down" her emotional reactions to the bullying behaviors from her supposed friends. When asked for clarification, she replied:

I think so, yeah. Because I probably didn't want to let myself feel upset about it, because it was hard to have those feelings. I don't know... If I had more of an outlet for it, I probably would have let myself experience more emotions.

She suppressed her emotional experience and expression because it was "hard," but could not expand further for what made it so difficult for her. Throughout the interview, her responses were short, and she demonstrated a muted affect, even while sharing harmful words that her peers would repeated say to her.

### ***Emotional Dysregulation***

Long-term impacts of emotional dysregulation include low self-esteem, relationship concerns, brain damage, fear of abandonment, self-judgments, thinking and problem-solving impairments, attempts to avoid/numb, and impulsive behaviors (Brewer et al., 2016; Gerber, 2018). These can present in various ways depending how long someone has been dysregulated for. One example is from Becky who shared:

There was this time where I just exploded. I just tried to hold it in, and, I guess, I snapped. I just bawled; I cried in front of my mom. It felt better, but it felt worse, just knowing that I held all that in for such a period of time and I could have told somebody about it.

### **Coping Alone**

The theme of Coping Alone emerged in a few ways throughout the bullying experience interviews. Some participants felt ashamed or confused about how to cope with the mistreatment of bullying from their peers, and kept it hidden. Others experienced indirect isolation as a result of their bullying experiences.

Becky shared that she had been coping with the impacts of her bullying exposure alone until:

They [her parents] noticed some signs of me, being alone and depressed...I didn't really have a lot of friends in sixth grade, so they noticed a lot of signs of depression and keeping to myself and locking myself in my room a lot.

I asked her to elaborate further about isolating herself and locking herself in her room.

Yeah, that's how I adapted to that reaction to bullying. Because I harbored it in. Just to say, "Okay, well, it's just one day. It can't really harm me," but when it persists, it just kind of... it definitely grows to show more. As it persisted and kept going for a while, I didn't know how to handle it, so I kind of just reverted to, "Okay, I'd rather be alone and just be by myself, because if I put that weight on somebody else's shoulders, I would feel so terrible. I feel like I'm ratting people out." (Becky)

Sammy was concerned about sharing her bullying experiences with others due to potential consequences or fears that it would make the bullying worse.

I didn't tell anybody because I didn't want that person to find out that I had told someone else and make it worse. So, I kind of just dealt with it on my own, and tried to ignore it, for as long as possible until it [the cyberbullying] stopped or I stopped giving a reaction. It was hard, especially since middle school is hard enough because of everything going on. So, it was probably not the best decision, but what I thought was the best decision at the time...So, a lot of the time, I would just handle it on my own. Coming home from school, I wouldn't necessarily be as productive as I typically would, if I had experienced bullying that day, then I would go to my room, sit by myself, and decompress from everything. (Sammy)

When asked about how she coped with the bullying experience, Cara shared:

I definitely didn't cope. At one point, I did a lot of journaling after it [bullying] happened, and I think that helps and helped me get all my thoughts out...I write music, and that has been a huge cathartic coping mechanism, because you can literally talk about other people, I can write in a vague enough way, or it can be as specific as I want, but it's very, very cathartic. (Cara)

Additional prompts were used to inquire about social supports, and she replied that she did not have any in middle school, but recently (in college) have found talking to "friends that matter" as a source of support. She denied any additional support from others when she was younger and coped and endured all on her own.

Kathryn was talking about how she coped with bullying experience when she was younger and realized she was mostly coping on her own, and did not actively consider how she was coping, citing "I would never have been like, 'I feel this way, so I'm going to do this.'" A further discussion highlighted examples of her thought process.

I kept going along with what I usually did. It's just that... when I had those. Moments to choose, I could go outside and find a friend, or I could stay inside and not find a friend. So, I would stay inside and read, or go out on my porch swing—I always liked to read in trees... The neighborhood friends were a part of that pulling away too. So, maybe I stopped looking for support from them, because they weren't there to experience when I was experiencing.

### **Personality and Self-worth Changes**

Participants spoke to several marked changes as a result of their bullying exposure. Some of the verbal bullying examples included statements that belittled the participants' view of

themselves, skills, and attributes. Therefore, it is understandable that personality and self-worth changes swiftly followed.

### *Personality Changes*

Personality changes were common among all participants as a result from their exposure to bullying behaviors. Many personality changes included becoming more shy and reserved, mistrust of others, and becoming less sociable.

Cara said:

It caused me to become very shy, reserved, and also insecure. And I guess the behaviors were just... not talking to anybody, not going out of my comfort zone... not doing anything that would draw attention to myself, and if I did, being very, very nervous and scared of it. (Cara)

Cara went on to speak about the long-term impacts bullying had on her life. She later added more details of the personality changes she noticed.

The whole experience of bullying in college has definitely left a mark on me, but it's kind of an opportunity to get a tougher skin and grow in some way. The experiences [when I was younger] really negatively affected me and I became a completely different person. I used to be very... and I am now, I think I found that person again, but I was very extroverted. I was very happy, outgoing, bubbly as a child and loved life. But, after that [bullying experiences] happened to me, I became very introverted, shy, afraid of everyone, socially awkward, and socially self-conscious... and hyper, hyper, hypervigilant and hyper, hyper, hyper nervous. Like, super nervous for any social interaction.

She was able to speak to some progress she is making in returning to how she was when she was younger: extroverted and social, happy, and bubbly.

Jackie shared that she noticed some long-term effects from her bullying that she is still working to improve.

I'm a pretty big personality and pretty sociable and enjoy making new friends and just talking. So, I guess, that...I don't know how to describe it: I was just quieter, maybe more mute. I didn't even have the energy to even want to try to make friends or try to be friendly with seniors. Before, I could go into a room where I don't know anybody and feel pretty confident and that I could chat with somebody.

She appears to be making progress with feeling comfortable talking to people, as evidenced by her ability to share examples with me. Though it was clear her repression may have been interfering with her memory of both her examples with bullying and her specific responses and felt impacts.

Kathryn shared that she noticed significant changes as a result of her bullying exposure at a young age. "My personality, which has always been more extroverted, was becoming more silenced, more quiet. It was more subdued that it was [prior]." She, like Becky, shared that she changed schools as a result of her bullying exposure and its impacts. "So, my mom and I both decided to leave after fourth grade, even though it went to sixth grade. I was having anxiety and stomach aches all the time." Notably, Kimberly shared that during her junior year of high school when bullying was at its peak, "I actually ended up deciding at the end of that year to go to [college] early. So, I was like, 'alright, just get out of high school! Just get out of the situation!'" These examples indicate how severe the bullying experiences were for three participants to make the decision to leave their schools as result.

Kimberly discussed how her friend group changed as a result of experiencing all of her bullying from girls.

One of the biggest things is that I find it hard to be friends with girls. So, even in high school, with all of the gossip and stuff, a lot of my friends were guys. And then, when I got to college, pretty much all of my friends were guys. I found it hard to be friends with people, and like, really have a friendship that I had with people in high school.

### *Self-worth Changes*

Becky shared an example where she thought a rainbow would smell during a class discussion and her perpetrator would say things such as, “that’s not right. You’re not right.” Those repeated messages affected her perception of herself and how she believed other peers perceived her:

And then, in sixth grade, I was neglected most of the time and nobody really wanted to hang out with me because they consider me annoying. And I would always tag along, just kind of like a fly on the wall that was so annoying to them, so they never wanted to hang out with me.

Not long after sharing this statement, she reported that after sixth grade she had transitioned to an online school to keep her more focused and to “get away” from the public school for a while.

She later shared:

I was kind of shaped to be a follower. So, if I ever tried to be a LEADER, I would be made fun of. So, I would mentally be like, “I just don’t think I can raise my hand confidently” or “I don’t think I can present this by myself” or “I don’t think I can say the answer out loud or else I’ll look like a know-it-all” or “I’ll look like an annoying person.” It shaped who I was in elementary school, because I was scared. I was afraid of being



made fun of for who I was if I try to be myself So, I mentally changed, you know, to be quiet. To kind of just stand in the corner and observe. So, I just reserved myself to be quiet or speak when spoken to and just be told what to do. (Becky)

Becky was directed to dull her personality and hide her thoughts and ideas from her peers through a combination of her bullying experiences and the internalized thoughts that derived from them.

Chloe shared how her bullying examples in middle school came from peers who she believed were her friends, and admitted she was unaware that friends should not be treating her the way they did. These led to self-worth impacts for her.

For a while, I didn't have a great self-image or feelings of self-worth, because I was just kind of line, "Oh, these are my friends, and this is how they're treating me. So, this is how it is." I don't know if I deserved that, or thought that I couldn't find any better friends, so I might as well stick to these people. And it didn't end—actually, the first thing I did was join the marching band in seventh grade... That's where I found my real friends, who I'm still with now, even. But before that, I never knew that there was any problem with the people I was hanging out with and that's what I was exposed to.

The idea that Chloe believed she did not deserve to be treated better could have been linked to the messages her so-called friends were sending with their mistreatment. She also did not trust herself to find better friends on her own, without risking the loss of the friends she had.

Sammy shared how her bullying related to her self-worth through her appearance and body image.

Since the bullying was more social aspects, there would be times where it was directed at physical appearance. So, when those bullying experiences happened, I was definitely

more effected with my mental health because, I started thinking badly about myself once I heard those things. But the social aspects... probably affected my mental health just a little bit. Just, you know, in general for how bullying can affect people. I was just, you know, pretty sad sometimes with the bullying that was happening, but nothing that I would say was too extreme at the time. (Sammy)

Body image was a common bullying theme for many participants in this study. When asked what her most impactful moments regarding bullying are, Cara shared an example that has stayed with her since first grade.

When I was in first grade, I was going to get something or throw something away in our cafeteria, where the tables are all stacked on top of each other... you can move in between them, but usually it's a pretty tight squeeze because kids sit on both sides. So, one time I went to squeeze in between the table and one of the boys in my class said something like, "Oh, you can barely make it through! Huh!" regarding my weight. And that stayed with me for a long time, and I never forgot it... that was the first time that made me very aware of my weight and body image. Definitely, that's what starting that [body image concerns and later identified struggles with eating disorders] for me.

Kimberly is a student athlete and expressed several examples of bullying related to her body image and how others perceive her.

There were times that I could hear people talking about me, which wasn't as bad, but it was still pretty tough because a lot of the comments were about body image...Um, in P.E. class, in the locker room changing, I'd hear people talking about it and so... [voice cracked, and she began tearing up] I guess this is harder than I thought. I'd end up changing in the bathroom stalls because I didn't want to give people something to talk

about. Even though I liked the way I looked. I was an athlete so... [long pause, wiped tears from her eyes]. Then it got to the educational part of P.E. and talking about eating disorders and stuff... And even one of my guy friends after class came up to me and he's like, "apparently that group thinks you have an eating disorder: they were talking about it all class."

When discussing the emotional and physical impacts of bullying, Kimberly added:

I definitely judge myself more in that [body image] aspect, because, well, social media doesn't help nowadays. It just seems like that's on my mind when I'm meeting people. "How do I look to them?" Then emotionally, I definitely get more down on myself than I should about some things, but my fiancé is great! And I've talked to him about all of this and whenever I get in one of those sad times, you could say I go to him and he's good to get me out of that.

She found unconditional support from her fiancé and seems to proactively seek assistance when she is feeling emotionally dysregulated, which is a stark contrast from isolating herself and avoiding people when feeling upset.

Jackie also shared body image examples from her past. She expressed concern about going through puberty before her peers and how that led to mocking from other students.

Things pertaining to my weight, I think, like side comments here and there from people. In middle school, I was always the "bigger" [she gestured air quotes] friend. I hit puberty in fifth grade. I, you know, had boobs and was gaining weight and all my friends were like this big [held up index finger straight up] until ninth grade. So, if I had to think of an overarching theme, it definitely would have been things pertaining to my weight.

Jackie struggled to verbalize the impacts of bullying from her fellow lacrosse team players, potentially due to her self-identified repression of the experiences. However, she could clearly remember that she felt anxiety about participating in her teamwork and attending practices and games, which interfered with a hobby that she truly enjoyed and was likely receiving other benefits from (e.g., making varsity as a freshman, physical and mental health benefits from activity).

I think that's had [long pause] a different lasting impression type of thing. Like, as a freshman, I thought I was doing everything wrong, and I didn't really know how to handle the situation. But for that, like I said, it was this constant anxious feeling, the whole season and to the point where I was SO ready for the season to be over. You know, I loved to play lacrosse and I played in middle school, I was so excited to finally like be able to play. Um... I would say, probably looking back, that was probably the most like traumatic for me because, I mean, it was like it was interfering with something that I loved doing, and it was, you know, I was bringing it home to my house and then I was constantly upset.

Chloe shared an example about how she also went through puberty early and was the tallest student in class and how her peers would find fault in that.

When I was in like fourth grade, I had this huge growth spurt and then I was really, really tall. I was like the tallest one in class, and that was an issue for some people, I guess. [smiling and shrugging shoulders]. They would make fun of me, and call me names, just for my height. And I'm like, "well I can't like control that. That's not great." But I just distinctly remember people making fun of me for my height and stuff, and my weight, because I was just a big kid. I grew fast and that's always like stuck with me, I guess,

people saying those things. I always tried to ignore them in the moment, I was never really wanting to confront people: I was a pretty shy kid. So, I would not say anything and then it would fester up and I would worry about it later down the line as I thought about it more.

The taunts about her height and weight as a child have lingered with Chloe and she reported that, as an adult those comments impact her body image.

Even now as an adult, I'm still not thrilled about how I look sometimes. I don't know... that's, like, stuck with me. But now, I had that growth spurt and that was all I grew, so now I'm the shortest one among all of my friends [laughing]...I still don't have a good body image. I don't hate myself or anything, but I would like to change the way I look, if I could. Still, I think from that long ago, it might still be impacting me... I will never forget being in the gym locker rooms, having to change and stuff and that was just very hard for me, because we were all just in that confined spaces and people would see things.

Despite the long-term effects her bullies' words left on Chloe, she appears to use humor and laughter as a coping mechanism as she reflected back on the harm those memories caused.

### **Mental Health Diagnoses**

Several participants disclosed mental health diagnoses that they received since the start of their bullying experiences. Kimberly shared experiences going to Counseling and Psychological Services for the stress from COVID-19 but denied receiving a diagnosis or medication as treatment.

Becky reported using psychotropic medication to treat her anxiety (Zoloft) as well as seeing a counselor weekly.

I was medically diagnosed with Social Anxiety and Generalized Anxiety Disorder. Normally, when I'm around people, I get anxious a lot...I felt like some of those past experiences from elementary and middle school and all those times I've dealt with bullying and the social part of school caused a lot [of anxiety] as I'm growing up.

(Becky)

Kathryn shared her experiences with coping with bullying during her marriage and the mental health impact that had on her and the heaviness that was removed after making the decision to get a divorce.

That's what made me go see—I was like, “I need medication.” Because I turned into a sobbing, heavy mess. I'm sick all the time. I started drinking more. So, I was like, “this is not healthy. It's not sustainable and I don't feel like I have control.” And I lost a lot of weight. Lots of nausea. Loss of appetite, and then coupled with stress-eating moments. So, uncontrolled eating. Definitely strange things: headaches, nausea. I'm trying to think what else... shaking. (Kathryn)

She discussed being proactive to seek medication to help with her symptoms, as well as seeing a local counselor to help process her experiences.

I am terrible at taking medication, so I think a lot of what helped it subside was some of those thinking practices she walked me through. And it really was, just identifying where's your anxiety, and eventually trace it to what's giving you anxiety. And then, how to work through it. I probably have the sheet somewhere. Little worksheets and cards, but they were great. (Kathryn)

She then spoke about the visceral and physiological reaction she has when she has to see her ex-husband for custody of their children.

I know that I'm avoiding being around him as much as possible, just because I just get this skeezy feeling [disgust facial expression, physically shaking]. When I know he's coming to get the kids, I physically start to get a little... I can feel anxiety in my chest, and it gets tight. I feel like I can't breathe. I'm having a hard time focusing. I will say that I do have my medical marijuana card, and I use it in some instances when I know that feeling's coming back.

This demonstrates a marked improvement from how she coped with her bullying experience when she was younger, when she identified that she did not really cope. Now, she is proactively seeking assistance from a professional counselor, primary care doctor, and use of substances (medical marijuana and Prozac) to regulate herself and her symptoms.

Jackie shared that she struggled with anxiety as a result of her bullying experiences and sees a Licensed Professional Counselor, who is also a Certified Clinical Trauma Professional, weekly.

Thankfully, I've never had feelings of suicide, or suicidal thoughts or anything... nothing to that degree. I just think the anxiousness and, I mean looking back—full disclosure, I'm an open book, but this past semester was diagnosed with, or my therapist confirmed that I have anxiety. So, looking back it was the most prominent thing and I just wasn't dealing with it in the way that I would now. But I would say that was probably the most overwhelming mental health thing for me, was just constantly being nervous and anxious.

The way Jackie spoke about her counselor was warm and jovial, smiling and laughing the entire time she shared. "She's great! She's like my best friend: I love her!" It appears that she formed a strong attachment to her counselor, potentially due to her history of trauma and having a person who "validated that [she] has anxiety" and empowers her.

Chloe expressed physical responses that she equates to anxiety symptoms. She reported seeing her primary care physician for an “official” anxiety diagnosis.

I would get stomach aches a lot as a kid. I also know that I was diagnosed with anxiety in high school. And that’s probably what those were... I just didn’t know, but it would always be a stomachache or headache or something...I had a counselor for that throughout the rest of high school and then at the start of college a little bit. And then, I just kind of didn’t go anymore. Things got busy, so I would go back, I’m just having a hard time finding one here, too. They asked about medication, but I opted not to—that’s just a personal preference for me.

I verbally acknowledged the additional barrier of the COVID-19 pandemic to receiving mental health services right now and advised Chloe that I would be happy to share additional resources. After the recording for the interview ended, I offered an additional list of local resources for Chloe to see a counselor again. By the end of the DMT sessions, she had not yet contacted any, and I sent a follow-up email with resources for local providers to seek additional treatment.

Cara shared significant struggles with mental health and reported seeing multiple mental health providers since a young age because of her high exposure to bullying and its impacts. Earlier this academic year, she reported an inpatient psychiatric stay for three days and she continues to see an individual therapist for trauma counseling weekly.

When I was discharged from the hospital stay I had, they wrote that my diagnosis on the papers was Depression. I think that’s a diagnosis, I mean I will talk to the psychiatrist—I don’t identify with that diagnosis, but that’s just what they said. Also, I’ve talking to a



psychiatrist recently and they said that I probably do have depression and anxiety and they tried to give me medication, but I did not take it... I don't know...

Clarification questions were used to get a better understanding of what she meant by not identifying with her diagnosis.

I'm not really the type of person to go around saying, "I have anxiety" because I feel like, honestly, everybody does at this point... That's not my story to tell. For me, a lot of what's happened to me directly correlates with something, I guess. I have too much other things to talk about that I don't need to talk about that.

Cara has the longest and most severe exposure to bullying of all participants in this study and appears to separate herself from those experiences. She seems to be resistant to the labels placed on her from her experiences and wants to gain control of how she identifies and which parts of her she presents to the world, because many of her bullying experiences prevented her from doing so.

### **DMT Group and Individual Experiences**

Data from the DMT intervention group was collected in two parts: semi-structured journals throughout the intervention and post-intervention interviews. Participants were invited to complete journal entries during the final ten minutes of each DMT session. Journals were also accessible throughout the weeks so participants could review what they had already written or add any new information that helped provide meaning during their experience. I reviewed the journals between sessions to make any necessary adjustments to activities or session plans to best meet the needs of the participants. Then, after the final session of the DMT group, individual interviews were conducted to get a better sense of each participant's experience as a member of the group. Journal and interview data were reviewed and coded, and five themes emerged:

Universality and Safety, Emotion Regulation (ER), Bodily Awareness and Anchors, Emotional and Personal Changes, and Internal Dialogues.

### **Universality and Safety**

A primary goal of group work in DMT is to create a container for members to feel safe and heard. Although there was an additional barrier of meeting virtually instead of in person, participants resoundingly commented on feel safe with this particular group of women. “I felt calmness come over me. I felt a new confidence in myself and felt like I built a bond with the other women in the group” (Kimberly).

### ***Universality***

Universality is the principle that an individual participant’s experiences are shared commonalities of the group (Corey et al., 2104). The concept of universality applied to this group when participants felt connected to each other and realizing they were not alone in how they experienced and processed their exposure bullying.

Becky commented on how her experience in the group made her realize that all kinds of people go through bullying. She reported:

Adults go through it [bullying]. Older senior citizens go through it. Children go through it. All kinds of people go through bullying at some point, in one way or another, so it’s good to have other opinions and experiences and how they went through it.

Kimberly spoke about her experiencing the second session where participants initially shared their bullying experiences, but how even the small review of everyone’s experience was beneficial for her.

I missed one of the sessions that I do think would have been really beneficial, but we went back later and kind of reviewed what everyone had gone through and been through

[speaking about session 2, sharing bullying experiences]. And that session, for me, really helped, even a small couple minutes of people sharing. Just knowing that I wasn't the only one that went through something, even though everyone's situations were probably different, but some dealt with the same kind of social aspect or cyber aspect of it. Even hearing those things boosted my confidence in a way, like "Oh they're getting through this, I can get through this too!"

Participants shared in their pre-intervention interview how they coped by keeping their bullying experiences to themselves and handled it on their own. One aspect of universality that infused into multiple participants' experience was the idea that they were not alone. This contradicted the messages they had told themselves while coping with bullying and was beneficial for the majority of the group. Becky shared:

To be able to meet those kinds of people is really sweet and really nice. Just to go through that personally, because it's like, "Oh! I'm not alone! I'm not just a student that's going through it, but everybody else is... it happens to everybody."

Kimberly shared how the group process was less scary because she knew that all members had similar experiences.

I feel like it was less scary because I knew I wasn't alone in that group. But I feel like if I was with my teammates and I brought something like this up, I would be more hesitant to talk about it, because some of them have never gone through anything remotely close to what I've gone through, and they don't understand it. So, I think having people that understand where you've been really helped.

Jackie commented on the dichotomy of finding other people with similar bullying experiences: on one hand, she was happy to bond with others and know she was not alone. On the other hand,

she knows how the significant impacts bullying can have and empathized with others. She reported:

I thought it was really great that there was a group of us who have all had similar experiences. I mean, not that it's great, unfortunately we have. But that we got to bond and get to know one another because of it. When we first shared our experiences with one another, I thought that was really encouraging and it was nice for me. I never really talked about it with anyone or reflected on some of my certain experiences of like, 'this is bullying, and this is what happened to me.' So, I think it was kind of cool to see everyone be able to be vulnerable and tell each other and have that trust with a bunch of strangers they met on Zoom.

Chloe also acknowledged how unfortunate it was for other participants to be targets of bullying but expressed the comfort she found in having shared experiences with group members.

I learned that I'm not alone in these experiences I've had with bullying and things. I think that's a real eye-opener. Because you would hope no one else gets bullied, but at the same time, when you hear people going through really similar things that you did, I think it's just... comforting almost, to know I wasn't alone in these things, and there are other people out there to share those experiences.

Kathryn discussed the commonalities among a specific activity that invited participants to draw and write in their anchor portfolio. I asked a follow-up question about varying perspectives after she shared that she is beginning to accept her perspective and she stated:

Yeah, especially as they were sharing their pictures. And seeing a lot of commonalities between some of the pictures we were drawing up... It becomes a feeling of being in a

safe place. It's comfortable and seeing other people open up that way, it's reassuring and encourages you to open up.

### ***Setting Rules/Expectations & Respect***

After completing an ice breaker to introduce each member, participants and I created a list of rules and norms to set expectations for each session moving forward. Every member present needed to agree to the rule to make the final list. After group rules were created, I added a page to every participant's journal with a written copy of the rules we all agreed to follow for the remainder of the DMT group.

“Setting rules made it so that I am aware of how the space will be run/how I and the other members of the group will be respected by one another” (Sammy). Participants were also prompted to define what Respect meant to them, to ensure a shared understanding of the concept. “Creating the group rules was helpful because I felt like we were all confirming that we were on the same page about the respect we need to show for each other, especially on this topic” (Kimberly).

Cara mentioned the concept of boundaries, in how she made meaning of creating rules as an entire group.

I thought talking about the rules was very important and helped establish boundaries and ‘ground rules’ going forward. It was nice to come together as a collective group and decided these rules, which helped establish an environment of collaboration.

Additionally, Jackie also mentioned that she felt more comfortable about moving forward in the group as a result of creating the rules together.

I found it to be great to come up with rules/expectations for the whole group and the ability to make them together. I liked discussing group rules and expectations because it made me feel comfortable and eager to continue the journey as a group.

These quotes indicated a strong desire to feel safe and connected in the group environment with their fellow participants, with a special attention to ensure everyone's voice was included. There was one barrier to reach this goal in its entirety: Becky was absent from the first session.

Therefore, the group rules that everyone contributed to in the first session were reviewed when Becky was able to join the group to ensure she felt included and safe with her new peers.

### ***Organization/Rituals***

Participants resonated with the idea of having set features of each session that they could depend on. These included a verbal check-in circle at the beginning of each session, a closing movement ritual of thanking ourselves and then thanking each other member as a 'goodbye' to end each session, as well as a bookend of collaborative dances to start the first session and to end the final session.

I also liked the close out/goodbye gestures we created. We created a set of gestures to do at the end of each meeting as a goodbye and thank you to others in the session and also as a transition out of the session, which I found to be helpful. (Chloe)

Kathryn commented on how the check-ins to start each session were a gentle reminder to slow down. She said, "starting with sharing about our week is helpful. It makes me pause and take stock of how I'm feeling... really. Not just reacting to each moment."

During the sixth session's check-in, I reminded participants that the following week would be our last group meeting. Many participants shared about their upcoming finals and projects and the stress associated with them. However, Chloe reflected with a positive reframe: "The check in

today was also helpful because it was a good reminder that the semester is almost done and of how far we have come.”

Cara thought the collaborative dance, where each member added their own movement and gesture to build a dance together, for the ice breaker and to end the final session was helpful. She stated, “I think that ending the program the same way we started the program was nice. It made the program come full-circle to me.”

### *Collaborations to create dances*

During several sessions of the DMT intervention, participants were invited to create a collaborative dance where each member demonstrated a movement, gesture, or movement phrase and then the group repeated them to create a choreographed group dance. One was completed during the ice breaker activity in the intake session. Another was completed in session five to demonstrate each participant’s anchor that most resonated/helped them. And finally, we completed one last dance to end the termination session to embody our experience in the group. Participants seemed hesitant to complete these collaborations at first but opened up quickly and embrace the collective environment.

Two participants spoke about the introduction dance. Kathryn reported, “I enjoyed the group-constructed dance: seeing other’s movements, the playfulness of it, and also seeing the connections with similar practices from teaching dance.” When asked what the most helpful aspect of the session one was, Chloe responded:

The group dance where we all introduced ourselves. I think this event was helpful to me to see that that ‘dances/movements’ we are going to be doing are not anything super complex or difficult. It was also fun to see what each person chose to express their introduction.

Four participants spoke to the benefits of creating a collaborative dance through their anchors. Kathryn reported her favorite part of the session was “dancing in the end: it was a stress relief to smile, to laugh, and to connect across our movements.” Kimberly mentioned the initial hesitance and connection she felt while creating a dance.

We created a dance combining our anchors with each other’s. Creating those always seems like it will be awkward at first, but once we start getting more movements put together it is really nice. It brings a sense of comfort and bonding with each other.

The participants were asked to choose the anchor that was most helpful or important for them and to embody it again for their contribution. It was a helpful way to process all four anchors and encourage participants to remember how to engage their anchors in their ventral vagal system in times of stress in the future. Jackie found this to be particularly helpful:

The collective dance we made after all sharing our anchors was helpful to see everyone at ease and I enjoyed seeing everyone’s faces when they were solidifying their feelings towards their most important anchor.

Chloe also discussed the benefit of not only reconnecting to her most helpful anchor, but helped her observe and kinesthetically experience others’ anchors, as well.

The dance at the end where we each came up with a movement was helpful. Seeing everyone’s unique movements to describe their anchors was really neat and made me feel connected to both the group and my own anchors...I also found the Where and When anchors to be helpful and calming.

When asked if any events during the termination session were particularly helpful, Jackie responded, “sharing a dance with everyone for one last time.” Chloe also commented on the final dance and its meaning: “The goodbye dance was really fun because it was similar to the opening



dance we did the first week, so I think it was a nice way to wrap things up.” Having a similar dance experience to introduce themselves and then also say Goodbye with was beneficial to bring connection and closure to the participants.

### ***Cohesion***

Group cohesion occurs when members of a social group bond to one another and the group as a whole (Corey et al., 2014). This was a goal for the first two sessions of the group, to help members get to know one another and to begin to trust each other, as they would be asked to share vulnerability with one another.

When asked what was helpful in the group, Sammy stated “discussing our bullying experiences and hearing from everyone in the group.” Becky added that she felt closer to members after sharing her bullying experiences:

I really enjoyed the moment where we all shared our different experiences with each other and connected on different levels. It made me feel hopeful and close to everyone, and to understand that everyone has gone through the same thing as I did.

Cara and Kathryn spoke specifically to the idea that their bullying experiences were a commonality that helped them connect to others.

I thought talking through our experiences before the movement was especially helpful since it was the first time talking through our experiences, we established a shared commonality (Cara).

Hearing the stories of others in the room and their bullying experiences. Connecting with experiences, noticing commonalities, but also frustrated that they (we) are all dealing with the fall out of our experiences like lack of confidence, negative self-image (Kathryn).

Jackie also highlighted the similarities among members. “We all went around and shared our bullying experiences with one another which made it helpful to get to know everyone, but also to see who I shared similarities with.”

Two members missed the second session, which is when bullying experiences were discussed verbally. In order to ensure cohesion could still grow, I shifted the third session’s activities in order to spend time reviewing what members shared during the second session and to provide an opportunity for those who missed the session to share their story and be heard.

I felt that the sharing of experiences was the most important for me. I know this was an event from last session, but I was not there. It helped me to feel even more connected to the group than before, since we really did not know about each other’s experiences. It is nice to know you are not alone and that some share similar experiences” (Kimberly).

Chloe mentioned that she felt included, despite having missed session two.

Recapping what I missed last week was also nice, so that I could feel included even though I wasn’t there... We each shared a short statement about our experiences with bullying in the past and how we felt about sharing with and being a part of the group.

In response to other events that were helpful in session three, Jackie responded, “having the chance to hear the other member’s experiences who were not here last session.” Not only was it important for the participants who missed the session, but other participants who were present appreciated the opportunity to listen to peers they did not get the opportunity to hear from.

The interpretation of these messages and making meaning from them is the idea that “I am not alone.” Many participants kept their bullying experiences to themselves and felt shame and embarrassment about their past. Several commented about the fear of sharing their bullying experiences and the response they may get from peers during their pre-intervention interview.

Here, they were able to lower their guards, share their stories, listen to similar stories, and feel validated. Empathizing with others & Negative impacts of bullying.

During the final session, participants were asked to reflect on and share their experiences in the group as a whole. Kathryn stated, “the sharing of how everyone has felt about participating, just to see how myself and others all enjoyed and found helpful in this therapy.” Chloe also ended the final session with a reflection about all group members’ experiences, not just hers.

Talking about how we felt sharing each other’s stories and hearing from others in the group. It was nice to know that everyone has went through a similar experience that I have, and it made me feel less alone.

Participants gravitated towards themes that made them feel less alone, since many discussed the isolation and social impacts from their bullying experiences.

### **Emotional Regulation (ER)**

Emotion Regulation (ER) was a primary construct of interest in this study. The literature reviewed the negative impacts of emotional dysregulation and how many people exposed to trauma are more likely to suppress their emotions/emotional expression. The activities done during session were focused on increasing ability to identify the vagal states that impact ER. Participants discussed ER in a few ways in their journals and during their post-intervention interviews: dysregulation, suppression, repression, reappraisal, ER skills, and ER benefits.

### ***Emotional Dysregulation***

Participants used their journals to include more context for their experiences than what was shared during group. One subcategory that emerged through these data was the emotional

dysregulation that participants experienced throughout the process. All of these examples came from sessions one through five. No examples of dysregulation were found in the final two session's data.

Sammy shared during the first session that “My emotions were pretty scattered this week (lots of ups and downs).” Jackie shared a similar sentiment during week one: “My emotions throughout the week have varied.” She was experiencing a quarantine after testing positive for COVID-19. “This week, I have had fluctuating emotions. I was sad this past weekend, to still be quarantining in my room” (Jackie, session 2). She was experiencing loneliness and isolation, despite living in an apartment with three others and had difficulty regulating how to cope. “I was feeling anxious, overwhelmed, and sad, so I am trying my best to stay ahead of my feelings. I am trying to do things that benefit me, such as exercise and staying distracted” (Jackie, session 4). Jackie's awareness had increased as the sessions progressed and, here, she acknowledged the need to care for herself through the dysregulation. “I have learned that my emotions vary a lot more than I ever thought. I also noticed that 3 weeks is too long to wait to see my therapist! ;)” (Jackie, session 4).

Kimberly expressed variations later, after session five: “my emotions have fluctuated so much.” Chloe discussed how her dysregulation led to physical responses: “My emotions were a bit all over the place this week. I've been having some anger this week and it's manifested in some physical symptoms along with some bad anxiety.”

Chloe shared a poignant example of how memory repression led to unanticipated emotions that she identified as a growth area for her.

The movement exercise today was very helpful to me personally. I experienced a number of emotions I was not expecting, and it's given me a lot of things that I want to think about and work on moving forward. Specifically, processing some difficult memories.

### ***Expression Suppression***

Suppression of emotions and emotional expression were also commented on during participants' journal reflections. "Going through the three phases [vagal states] and digging into our past experiences forced me to experience things that I repressed and express myself accordingly" (Sammy, session 3). Sammy felt freedom to express repressed experiences and emotions in the safe confines of the group and her body. "I have repressed a pretty traumatic experience that I have not worked through or talked about to anyone that I should definitely talk through for my own sake" (Sammy, session 3).

Cara specifically identified her emotional suppression during week four. She had gained psychological insight into her reliance on suppression as a coping mechanism to avoid intense emotions.

The safety exercise helped me face some emotions I've been suppressing for a while. I chose to journal instead of draw today. I wrote down a lot of things I've been afraid to say, and that was really freeing. I found that afterwards, a lot of the anxiety I'd been feeling, dissipated.

She later spoke to her unhealthy pattern of suppression and how she wants to make changes due to irrational thoughts preventing her from trusting her thoughts and emotions.

I can speak what's truly on my mind. Suppressing and ignoring my own thoughts/emotions doesn't do me any good. I just have a hard time trusting them, because I find myself having irrational thoughts.

This was a profound example of gaining insight into her thought and emotional processes, which will now allow her to rebuild that trust within herself and sort out which thoughts are rational, and which are irrational. She can also begin to lessen her methods of suppression now that she recognizes she is not benefiting from them anymore.

Participants shared experiences of how suppression affected them in regard to their bullying experience and their experience as a member of the DMT group. Becky likened her bullying experiences to “haunting” and when asked to elaborate stated, “I know it happened in my dreams. Sometimes I will doze off, and my subconscious would bring that [bullying experiences] out. And I would be dwelling on it.” She had a history of hiding her emotions related to bullying but noticed the trauma memories were accessed through her subconscious.

Chloe spoke to her hesitation of engagement during the group process, citing “I would try to hide the fact that I was enjoying it [movement exercise] but told myself it’s kind of awkward when I’m actually enjoying it and try to fit in.” She was suppressing her emotional expression and reaction to activities during the group process.

Sammy shared that speaking to the group was the first time talking about her bullying exposure stating, “I hadn’t really talked about my bullying experience prior to the group experience.” She had suppressed not only her emotional expression but the topic as whole but felt comfortable enough to share with the group. Kimberly shared a similar sentiment:

I was very nervous at first because I definitely haven’t... I barely talked to anyone about what I had gone through, other than my fiancé and now, my parents. I had mentioned that I was in this study, sharing that, and I mentioned the story to them. It was after I had broken it to my fiancé and he was like, “you should have told your parents, you still should tell your parents.” So, I definitely did that a while ago [after study started].

Kimberly's participation in the group acted as a catalyst for sharing her bullying experience with loved ones in her personal life. When we met for her initial interview, she had not yet told her parents the extent of her bullying exposure but made the decision to do so after signing up to participate in this study. Chloe similarly did not discuss her bullying experience with her loved ones and suppress the emotions associated with her bullying. She admitted:

The reason I decided to participate was because I did experience bullying and things, kind of a long time ago in middle school... I think it's a good way to be able to express some of those things and talk about them because I realized I don't really talk about those things a lot or process them. So, I think the main reason was to just, hopefully, talk through some of those things and work them out, with other people, too.

### ***Repression***

Repressed memories were shown in two ones: one, a participant had repressed a memory that was recovered during the initial interview and two, another participant shared how the movement activities brought out repressed memories from her past.

First, Kimberly shared that she experienced bullying on her college sports team during her first year. She even spoke about how as a senior student, she helped shift the culture of the team, so all teammates feel included and welcomed. However, when discussing her bullying experiences during the post-intervention interview, I commented on her history of bullying from her team and she replied, "That was more... they weren't directly on my team. It was the high school team; it wasn't the club team that I'm with all the time." She repressed this memory again, potentially out of protection, because she had a strong emotional response when discussing these examples during the pre-interview. She cried and needed to pause while she collected herself.

Second, Chloe shared an example where a repressed memory emerged during a DMT session. She shared:

I think when we talked about our different, I forget the word for it, but the fight or flight kind of responses to things. And I think when we like reflected on that, I remember one day when we were talking about putting ourselves into a time when we were functioning in that fight or flight response, I remember just feeling like anger a lot. I think at first it was kind of surprising to me because I'm not an angry person whatsoever... I don't really get angry at people or anything, but I think just thinking back—there was a specific situation that I was thinking of kind of. But, I guess, I don't know? It was a lot that I still hold that anger and I think that's something that...it's probably better to think about that more, than just pushing it down when I started thinking about it. Hopefully, if I can think about it more when it comes up and actually process it, I think that'll be something that's good for me. But initially, I was very like surprised to feel that anger and I did not expect it.

I asked Chloe to elaborate further on the example that came up during the movement and reflection exercise and she responded:

Um, it was just some stuff about my mom. Growing up, she had a lot of problems and stuff. At an early age, a lot of stuff got put on me because she wasn't like functioning and stuff well. So, I just think that there was one specific situation, I'm not going to get into right now, but I'm just feeling kind of lost, and alone in that moment. And I guess anger towards her for putting me in that situation, that was like the basis of it, I think yeah.

She was not ready to discuss the example in-depth and was provided additional mental health resources so she can work through her unresolved past.



Sammy also discussed how she had repressed experiences from her past and had the opportunity to process them during the group. She stated:

It was super enjoyable and really helpful and being able to think through experiences related to bullying, and even not related to bullying, that have been repressed and haven't been brought up and having ways to, you know, handle things like that has been really helpful. So, I really appreciate being able to participate in the study.

### ***Cognitive and Bodily Reappraisal***

One method of ER is the intentional use of reappraisal, which changes the trajectory of an emotional response by re-evaluating responses and changing maladaptive or harmful reactions and make healthier choices in future situations (Cole et al., 2004). In this study, two methods of reappraisal were identified: cognitive and bodily. Cognitive reappraisal allowed participants to think about past experiences, their responses, and connect to their anchors to encourage healthy responses in the future. Bodily reappraisal consisted of participants connecting their bodily response to past stressors, listen to their bodily needs, and change their trajectory of future responses by connecting to their ventral vagal state of safety.

Sammy reported that thinking about her anchors endorsed further reflection. “Reflecting on the Whos and Whats that make us feel safe allowed me to reflect on the people and things that bring me comfort.” Kimberly provided specific examples of people and places that provided her the most comfort in order to attune to those experiences during stressful times:

When we thought about our Whos and Whats was most helpful to me. Thinking about the Whos in my life, I thought about my fiancé and how he is just a rock for me. Then, I started thinking about his family and how much they have supported me over the years. They are constantly checking in and sending their support however they can, always with

arms wide open on visits. Then, thinking about that Whats, I was just drawn to church where I can sing at the tops of my lungs with arms wide open. I get so much joy being able to be in my church and just worship with those around me, especially my fiancé.

Jackie was also able to think of specific examples of things that lift her up.

Connecting to my Whos was helpful. We were instructed to think of people in our lives who make us feel safe, loved, seen, etc. This was helpful for me because it made me think of the people in my life who lift me up and it brought a sense of comfort that I really needed.

Chloe added, “we reflected on the people who make us feel safe and secure and this brought me a lot of comfort.” In these examples, participants were making meaning from their reflection about emotional experiences and appraising situations with anchors (Who, What, Where, When) that provide comfort.

Jackie admitted she was able to connect to her emotions in a way she had not experienced before: “by getting the opportunity to explore emotions that made us immobilized, or our fight or flight, this allowed me to understand emotions and events that I have not taken the time to understand.” Her previously identified pattern of suppression interfered with her ability to fully understand the pattern of her emotions and connecting to them through past experiences that led to sympathetic nervous system reactions provided an alternative way to better understand these patterns. Later she added, “connecting further to the rest of our anchors and having the opportunity to look back on them with positivity was overall very helpful.” This appeared to be the first time she could connect a positive example to her distress reactions of immobilization and fight or flight.

“There’s a lot going on, but I feel kind of numb to it” (Cara, session 7). In conjunction with her external stressors, it appears she was able to reappraise how she views stress, and it does not impact her as much as it had in the past. Later in the journal she says, “In the past, a week like this could have completely overwhelmed me and caused a lot of emotional duress, but now I am able to not let the emotions get to me...I’m more resilient.” She transitioned from framing her stress as “numbing” to identifying her resilience and made meaning in how she would have reacted in the past to significant distress, but now it is not impacting her as much.

“I’m all over the place. A calm panic prevails... I’m emotionally raw, crying (but it feels good crying)” (Kathryn, session 5). It appears that Kathryn is learning to express emotions as they arise, rather than her prior use of emotional expression suppression. She identified the shift to embrace her emotions as ‘feeling good’ to do for herself and finds it to be a helpful outlet. She also shared an example of bodily reappraisal: when reflecting on the exercise using scarves, bean bags, and instruments, “It opened up new ways for me to think about fight/flight, safety, and freeze and how to re-interpret my reactions to that.”

### ***ER Skills***

Participants were observed describing ER skills that they learned throughout the intervention process. Beck shared an example of how she utilized cognitive reappraisal to address stressful scenarios. She shared:

I feel that the one thing I've learned about myself is how logical and, you know, how calm I can be, if I just took the time to just breathe and think about the things that make me happy the most...me being more logical and more calm, and with a lot more common sense than I started with.

Sammy spoke about her ability to open up to the experience, be more vulnerable, express herself, and redirect her thoughts to reappraisal situations. She reported:

Definitely throughout the experience, it was a little easier to open up and a lot of the activities were super helpful in finding ways to redirect thoughts about various things. I thought it was a really good experience overall, and I would do it again if I had the chance.

She identified struggles in her pre-intervention interview with sharing vulnerabilities with others and discussed how she typically copes alone. She reported how that process has changed for her:

And like, I feel like I've been better at bringing up how I'm feeling, 'cause that's also something I don't do great with is discussing my feelings about certain things. And just being able to self-regulate and be aware of how I'm feeling in the moment and being able to tell myself to take a break or something, so that's been like something that's been super helpful, especially with the end of the semester and getting a whole bunch of assignments and being stressed out. And being able to realize that it's okay to take a break and understanding that when I'm feeling super stressed that I need to be aware of that and then tell myself to take a break for like five to ten minutes, and then I can come back when I'm less stressed out.

Sammy identified her increased ability to self-regulate and be more open to discussing her emotions, something she struggled with prior to participating in the DMT group. She also acknowledged the importance of emotional expression and sharing experiences in forming meaningful interpersonal relationships.

So, just, learning how to be able to express, even the most minuscule emotions. Like, even if it's not negative, just being able to be like, "yeah! I'm really excited because this

happened!" But sometimes, even sharing happy emotions can be difficult, because you don't want to like come off as being snotty or being better than someone if they're not having the happiest of emotions at the moment. So, just being willing to share any emotion with others, because that's how you like build relationships. (Sammy)

Cara discussed how she responded to life stressors differently after being a member of the DMT group. She admitted that it was helpful to expose herself to more emotions in order to desensitize her reactions to stressful stimuli. She shared:

Yeah, I think that's something that's definitely improved, because I know, especially at the beginning of this year, if I saw things that really stressed me out or caused distress or made me upset, I would kind of have a mini meltdown, or cry and like... it would cause a really big emotional reaction. And I think that I've done a lot of work to minimize those, and work through those feelings. So now, I expose myself to those things more and to try desensitizing myself to it or even... a lot of people in my life were stressing me out and seeing them do certain things was making me extremely stressed and just kind of letting them go.

This is one example of how Cara began overcoming her habits of suppression. Kimberly also worked to overcome her suppression and discussed what it meant for her to tell her family about her bullying experiences.

When I told them that I was in this study, they were kind of like "oh! It affected you more than I think we even thought." So, I guess that was a conversation that was had maybe a month or two ago, and it was close to the beginning of the study. But they were supportive, and they were like "we're glad that you're able to open up about it now." I even used the saltshakers today, and I used those and was like, "Oh, this is kind of fun!"

Jackie spoke about how writing in the journals at the end of each session were, in themselves, regulating for her to reflect on her experiences. She stated, “I think that was really great... some days I’d hop off to do something, but then I still went back and did it. It was just very regulating for me to complete that.”

Chloe shared how her ability to identify more emotions and ground herself is beneficial to her regulation. She also shared a desire to work through her anger that was now accessible.

She reported:

I learned a lot of things about myself, how I might function in certain situations and reflect on that...And that was something that I've thought a lot about since then. Just how angry I would get in those situations. Um, but I think hopefully, I'll be able to use that kind of thing we learned about, the Whos and the Whats and grounding ourselves more, so that when I'm in those situations in the future, I'll be able to identify more if I'm feeling that anger, and then learn how to work through it.

She continued by sharing how she resonated props and plans to use them in the future:

I think I would use it, sometimes, as one of my breaks during my day to just kind of close my laptop, take out a scarf and [mimics throwing scarf up in air and watching it fall] throw it up in the air and like play with them...

I reminded her that the props are hers to keep, and she smiled. She seemed to also make meaning through the use of props and found that to be an easily accessible way to regulate herself.

### ***ER Benefits***

Participants spoke about benefits they experienced through more effective ER and practicing exercises during sessions. Becky shared:

It brought me focus and brought me to feeling relaxed and able to just go through my day without any kind of stress, or, you know, tension that may grow throughout the day. So, doing that was really good: I really liked that a lot.

Kimberly mentioned that she had more positive reactions to stressors. She reported:

And, just in general, finding things that may have gotten to me before, they weren't bothering me as much. And I would say that I've had more positive reactions than typical. And even my fiancé has said, 'you know, before you would have just shut down and done this, and now you're kind of just fine and content with what was happening.'

Not only did she recognize the benefits of ER, but her fiancé noticed the changes in her, as well.

One additional benefit that Kimberly experienced was the positive effects in interpersonal relationships as a result of regulating more often and effectively.

When asked what she's learned about herself throughout the experience, Jackie responded, "That there's more ways to deal with stressors and emotions and anxieties and stuff than what I thought, like writing it down, reading a book, or listening to music." She struggled to identify positive coping skills during the pre-intervention interview, so this demonstrated a marked improvement of understanding in self-care and regulation.

Chloe shared that she is able to regulate herself more effectively, which led to an increased ability to focus on her tasks as a student. She stated:

It's good. I think it helps me get back to what I'm supposed to be working on, more than I used to be able to, it would keep me down longer before, and now I'm able to get back up and get back to focus on what I'm supposed to be doing easier with these skills.

She seemed to experience less interruptions in her work and a benefit of regulation was to level her mood, so stressors did not keep her "down" as much as they had in the past.

## **Bodily Awareness and Anchors**

Participants shared gained insights into the awareness of their bodies in both their journals and the post-intervention interviews. Additionally, participants shared experiences of connecting to their Anchors throughout the intervention sessions. The Polyvagal Theory informed DMT exercises included identifying anchors that allow participants to feel safe and connected to areas in their life that provide security and comfort for them. They identified Anchors in people (Whos), items (Whats), places (Wheres), and times (Whens) in their lives. Identifying Anchors and embodying them provided space for the participants to connect to their Ventral Vagal state and practice regulating from their fight, flight, or freeze responses with the hope to implement this process after the intervention ends.

### ***Bodily Awareness***

Participants shared their experiences and how they made meaning from learning how to reconnect to their bodies throughout the intervention. When asked about her most memorable moments of the group, Becky replied, “I think my favorite parts were the body scans that we did, where we would move around, stretch, and be in our ‘happy place.’” Kathryn spoke about the benefits of listening and attuning to her body, but struggled to verbalize what she meant:

I think, in general, when you encouraged us to get up and do a movement and then come back to the group and share what we saw or what our movement meant, or if we didn’t move... I really liked those parts a lot. It was helpful. It was helpful for me, personally, because it kind of pushed me to, you know, trying to... not listen to your body, but kind of be responsive to how my body wanted to move and then breaking that down into what it meant or what it meant to me in that moment... Yeah, I was trying to think of a better word than ‘listening.’ There’s a better word than listening... attuning to? I don’t know.



Attunement describes the ability to be fully present and aware of another person's sensations, needs, and feelings and the communication of that process with the other person (Erskine & Trautmann, 1997). Although she struggled to find the appropriate word to describe her experience, I believe Kathryn was trying to attune her mind and body as the "other person" in this definition. Kimberly spoke to kinesthetic empathy, which is a way to attune to others, by engaging in a body-based experience of reflecting and feeling what the other person is experiencing. She added:

I will say that is one of the other things...the movements that other people did, you can kind of feel what they were feeling and when you do that movement, you're like, 'Wow! Okay, I really understand what they're saying!'

Kimberly spoke about her experience observing other participants' movement and how that allowed her to connect with meaningful experiences in her life. She shared:

I will say watching her [Kathryn], I was like 'man, I wish I could be that free with people watching me on Zoom.' But even just the movements of expressing with the hands up and everything, it really coincided with that freedom that I felt through the exercise, and especially with the hands up, 'I'm here' movement. Because, I have definitely done that at church with worship music and when you put your hands up like that, sometimes you get so emotional. And you feel that rush of freedom over you.

She discussed the freedom she observed in Kathryn's movements and how she feels a similar freedom when she is worshipping in church. During session, she began to tear up and had a large smile on her face when sharing this experience.

Jackie shared her experience of getting moving again. She admitted that she does not always give herself the time to focus on her body, and that she learned how to better listen to what her body signals are asking for. She reported:

It was just how we wanted to move our bodies, and for me, I found it was a lot of stretching, and even some yawns and things that I needed that I don't give myself the time to do... As weeks went on, I felt more comfortable and I got up and was just moving how I felt, which, like I said, seemed to be a lot of stretching and such. Some days I'd say "I just need to sit! I've been up, doing laundry. I've been cooking, and I've been whatever... and I'm just going to sit here and be off my feet for a minute" and that was a nice change of pace for me to, to listen to my body.

Chloe spoke about the benefits of engaging her body when she is feeling stressed. She mentioned that she does not move much due to academic work and wants to incorporate more stretching into her daily routine. She shared:

I think, for the most part, just those moments of reminding me to slow down, giving me different tools to regulate when I'm feeling stressed. And then, one thing I don't think I mentioned yet, was that day we did the stretching before we did the things... that's something I've done more, just because I was like, 'oh, wow! I'm sitting for eight hours a day: I need to stretch.' That's good, so that's another thing I've also incorporated in my day-to-day with classes and stuff... just remembering to stretch and breathe for like five minutes, and I think it's helped a lot with my focus. I have a lot of trouble focusing with these kinds of days. So, I think that's been a good tool: just remembering to stretch and breathe at times, yeah.

When asked what changes Becky noticed in how she reacts to stressors, she replied: “I feel like now, I actually do a quick body scan and just kind of say, “okay! It’s alright. This happened and we’re going to get through it, just one step at a time.” A benefit of quick body scan helped her regulate her emotions and stress levels and she can take that experience to continue to procure the benefits beyond the time constraints of this study.

### ***Centering and Grounding***

Participants wrote about the benefits of feeling centered and grounded through the group activities. Some examples included a level of body awareness that was novel or used in a novel way to help feel more connected to themselves and others.

Kathryn reported benefits of releasing tension through grounding exercises: “The grounding exercise was helpful: noting the physical and psychological restraints in my body and then releasing them.” Becky had a similar experience, adding, “Stretching and the body scans helped release the stress and the tension I had lingering in my body.” Sammy also discussed the ability to attend to tension: “The body scan allowed me to stretch out my body and identify points of tension/stress.” Jackie reported that she does not typically spend time attending to her bodily needs, stating “taking the time to ground ourselves and our bodies through an exploration of feeling where we need help... I never really take the time like I should, to discover where I may need to stretch or massage myself, etc. Therefore, this event helped me to take the time to do so and feel better in my body.” Chloe also discussed taking the opportunity to stretch was novel for her.

The stretching session where we stretched our bodies from top to bottom was really nice to stop for a minute, and just focus on my body and being present. I normally don’t take the time to stretch my legs and arms during the day, because I’m usually on Zoom class

or in meetings, but I felt so much better and more centered after this, so I think it's something I will try to continue with moving forward.

Participants were able to begin to identify bodily reactions to emotions, feelings, and notice how their movement reflects internal emotions. Kathryn stated, "Focusing on where in the body I was feeling the reactions, how my movements reflected that" was very helpful.

Kimberly shared an example of how she was able to transition from a feeling of helplessness to feeling comfort and centered.

The exercise where we thought about a certain event or feeling and then moved with our emotions. In this I found myself kind of reliving the helplessness I felt at first, then the sense of I need to get out, and finally finding my comfort. I was surprised that all I could think about was hugs from my fiancé and family in that moment because I am not one who goes out of my way to give someone a hug.

She was surprised that when thinking about distressing events, her sense of safety took her to a place of physical comfort through hugs, even though she frames herself as someone who does typically seek comfort through hugs. It appeared she was seeking the comfort she was not afforded in her fight or flight example.

Kathryn identified the need to center herself throughout her daily life. "I need to find this 'centered' feeling throughout my days. I get caught up in what I need to accomplish next that I forget where I am." She has difficulty staying present in the moment and wants to be able to connect and refocus herself. Chloe shared similar sentiments, "the days seem to go by very fast, so it's been important for me to slow down and relax when I can."

Kathryn, in particular, spent much time reflecting on her movements and their meaning for her. She shared an example of expanding her movements through her epiphanies from dancing through the vagal states.

The vagal sessions were wonderful. It made me really think about my movement. And not just in the moment, but how the experiences I've had have informed my movement as a dancer, what I choreograph, how I choose to move in my 'free time.' Flow into a HIT! I used to be all flow, but now I feel that 'fight' more in my dance and teaching choices. During the next session, she reflected back on her experience of combining her dancing with writing to deepen her self-care understanding.

Thinking through the Whos... taking the feeling of being with those people and why it's so different and what that makes me feel and what that would look like to move in space... I really loved the movement sequence I made about my Whos and the poem [I wrote]. I'd like to expand on it this week in some 'me moments.' I love connecting to my own movements and I've always loved writing but have never allowed myself the time to take doing that. It feels like I'm taking care of myself when I write/move/think.

Participants also connected their experiences to their other senses. This increased their bodily awareness and feeling centered. Many participants experienced bullying at young ages (elementary school and middle school) and enjoyed the opportunity to engage in play through the other senses.

When asked what the most helpful event of the session was, Jackie responded, "connecting to our events by drawing how we were feeling. It helped to give me a visual on how amazing certain people are in my life." Sammy had a similar experience connecting to her visual field: "Using scarves, beanbags, and instruments to depict anchors and other mindsets allowed

me to visual these areas.” Kathryn also mentioned her ability to visualize the three vagal stages and how she could reflect to deepen understanding. “Exploring the scarves, weighted bags, and sounds was helpful to reflect on how I visualize or embody the three stages, how I view movement, restriction, and resonance.” She took it one step further to connect the visualization and movement to how she perceives various aspects of her life.

And it doesn’t have to be this grand moment or movement but making those connections (to anchors) in my thoughts alone are a help. I plan to be more intentional to have movements where I explore movement/drawing/writing and explore those places.

Cara reported the benefit of being playful: “The scarf activity was very soothing for me. All of the activities really helped me connect with my inner child, which was comforting.” She was not the only participant who found being playing comforting. Jackie stated, “playing with the scarves allowed for the most ‘freeing’ option to the fight or flight response by seeing them have more of a calming presence.” When asked what was most important or helpful in session, Chloe said, “dancing with the scarves. It was fun because I felt like it was a moment of freedom where I could decide how I wanted to move and what to do. I think the scarves were a great prop to visualize the 3 areas we explored.” This indicated a desire to be more present in the moment and listen to her body cues and be able to control how she responded. Kathryn also reflected on motivation within her movement:

I really enjoyed the movement and sound exercise. Concepts of air, weight, and resonance are all helpful with visualizing or audibly processing my feelings or how I deal with situations. Notably the concept of weight and turning something oppressive possibly into motivation and movement. That is completely how I had approached my divorce. SO many people encouraged me to 'let go of anger' like it was some evil

entity, but I harnessed the anger and turned it to something productive, which in the end assuaged the anger. If I had tried to 'drop it' I think it would have hung around a lot longer.

She was able to successfully process a past experience from her divorce, through movement and playing with concept of weight through the differently weighted objects: scarves and bean bags. She embraced the differences of weight in her movement which allowed for a deeper reflection and association with her divorce.

### *Anchors*

The DMT group involved activities that connected participants to their anchors: a reliable source of support grounded in the ventral vagus nerve. The four anchors reviewed in session were Who, What, Where, and When and participants were asked to reflect on those four categories and find examples that provide a feeling of safety. Many participants discussed the meaning of connecting to their anchors during the post-intervention interviews.

When asked about what was memorable about the group, Becky said: “Thinking about the things that we love, and things that stick out to you. Like, where’s your most happiest place, who’s with you and where are you, it brought me to the present moment.”

Kathryn spoke to feeling more centered after accessing her anchors. She shared:

A general, more centered, more...I feel it’s easier to access those safer places now that I’ve identified them clearly. Drew them, too! And overall, it was good. It was so interesting to... in some ways, it seems so simple, it's just to think of things that are, you know, your positive, safe places. But, to actively choose to do that is so difficult sometimes.

She admitted that it can be challenging to connect to anchors that provide safety. This is especially true when the nervous system is aroused in either dorsal vagal (immobilization) or parasympathetic (fight or flight). It is something that takes effort to utilize in daily practice, and Kathryn gained insight into how to make that transition for herself.

Becky also discussed how the concept of connecting to anchors seems simple, but it was helpful to be able to practice making those connections in session. She shared:

I think the one thing that stands out the most is when we went through the anchors of Who, What, and Where just because, obviously I know what those things are, but I don't think about them as deeply as we did with like those activities. So, pinpointing the people and places, and the feelings or activities that bring me joy, or keep me grounded and calm when I'm stressed or anxious. That was something that was super helpful that I'll be able to use now if I'm stressed out over something, redirecting myself to think about the people or things that bring me relief as I continue through that stressful experience.

Kimberly mentioned that she enjoyed the anchor activities and that it allowed her to re-center and connect to a peaceful place. She stated:

And then, definitely, one of the exercises I really enjoyed was the Who, What, Where, and When, because it was definitely grounding and it kind of brought me back to center, and kind of a peaceful place. So, I found myself, even in situations that are just stressing me out, I just think of my loved ones, or the peaceful places, like going to church and things like that.

Jackie spoke to how grateful she was to reflect back on her anchors, primary her Who, which was her mom. She mentioned not having much "me time" during the study, and it seemed beneficial for her to spend time reflecting on the positives in her life. Especially as a student, it



can be easy to get caught up in due dates and assignments and harder to find time expressing gratitude. She shared:

And I think, I mentioned it yesterday, definitely reflecting on my Who has been really cool for me, with it being my mom as probably number one, and then my close friends and family. So just, making that realization was really memorable for me, like, 'yeah! You mean a lot to me, and this is why!'

Kathryn discussed her first time going through the ventral anchors and how reflecting back on her experience allowed her to embrace and accept her way of thinking more. She shared:

I really like the first time we went through, was it the ventrals? Ventral vagal! YAY! I remembered! I think I just realized that, you know, a lot of things these past two semesters, have been realizing that the way my mind works might be different from other people, or the way that my pictures that come up. You know, I would often not share those with people because I thought, 'oh, this is not helpful to them.' Or, 'is it really helpful to me?' It's not the normal way of thinking. So, that was just very encouraging and inspiring to think through a movement that makes you feel safe, but then, my dancer brain is like, 'how can I expand this into like a combo to really perform it in a way?' Maybe it will transmit some safe place to somebody else or... So, I thought that was inspiring. And also, you know, stepping back and writing about it, as well, not just leaving and hanging out there as this experience, but bringing it back into writing about the experience and kind of solidifying it another way, yeah.

She had the opportunity to gain perspective and examine alternative ways to make meaning of how her mind works. She also discussed the benefit of having multiple modalities in the

approach to do so: moving, writing, and thinking and by using mixed approaches, she could solidify her experiences more clearly.

### *Connection to Childhood and Senses*

The use of props emerged as another theme that allowed participants to engage in dance and movement through a playful experience. All participants were provided with the following materials for their group experience: a notepad, a coloring kit (markers, colored pencils, and crayons), dancing scarves, weighted bean bags, and a musical instrument kit (small sized with percussion instruments). The use of props allowed participants to connect to their childhood through playfulness, as well as utilize their senses to solidify their experiences.

Cara explained how her favorite session was the first session where participants were invited to use their props to aid their movement experience. She responded:

Um, my favorite session was probably the one session, I think like two weeks ago, when we did the instruments and the scarves... I just felt like a little kid again (big smile and strong eye contact) and, it really connected me 'cause I don't really get to do stuff like that very often. But it was therapeutic in a way I haven't really discovered, yet. So, it was something that I think I realized I need to do more of. I really—that was especially good for me, I think, because I just felt very peaceful... which is rare.

Cara experienced bullying as young as first grade, so it made senses that playing with scarves and instruments resonated strongly with her experience. It was therapeutic for her to connect to her inner child, who likely needed love and comfort. She described her experience as “peaceful” and acknowledged the rarity of achieving peace in her life.

Chloe also expressed her enjoyment of props and how she connected to her inner child through playing with scarves and instruments.

I really liked that one day we had, like, the scarves. I think that was my favorite thing we did, and I've been playing [motions playing with scarves movement] with them too, on my own and stuff on some of the days. And I think letting out your inner child almost and getting back to that place of like play. I think that also resonated with me a lot, because I was like... that's not something I do. Just sit and just do something [mimics playful motion] and fiddle with it for the fun of it, like the scarves and stuff. So, I think that was something too that I really enjoyed about the group the day we got to do that.

During session, Chloe had shared how the visualization of the way the scarf moved helped her access her ventral vagal safety state more easily, because of the visualization and how she associated it with “calm” and relaxed.” When she was asked about her favorite parts of the group, she shared:

I think, when we did the drawing that was also really fun for me. I just like drawing something and not having anything necessarily to draw, but just kind of seeing what comes out when I would get like my colored pencils and stuff like that. (Chloe)

Sammy also talked about the benefits of the visual component of drawing her experiences. This connected to the themes from journals, as well. She reported:

And again, the activities were super helpful. Like the drawing: that one was probably the most impactful for me, just because it was a lot easier to take my thoughts and stuff and see it in a visual way like that.

Kathryn expressed her enjoyment of writing and drawing. She had an unexpected experience of writing a poem while processing her experience. She shared:

When discussing write to solidify her experience in another way, I asked through journals, and she replied: Journals, yeah. And then, also when we were doing that

picturing thing, I did draw then, I would write words and one of them turned into a poem. So that was really neat.

Jackie commented on her use of artistic supplies, but denied being artistic. She shared that she learned something new about the way she processed with short activities versus longer, time-consuming journaling. When asked for memorable moments from group, Jackie reported:

Then, the times that we used the paper, drawing and writing was really great for me because I'm not artistic whatsoever, but it felt cool to be able to, you know, put what I was thinking up here (pointing to and tapping on head with closed fingers touching) onto paper, instead of writing or journaling; I like doing that, but to me it is time consuming, so it was kind of nice to realize that just drawing a simple picture, just writing a few words down, can still have that same impact for me.

She used some humor and deprecating comments to describe her experience, despite experience a benefit from the activity, which suggested lingering effects from how she coped with her bullying experiences.

### **Emotional and Personal Changes**

Participants discussed changes they noticed since participating in the DMT group. These changes included both emotional and personal observations, as well as prioritizing self and acceptance. Mental health, body-image, and self-worth were discussed in relation to their growth. Personality changes was one of the themes from the pre-intervention interviews, so personal changes are especially important to note the meaning for participants.

#### ***Emotional Changes***

When asked if Becky experienced any emotional changes during her participation in the group, she replied:

More chipper, I think. I feel that with everything that's been going on, after this [group] I was more happy. And woke up more relieved that I don't have those dreams [related to bullying] anymore. I don't have those thoughts as much anymore.

Sammy spoke about how the group itself was a distraction from her other external stressors, saying, "Definitely on Tuesdays [day of group], I felt more relief... I felt relief from not having to really think about things for an hour." Kimberly had similar experiences stating, "I definitely feel like I've been happier, especially while doing the study. I always kind of left with a happy (big smile gesture)"

Cara reported emotional changes but struggled to parse out her emotional experiences from the group and other stressors in her life. She recounted:

My emotions are a lot more rocky than I'd like them to be. But I don't think that's related to the group at all, just in my personal life. I have more good days and really bad days. And that was gone for a while, but lately, I've established more of an equilibrium. So, maybe after the group, some sort of peace. And a general... I don't know if it's peace or just numbness, but I would say I'm not really sure if it's better or worse, but definitely different. And figuring out ways to control my emotions better has definitely improved.

There seemed to be confusion with how she was making meaning of her emotions. She was slightly contradictory in saying that her emotions were on equilibrium, but that they're rockier than she would like them to be. Two possibilities were: an unrealistic expectation for how her emotions should be or an unclearly defined equilibrium.

Kathryn spoke about her emotions and related them to how she feels more in control and regulated. She narrated:

I feel like they're [emotions] more regulated. I mean, I feel like I still have my moments... where today would have been a good example [referring to her bad dream]. Usually, a day like today would have happened and I'm feeling physically and mentally tired, I feel like I would have gone down a darker place. I probably would have been crying more. It seemed like I was crying at least every two weeks about something to myself, not anybody else. But, just feeling overwhelmed, and that's not there. That overwhelmed feeling is just not there right now, even though it very much should be, it's just not there. Which I'm kind of surprised now... now that I'm thinking about it, 'why wasn't I that stressed? I should have been!' ... Shared an example of running errands with her children and being late. 'I changed the way I react. I just acknowledge that my reaction is not only affecting me, but it's affecting everyone else, and I don't want to be stressed out, they don't want to be stressed out.'

### ***Mental Health***

Mental health emerged as an overarching theme of the journal and interview data. Participants shared new insights they gained about their mental health over the course of the DMT intervention. Additionally, subcategories surfaced in discussing depression symptoms, body image concerns, self-image and acceptance of self.

Sammy shared this insight about halfway through the DMT group, "I need to take better care of my mental and emotional health, as well as my physical health." Kathryn had a similar realization: "I am not taking care of myself (eating well) ... I still need to work on life/school/work balance." Balance was a common concern for participants, as they were all university students with other priorities, living during a global pandemic. Jackie reported:

It has been hard to balance school, while also taking care of myself... I have learned that I need to continue to take care of myself. I am in a period of self-growth, and it needs to stay that way.

After being asked “what changes have you noticed in your daily life?” Chloe answered, “finding time to get everything done that I need to, while also making time for myself to relax.” She added a comment about how she has been prioritizing helping others, which neglected her self-care. “I’ve been helping a lot of the people in my life this week which I enjoy doing and am happy to, but it makes less time for myself” (Chloe). Sammy had a realization during the first week about keeping serious concerns to herself: “I have learned that I tend to keep pretty serious issues to myself instead of talking to someone or getting help which can end up causing more harm.”

Two participants used the blank space in the journals to write affirmation messages to themselves. Jackie and Chloe wrote messages such as: “Everything happens for a reason <3” (Jackie). “It will get better!” (Jackie). “Stay positive <3” (Chloe). “It all gets better with time!” (Jackie). “I am sad that this is ending!” (Jackie). “I have almost made it through the first year of grad school!” (Chloe). These messages served as reminders to empower them to keep pushing forward and recognizing how much progress they have already made.

**Depression Symptoms.** Participants shared messages in their journals that provided context for their depression symptoms throughout the progression of the DMT group. DSM-5 criteria for depression symptoms (Major Depressive Disorder; APA, 2013) were used in identification of verbalized symptoms.

Sammy shared, “I remember crying for no reason a few times this week” after completing the intake session. Crying for no reason is a common symptom of depression and could be connected to her emotional dysregulation.

Another common symptom among participants was decreased concentration and motivation. Sammy shared more context for her depression symptoms:

I have had a lot of trouble being motivated this week to complete schoolwork: with feeling worn out and stressed, I am emotionally exhausted as well and feel like I am not giving my boyfriend the emotional support he may need.

She also expresses an example of guilt, which is another DSM-5 criterion for Major Depressive Disorder (APA, 2013). Kimberly stated simply, “I have less motivation to do things.” Jackie added that “I am lacking motivation to get all of my schoolwork done.”

While participants were experiencing some symptoms of depression, Kimberly shared two examples of how her depressive symptoms improved later during the intervention. “I am feeling more motivated this week than previous weeks.” And during the final session, said “I’m feeling more positive, more motivated, overall happier and more content.” This is qualitative support for the DMT intervention helping to decrease depressive symptoms for Kimberly.

**Body Image.** Body image was universal theme from the pre-intervention interviews, as many participants experienced bullying targeted at their body (e.g., weight, height, eating, etc.). The journals presented a similar theme in how participants spoke about their bodies, despite not having a prompt to ask about their body image.

Sammy spoke to her guilty feelings surrounding her eating habits. She shared a specific example after session one.



I find myself feeling guilty about eating currently. I lost a lot of weight over the summer but gained some back over the winter and I am not where I want to be. I'm trying to keep a positive mindset and not let calorie tracking get the best of me, but it's something I am struggling with silently.

Two weeks later, she commented about her goal to get "in shape. She said, "I have a desire to get back on track and get myself into better shape." By session six, Sammy seemed to experience a progression in her body image concerns into a place of acceptance. "I stopped caring as much about trying to lose weight; both good and bad."

Jackie commented on how she was feeling physically and how that impacted her emotional state.

Physically, I have been feeling somewhat 'blah' about myself, so I am hoping to get back on my eating and working out schedule... Physically—not feeling confident and feeling insecure... I have been going back and forth. One second, I am feeling great and the next day I'm sad.

This indicated a potential internal dialogue that she may have been experiencing, due to comments about weight in the past from her prior bullying exposure. She had reported in her initial interview that she was always the "big" friend and that seemed to still worry her.

**Self-Image.** Self-image presented as a concern for many participants, which was not surprising given the examples they provided during their initial interviews about how bullying effected their self-image and self-worth. Participants spoke to their self-worth without specific prompts in the semi-structured journal.

Kathryn admitted, “I do still often experience self-doubt— ‘am I lovable enough? Am I overbearing? Am I directing my children correctly? Can I really handle all this stress?’” She was questioning her worth and uncertain if she good enough for those around her, and herself.

Sammy recognized that she was neglecting herself and stated, “I am putting a lot of effort into my relationships with others and less into my relationship with myself... I need to put more effort and love into my relationship with myself.” She realized the need to focus on self-care and recognized how self-image is affected by giving more to others.

Cara demonstrated significant progress in how she spoke about herself. “I’ve learned that I can push through, and I have more grit than I give myself credit for. I also really like myself, actually.” Initially, her journals read as an affirmation: if I say it enough, I will believe it. Then, Cara’s messages began reflecting more in an attempt to understand herself. “I am still very sensitive, but I am also getting better at asserting boundaries.” She seemed confused in her reflection mid-intervention:

I feel different for some reason. I’m not sure what it is, but something feels different. I think I’ve let go a part of my life that doesn’t serve me much. I feel older. But I also have a young heart that will never ‘grow up.’ So, there’s an interesting duality going on. But during session six, she was able to pinpoint the differences she was experiencing. She reported:

I’ve learned that I have become much more resilient and confident. I don’t know if I realize or fully have appreciated how far I’ve come in the last year. I feel a lot more confident, self-assured, and self-aware, and I feel I am finally making strides towards my highest self.

As Cara reported increased confidence and self-assurance, Kimberly shared her ability to find peace.

Thinking about the Wheres and Whens activity gave me a new sense of peace... I was able to give love to animals in need, but they repaid me with companionship and were always there when I needed them. ... For the Whens, I was brought back to my faith and worshipping with others at church. Another When was in 2018 when I was able to prove to so many, wrong who doubted me.

Whereas Jackie focused on finding things that value her. “I am just trying to do more things to benefit myself. I have learned that it is normal to be stressed out, but that it is important to take time for me.” She spoke to finding time for just herself multiple times throughout the intervention process, which indicated a trend for prioritizing others in her past, potentially as a result of her bullying experiences.

***Increased Vocabulary and Ability to Identify Emotions.***

A theme that emerged from the data was how participants increase their emotional vocabulary and ability to identify varying emotions. Some had an easier time identifying “negative emotions” at the start of the study, but used words like “okay” to describe feeling content or other “positive” and “neutral” emotions.

Sammy stated, “I am feeling overwhelmed, stressed, and tired” (Session 2). She had particularly struggled with identifying “positive” emotions but was easily able to point out the “negative” emotions she was experiencing.

Cara saw a marked increase in her ability to verbalize her emotional experiences. “My emotions have been very peaceful and even-keel!” (Session 6). When asked “How are you feeling physically, mentally, and emotionally?” Cara responded, “In all three ways, rejuvenated,

enlightened, and strengthened. I've learned a lot from what I've gone through and am so proud of myself for doing so." Earlier in her journals, she would use words like "okay" or "down" to describe their emotions. Throughout the course of the intervention, she increased her ability to appropriately identify emotions through vocabulary and increased awareness of her inner experience.

Chloe identified a learning area for herself during the DMT intervention: "I learned I need to be honest about feelings." She had a pattern of emotional suppression in hopes that the distressors would be eliminated if she avoided her emotions. During sessions, she had several instances where she experienced intense emotional reactions to trauma that was stored in her body from her childhood and became overwhelmed when she finally felt her emotions. She made meaning from being honest and honoring her emotions as they emerged. She was expressed emotions in anticipation of transitioning forward with her new insight: "I am very anxious, excited, and anticipating what is coming next" (Chloe, session 7).

Kathryn shared an example how she used the activities from session to regulate her emotions outside of session. "My emotions are more consistent than normal. It was a weekend where I would usually face a lot of stress... I intentionally looked at how to connect with [others]." This connects to the ventral vagal system of safety and connection to others as a means to regulate emotions. Two journals in a row included a list of how Kathryn was feeling: "I'm feeling calm, sustaining, rejuvenating, and safe" (Session 5). "I'm feeling steady, stressed, but determined" (Session 6). When completing her final journal of the study, she stated, "I'm super grateful for this... reminding me of those safe places/people/events that I can return to find support and calm and solidity."

Kimberly struggled to identify emotions at the beginning of the study and left the prompt blank. By session four, she shared: “I’m feeling a little anxious, annoyed, and slightly hopeless.” She listed additional external stressors as contributing factors to her emotions, indicating an ability to link emotions to her experiences. And then in session seven, she stated, “I’m feeling excited, confident, and peaceful.” She was more confident with her abilities and was able to shift her emotional mindset as a result.

### *Personal Changes*

In addition to the aforementioned emotional changes, participants also reported personal changes as a result of participating in the DMT group. Sammy described one benefit as getting out of her own head. She stated:

Getting out of my own head and being that concerned with how other people are going to view or take what I say and interpret for themselves. I care a lot about what people think about me, regardless of what it is, so it’s just getting past that mindset and just being able to open up.

Sammy’s example demonstrated the difficulty in forming social relationships after her experiences with bullying. Now, she could overlook her automatic thoughts assuming others may be judging her to open up to the present moment. Cara also spoke about the ability to form relationships and shared:

I learned that I’m a lot more resilient than I give myself credit for, and I’m stronger than I think I am. And that I still have the capacity to be social, to be honest. Being in the group setting kind of helped me with that, because I’ve been wondering ‘am I even still capable of forming friendships?’ But that was something that definitely stuck out to me. (Cara)

Kimberly disclosed difficulty forming female friendship as a result of her bullying exposure. She cited the majority of her relationships were with males. She disclosed a recent shift after participating in the DMT group:

I found that I've tried to put myself in situations more with hanging out with my teammates and around my teammates, kind of moving past what happened in the past and just going along with it. Like 'I need to trust more.' My teammates should be a group that I can trust like that. So, definitely have been trying more to reach out and just do things with them. And it's been nice to talk to people that I probably wouldn't have, I guess, if I haven't been in a study. So, I'm definitely branching out a bit.

She reported that she reached out to her female teammates to spend more time getting to know them, which she stated would not happen without the study.

Several participants shared found resilience and toughness. Kimberly stated, "I'd say just mentally, I'm a lot tougher than I thought before. Definitely found myself more resilient and that- I mean, I feel like that goes along with mental toughness." Previously, Jackie mentioned she learned a lot about herself during the process. I asked her to elaborate, and she stated, "probably like I said, just like that confidence of being able to be vulnerable and sharing how I feel with other people." After further discussion about her observations of being able to regulate herself more, Chloe stated, "It's good, I think it makes me think I'm like capable of more." It appeared all participants felt more confident and self-assured after participating in the group.

**Prioritizing Self.** Participants recounted how they gained the desire to prioritize themselves. Cara went into detail describing how she is better able to react to life stressors and prioritize herself. She shared:

When discussing responses to life stressors: I'm probably the closest to prioritizing myself now, more than I've ever been. So, that helps me kind of, react to the stressors better. Especially when it comes to other people... like, one of the reasons why they stress me out so much is because I care about them more than I care about my own happiness, or I care about being with them, more than I care about my own happiness. So, that was definitely something that I think has improved. It's been really freeing, for sure. And I think that I'm finally realizing who I am, and who I have been, and what parts of me were just kind of layered on by being with other people and being around people who didn't bring out the best in me. It's been really nice, and I think that's honestly what has brought me the most peace... just being able to understand that. Like knock people off their pedestals and realized that it's not worth the stress. And being able to say "no" to things, I think, has really improved, and being able to schedule myself in a way that I want to. I feel like I'm making conscious decisions, and not letting other people make decisions for me... which has been great.

Chloe made a simple statement about having self-time: "I think it was my time to be able to go [to DMT group], have some time for me, and to talk about these things and learn different ways to work through them, I guess." She used language that suggested hesitancy and I inferred she was still warming up to the idea of prioritizing herself, especially since she had shared how important and stressful academic work was for her. This would be an incredible barrier to overcome for Chloe.

Jackie discussed how she resonated with the idea of checking in with herself and having time set aside to just focus on herself. She reported:

I need to take more time for myself, and that it feels really good to do that...I think kind of a common theme that I've said at the beginning of our like check-ins, is it's just been nice to have some time for myself and to reflect on what works for me and what doesn't. And to get an idea that there are people so similar to me, because I feel like when you're in college, that's not something you talk about: like the bullying and such, but it was kind of nice to see that there are other individuals like myself and my age who have experienced this and some who are still experiencing it.

There was an increased awareness of the importance of prioritizing herself and acknowledgement that connecting to peers who had similar experiences to hers.

### *Acceptance*

The final subcategory that formed under Emotional and Personal changes was the level of participants' acceptance and unconditional positive regard for oneself. Kathryn shared, "I'm tired, but also content that I've done the best I can." This indicated a stronger sense of unconditional acceptance that was absent earlier in the intervention.

Jackie shared a profound example about accepting her emotions and not comparing herself to others.

I have learned that it is okay to be myself and to be sad at times. I am definitely more emotional/anxious than my friends or roommates here and that is okay. I sometimes worry about being so different to them in that sense, but I also realize that it is fine to be different! Everyone is different and handles things differently.

Comparing herself to others may have derived from her bullying experiences, taunts were aimed at pointing out differences. Kathryn shared an example where she not only learned how to accept her differences, but to celebrate them.



I continually see more and more of myself as a person who has a contribution to education/research/lives of others. I hadn't realized how much that 'waste of space' infused into my being and thinking. And more so as an artist or creative thinker: it may sound funny, but I never thought that my 'off the wall' thinking was something that could be accepted or celebrated. Hooray!

Kimberly expressed her ability to connect with other girls, something she had avoided since childhood as a result of her bullying experience. When asked what she has learned about herself, she responded:

I started to realize that I had truly grown in confidence and sense of freedom. I am also finding it a little easier to talk about my experiences, as well as put myself out there with girls/friendships with girls.

This was crucial benefit of the group for Kimberly, because of her fear of socially connecting with other females. She had reported in her initial interview that her primary friend group consists of all males, and now she verbalized a willingness to engage more with females. Finally, Chloe ended her session six journal with a simply put, "I am capable of more than I think!"

Becky shared an example of how she is more accepting of her bullying experiences for something that happened to her in the past, but they left an impression. She reported:

I think I've come to terms with it [bullying], that it happened and that if it didn't happen, I probably wouldn't be the person I am today. Which is more humble and more forgiving because, if I didn't go through that experience, then I wouldn't be as understanding and kind to other people.

She reframed her traumatic experiences into a positive experience and acknowledged that she has experienced benefits as result of her bullying exposure. She also discussed how she wanted to be accepting of herself and authentic during the group process. Becky stated:

I think I somehow taught them [other participants] to be yourself, not changing yourself to fit it, which allows them to open up about themselves to show who they are. If people don't like it then, 'oh well!' I mean, that's kind of how you deal with it. If you're yourself, that's really cool, and if nobody else likes it, oh well. There are people who like you for who you are.

Kathryn shared how her bullying experience led to an adverse perception of the way she thinks and makes sense of the world around. She demonstrated a stronger acceptance of her difference and reported:

When I explain what I'm studying at college, I feel like a hippie. I'm just one of those hippie people (laughing). One of my safe, happy places is being on the water. I love water! But then, water and fluid movement is inspiring to me as a dancer. So, when I'm feeling stressed or something, that helps to move through some smooth movement or to imagine I'm on the water. And in many times in the past, I've shared that with my husband, he's told me I was loony. I always felt like it was a different way of thinking, but at the same time, I was seeing different as not accepted. So now, it's more: it might be different, but that doesn't make it unacceptable. It's different and it's fine! Someone else might not think that way, but by them seeing a different way of thinking, maybe that will release their thinking. So, it's really chipping away at that. Not that I'm like, 'I'm not different anymore!' But other people do think this way, and maybe we just don't talk about it. It's not accepted. I see that in your research: bodily ways of thinking and

knowing are not as accepted as much in education, in how we've been brought up. But that was encouraging to see those connections across people. And seeing in the movement, seeing how some similarities come in to how we move to express certain things, or different things like who chose what instrument for the musical part. I thought that was funny.

It was profound that she observed other participants' differences and unconditionally accepted them and thought those choices were interesting, yet she struggled to accept her differences. The impact of her husband's bullying and verbalizing mocking of her differences led to internalized thoughts that her differences were "loony" and she made progress by switching those internal messages to "different doesn't make it unacceptable."

Jackie also experienced examples where she was comparing herself to others and what they perceived as the norm. She reported:

I'm just an emotional person in general, so it takes a lot to not be emotional. I think that's maybe something I need to work more on and that's just a self-thing and I see a therapist and we work through that. But it's made me more confident, in a way, that I can be more vulnerable with people, and I can share my story and relate to other people because they have similarities to me, you know? I do probably look at my being emotional as a negative when it really shouldn't be because that's how I am, you know?

Jackie appeared to be in the initial stage of recognizing the irrational thought that she was too emotional and began accepting that notion that she can accept herself and her emotions without it being a negative.

### **Internal Dialogues**

One major theme that emerged among six of the seven participants was the use of internal dialogues to make sense of their experiences. Becky said, “Okay, that happened. We’re going to get through it, just one step at a time” to talk herself through examples. She also provided another example where provided a dialogue:

Then I realized that most of that anxiety or stress or whatever, if I’m being bullied or whether I can think logically and be like, ‘okay, what’s the first thing you should do if this is happening to you? Go to someone!’

When sharing an example of a horrific dream that left lasting impacts, Kathryn shared that she: could tell it was sticking with me all morning and I was like, ‘okay, think about the therapy session. Alright, think about giving yourself a hug. Alright, now think of safe places and stop. You know this not to be true. You know this person would never say this. So, let’s find that re-centering moment.’ And yeah, so thank you! Actually, I got to a better place today!... But, just coming into a consistent, ‘it’s going to be alright. It’s going to work out! And you do what you can with the time that you have.’ And I just feel more centered in that than I’ve ever been.

She externally verbalized and processed her experiences, which appeared to empower her and help her make decisions.

Kimberly also had examples of utilizing dialogues to recount her experiences. She reported:

Like basically going with the flow now versus being out of control, is the best way to describe it, as we just talked about. Just when something happens, it’s easier for me to figure something out and be like, "okay, this happened. Now I'll do this," instead of like "this happened, I'm going to dwell on it and just be upset by it" versus just moving on.

In this case, Kimberly provided an accurate example of ER and how she can shift her response to feel more control of her emotional reactions.

Chloe had the awareness that she was using dialogue to discuss her process. She shared an example of “talking herself down” from a stressful event and feeling more confident in her ability to do so. She shared:

I think I've gotten a little better at talking myself down, or kind of calming down, when I'm really, really stressed. I think that's changed a little bit since the beginning. And I'll try to think about, like we said, a place where I'm happy or something, or like a person I'm happy with, and I've tried to incorporate that when I'm feeling really, really stressed and like everything's just everywhere. I think I've gotten a little bit better at being able to regulate myself more with those skills. It's like, “Oh, I can get through this. It's going to be okay.” So, I think then, it helps me feel better and get back to what I'm supposed to be doing.”

Sammy used an example about how she uses internal dialogue to assess situations and the people she was with. She reported:

Yeah, so I mean, at first it wasn't super hard to share, but was hard to really go into a lot of detail, just because, it's that feeling of like, "I don't know these people." And it's sharing some pretty vulnerable things. But definitely, throughout the experience, it was a little easier to open up and a lot of the activities were super helpful in finding ways to like redirect thoughts about various things.

Later, Sammy shared how helpful having group discussions among the group was to her process and reported:

And then, if you don't hear how other people like were experiencing the prompt, or whatever, you might just be stuck in like "Oh, this is probably how everybody thought of it." Being able to hear other people's experiences with it, was...I was able to make connections to how I interpreted it, but also see differences and be like, "oh, that's an interesting way to use the instruments or use the scarves" and stuff like that.

### **External Factor Impacts**

One benefit of having participants complete journals was to gather data about the external factors that could impact their experiences in the DMT intervention group. Although the external factors are not included with the overall themes that emerged from the data, they do provide important context to better understand participant experiences. Two subcategories of external stressors were academics and COVID-19 concerns.

#### *Academics*

During session one, three participants spoke about their academic work and the stress it was causing them. Sammy stated, "I have been stressed in all aspects of my life this week, primarily due to academics." Kathryn admitted she had reached a place of mental burnout as a result of her academic responsibilities. When asked how she was feeling this week, she responded, "Incredibly tired. I think I had reached a place of mental burnout yesterday when I was finding it difficult to get any work done." Chloe spoke about how her academic concerns created tension for her, but admitted she coped better with academic stress than interpersonal stress. She acknowledged, "I have been stressed and tense this week, but it's all been school and academic related, which is much easier for me to overcome than personal or relationship stress." A few weeks later, Chloe spoke about having an important academic decision to make, which compounded her stress levels.

I've been feeling conflicted this week about a number of things academically and stressed along with making some big academic decisions... I am really starting to feel burnt out across all 3 of these areas [physically, mentally, emotionally] as the end of the semester nears.

Finally, Jackie spoke about the stress of finals week. "I have been going back and forth with feeling happy, stressed, and burnt out... Mentally and emotionally, I have been better, but I understand that this all links to finals week." She acknowledged her awareness of where the stress came from.

### ***COVID-19 Concerns***

COVID-19 has impacted millions of people, including the participants in this study. Jackie tested positive for COVID-19 and began the study during her mandatory two-week quarantine. She wrote about it in her journal:

Being stuck in my room due to having COVID has not been the greatest for my mental health... I have been emotional and have been missing human interaction, as I am a personable person... I am feeling better physically than I did a few days ago, so that is a plus!

Jackie seemed to progress and was feeling well enough to participate in the group and attended all seven sessions.

Kathryn experienced distress and reported her employer, and friend, was battling COVID-19. She stated, "I am also quite sad and worried—my employer's (and friend's) mother is fighting for her life from COVID." She only mentioned this once during her journals and did not provide an update for how her friend was doing at the time the study was terminated.

## Conclusion

Interview, journal, and observational data were evaluated and interpreted to make a clear meaning of the participants' experience in the DMT group intervention to process their bullying experiences and trauma reactions and impacts. Many participants experienced personality changes, interruptions with social connections, and emotional dysregulation as current impacts of their bullying, regardless of how long ago the bullying occurred. Participants were able to learn more about their bodily reactions, the nervous system, the Polyvagal theory, and how dance and movement can attend to emotional dysregulation consequences. Most of the participants suppressed their emotion identification and expression, kept their bullying experiences to themselves, and felt alone at the start of the research study. By the end, all participants spoke about how being a member of the group made them feel connected and "not alone." The DMT intervention acted as a catalyst for participants to accept themselves, increase self-worth, and feel more capable and confident in regulating themselves. Participants also discussed the felt benefits of using scarves, musical instruments, coloring materials, and weighted bean bags and how using props connected them to their "inner child." All participants in this study were victims of bullying during childhood and may have missed out on ample opportunities to play and remain a child as result of their bullying impacts, such as mistrust of others, isolation, and keeping to oneself. This indicated that participants are beginning to overcome their stored trauma responses, through the use of Polyvagal theory informed DMT practices. Participants also shared the benefits of increasing their bodily awareness, attunement, and connecting to the activities from the group process, many of whom commented on how they plan to continue the body and movement-based activities from the intervention even after it terminated.



## CHAPTER 5: DISCUSSION

Counselors encounter many clients who experience psychosomatic symptoms of previous trauma, including exposure to bullying. Yet, many talk-therapy approaches largely ignore these impacts that can have significant interference with everyday living tasks. This study attempted to fill the gap to address the shortcomings of other bullying interventions and aid in counselor training and counselor educators' understanding of using movement-based approaches, like DMT, to promote emotion regulation and overall well-being. This chapter will discuss the findings, suggest future research avenues, and review limitations and implications.

The research questions for this study were:

R1: How do college students who have been exposed to bullying conceptualize their experiences in a DMT intervention group?

R2: How do college students who have been exposed to bullying behaviors overcome their trauma so they can effectively regulate themselves as students?

R3: What role does DMT play in the ER of college students who have been exposed to bullying?

For R1, participants conceptualized their experiences in the DMT intervention group in a few ways. First, they utilized internal dialogues to make sense of the interventions and begin to conceptualize some of their patterns resulting from bullying impacts. Second, they processed the benefits of being a member at large of the group, commenting on how helpful it was to be in a group with other people who can understand their bullying experiences and empathize with the hurtful impacts it has had on their lives. Participants reported that felt they could more easily trust their fellow group members as a result of their shared common experiences with bullying, even if there were differences in their examples. Third, participants also reported the benefits of

specific exercises and the noticeable impacts completing those exercises outside of group had for their overall well-being. Lastly, participants were able to identify, acknowledge, and address suppressed and repressed experiences in order to more effectively regulate their emotions.

For R2, the participants had varying ways to overcome their trauma. Some participants sought mental health treatment, using individual and/or group counseling and medication to manage their symptoms. Several participants discussed how their suppression and repression of prior bullying trauma helped protect them, but that they recognized addressing their experiences would be healthier and more beneficial for them long-term.

And for R3, DMT appeared to have a profound effect in increasing participants' ability to effectively regulate their emotions, as well as acknowledge prior harm. DMT served as a catalyst for several participants to reconnect with prior suppressed and repressed experiences, through their bodily connection in the Polyvagal system. Once participants were able to understand the differences between their fight, flight, or freeze responses to their ventral vagal system of safety, they were more easily able to regulate their emotions and cope with external stressors.

### **Findings Discussion**

The findings of this study complemented prior literature and contributions of connections among themes that emerged from both participants' bullying experiences and experiences of the DMT intervention group. Both will be reviewed below.

#### **Bullying Experiences**

For bullying experiences, four themes emerged: Emotion Regulation (ER), Personality and Self-Worth Changes, Mental Health Diagnoses, and Coping Alone. The themes that emerged from the interview to discuss bullying experiences and its impacts were: Emotion Regulation, Personality and Self-worth Changes, Mental Health Diagnoses, and Coping alone. The construct

of ER was of particular interest of the study and was a theme across all three qualitative data sets. Participants shared their experiences with bullying and the impacts they had on their lives since. Two of the seven participants reported bullying into college and adulthood, whereas the other five participants identified high school as their last bullying exposure. This sample distribution aligns with previous research which indicated a small portion of the sample were bullied in college, and most students who were bullied in college were also bullied in elementary and high school (Chapell et al., 2006).

### ***ER***

ER presented a concern for all seven participants in several ways: memory repression, suppression of emotions, emotional expression, and emotion dysregulation. Participants were mixed about their knowledge of their repression and suppression: some appeared acutely aware of the protection that both provided, and others were unaware of the process based on their interview data. Research supported the findings in this study: participants had maladaptive responses to their bullying stressors (suppression and avoidance), which interrupted critical thinking skills and hindered social relationships (Wang et al., 2015).

Participants' difficulty in effectively regulating emotions was related to the other themes that emerged from their bullying experiences. First, it was a catalyst for their personality and self-worth changes. Many participants spoke about distinct changes that were direct results of emotional suppression, including becoming shyer and more reserved and not socializing as much as they would like. Additionally, emotion dysregulation led to mental health diagnoses of depressive and anxiety disorders. Some common symptoms of depression and anxiety are difficulty concentrating/completing tasks, lack of motivation, low mood, and interpersonal

relationships concerns (APA, 2013). Participants experienced these symptoms, which can be confounded by their emotion dysregulation experiences.

### ***Personality and Self-Worth Changes***

All participants observed changes in their personality and/or self-worth after their exposure to bullying began. Many examples of bullying involved mocking participants surrounding body image and self-image that left lasting impacts that were observed in journal entries during the DMT group. The findings from this study are supported by previous research studies. Literature shows that victims of bullying have lower self-esteem and self-worth (Barkoukis et al., 2015; Fried, 1997; Mishna et al., 2011; Patchin & Hinduja, 2010). This was especially true for participants of this group. All seven participants mentioned the various ways their self-esteem was impacted by their bullying behaviors, many of whom described current struggles despite no recent bullying exposure.

Body image was a significant concern for all participants as a result of their bullying exposure. Many of the examples of bullying involved mocking of weight or body shapes and sizes, which left long-lasting impacts for participants. Two participants mentioned either having an eating disorder in the past or described disordered eating in sharing their stories. These findings complement literature that suggested that victims of bullying are more susceptible to eating disorders (Mishna et al., 2011). Eating disorder often include the desire to control, which may arise from this population because the bullying behaviors left victims feeling helpless and out of control (APA, 2013).

### ***Mental Health Diagnoses***

Many participants received official mental health diagnoses from professional providers and have taken part in outpatient mental health treatment, inpatient psychiatric treatment, or

consultation with primary care physicians. Findings are congruent with previous research where many participants met DSM-5 criteria for mental health diagnoses. In particular, participants experienced high rates of Major Depressive Disorder and anxiety disorders. Longitudinal research indicated a strong correlation of bullying exposure to both depressive and anxiety disorders (Davis, et al., 2018; Fried, 1997; Ttofi et al., 2011). This study aligns with that research, as many participants had bullying exposure as young as five or six through college and demonstrated current mental health diagnoses fifteen plus years later.

There is also a strong association between exposure to bullying frequency and PTSD symptoms (Idsoe et al., 2012). One participant, Cara, demonstrated symptoms of PTSD during her pre-intervention interview and throughout the DMT intervention. She identified hypervigilance as a major impact of bullying, which was observed during the DMT group as a present concern. One connection between her experience and the other themes is her pattern of coping alone and keeping her concerns to herself. I believe her mental health diagnoses and coping style compounded one another and was a difficult cycle to break.

### *Coping Alone*

Lastly, participants shared a commonality of coping with their bullying experiences alone. This led to increased levels of universality among group members once the group began. Participants shared different reasons for choosing to cope with their bullying impacts alone: fear of retaliation, embarrassment/shame, and not wanting to be a burden on others (friends and family). Research studies are congruent with these findings and demonstrated that victims and bystanders of bullying behaviors are highly likely to experience social difficulties and social isolation (Barkoukis et al., 2015; Nader, 2008).

The idea that participants coped along merges with the other themes about their bullying experiences. Emotional expression suppression leads to internalization of emotional stressful experiences (Garnefski et al., 2001) and it is likely that participants who were consistently exposed to the trauma throughout childhood would cope alone and keep their emotional experiences to themselves.

### **DMT Group Experiences**

The IPA analyses allowed me to gain insight into the phenomenon of being a member of DMT group, themes, specific factors that were beneficial to the group process, preference for specific activities, and most importantly, the experiences of each participant. The qualitative data from the journals also helped identify participants' ability to regulate their emotions outside of the group, which identified external influences were impacting their ability to regulate emotions. The journals and interviews about the participants' DMT experiences elicited five themes: Universality and Safety, ER, Bodily Awareness and Anchors, Emotional and Personal Changes, and Internal Dialogues. The themes were interconnected and supplemented previous research on DMT, groups, and ER.

#### ***Universality and Safety***

Participants responded well to the homogenous group of college students exposed to bullying, citing the benefits of feeling safe and understood by other participants. They also reported feeling safe in the group as a result of creating rules and norms collaboratively at the beginning of the group. Universality connected to the theme of Safety within the group discussed in the journals. The participants emphasized their response to having peers in the group who share commonalities of bullying exposure and participation in the group. They were aware that their specific bullying experiences may have differed from one another, but strongly resonated

with the idea that group members had empathy and could understand their experiences. This aligns well with research for both talk therapy and DMT groups: group cohesion and trust encompass both the quality of relationships and the social role to connect and bond with other group members (Burlingame et al., 2011; Corey et al., 2014; van der Kolk, 2014).

### ***ER***

ER emerged throughout journals and post-intervention interviews with examples of dysregulation, emotional suppression, and illustrations of ER skills and benefits. It was noteworthy that ER emerged with examples of continued suppression and repression during the DMT intervention itself. Some participants had been using suppression and repression methods since a young age and needed additional time to learn new habits. One participant, Chloe, had repressed memories present itself to her consciousness through her movement exercises and she was able to acknowledge the need for effective ER and mental healthcare to address unresolved trauma. However, all participants were able to increase their awareness and insight into the benefits of ER and many demonstrated increased skill levels with examples of ER outside of sessions.

### ***Bodily Awareness and Anchors***

Participants resonated with the ideas of feeling centered and grounded. These were accomplished through increased insight in addition to bodily awareness. Participants also shared the benefit of moving their body, especially when working/schooling from home due to COVID-19 restrictions. Bodily awareness connects to the journal theme of Centering, Grounding, and Bodily awareness. The participants discussed the benefits of being aware of their bodies, how they felt, and how they moved. Many also mentioned the benefits from stretching and attuning to their bodily signals when they are given.

Anchors were a theme that resonated with the participants as well. One aim of the study was to find which aspects of the group were most beneficial to participants and connecting to anchors seemed to be the favorite among participants. Several participants admitted the simplicity of connecting to the Whos, Whats, Wheres, and Whens in their lives, but admitted it would be challenging to enact in practice. Many participants shared their emotional expression towards their anchors, identifying safety, comfort, peace, freedom.

Prop Use was an unanticipated benefit of this group's process. Bullying can strip away seminal childhood experiences, and many participants identified how the use of props allowed them to connect with their inner child. It appeared that the playfulness of scarves, bean bags, coloring materials, and musical instruments was especially helpful to connect to their jovial side and provided an enhanced sensory experience for many.

### *Emotional and Personal Changes*

Emotional and personal changes were observed among all participants. Many spoke about an increased awareness of their emotions and higher levels of regulation. It is important to note that the personal changes some participants experienced can be connected back to their pre-intervention interviews and the personality changes that occurred as a result of their bullying experiences. Some were able to embrace their vulnerability and open themselves to new experiences again, after closing themselves off and isolating as a method of protection after being targets of bullying.

Participants increased their emotional vocabulary in both their journals and the post-intervention interviews. This allowed for interconnectivity among the ER theme, where participants described examples of new ER skills and recognizing the benefits of effective and regular ER.



Acceptance was subcategory in personal and emotional changes, where participants began the process of unconditional acceptance, for themselves and their bullying experiences. One participant was actively struggling with accepting her different approach to emotions, but openly admitted that different was okay. She was still in the beginning phase of self-acceptance. Others had progressed further and verbalized the gained insight into accepting their differences and being more compassionate towards themselves.

### ***Internal Dialogues***

Internal dialogues presented as an interpretative theme that was observed in the way participants processed their experiences. Only one participant verbalized their awareness of utilizing internal dialogues as a method to regulate and make meaning from her experiences. Others seemed unaware that they were using internal phrases to describe their examples or process their experiences. Internal dialogues were not present in any of the literature reviewed about either bullying experiences or DMT interventions. This indicates a need to research the construct further to assess its significance to either bullying impacts of participation in DMT groups.

The internal dialogues seemed to help participants process their experiences and contribute to their increased ability to regulate emotions. I believe the internal dialogues also connect to the participants' desire to bond with other members: for years, most participants felt alone and isolated themselves and may have used internal dialogues to find the social connection they were lacking.

### ***Interconnectivity of Themes***

The themes for the DMT group experience were connected in various ways. First, the theme of Universality and Safety within the group acted as a container for the growth that

occurred among the participants. In DMT, the container provides a safe space for participants to engage in the vulnerable process of sharing their genuine experiences and trust that those experiences will not be disclosed to non-group members (Beard et al., 2014; Chaiklin & Schmais, 1993; Levy, 1992). Without the trust and commonalities among members, I do not believe the other themes would have been observed as profoundly.

Next, ER was a construct of interest for this study. The activities of the DMT group were designed to help increase participants' ability to effectively regulate their emotions. Participants found success in doing so, but also felt personal and emotional changes that contributed to this process. One example of this is the increased emotional vocabulary gained by multiple participants. Being able to more accurately and frequently identify their emotions contributed to their ability in effectively expressing their emotions and allowing themselves to feel those emotions.

Bodily awareness also contributed to participants' ER abilities. Cognitive reappraisal is one of the major strategies to effectively regulate emotions (Garnefski et al., 2004). Through their bodily awareness, participants were able to engage their bodies, connecting their cognitive reappraisal with bodily reappraisal. This involved kinesthetic empathy, which allowed space for participants to more easily attune with other members and their own internal senses (Fraenkel, 1983).

All seven participants experienced personal and emotional changes throughout their time as a DMT group member; one of these changes included acceptance. I believe their ability to unconditionally accept themselves was affected by both their internal dialogues and ER skills. First, the internal dialogues allowed participants to empower themselves through self-talk and affirmations. Some participants also worked through scenarios in their heads, and then verbally

with me, to challenge maladaptive patterns or external stressors. This allowed participants to increase their self-worth and accept themselves for who they are.

Next, ER skills cultivated a new pattern for participants who began to effectively identify, express, and regulate emotions to modify their reactions to external and internal stressors. Lastly, most participants shared their reconnection to feelings of safety, freedom, and comfort through the use of props (scarves, musical instruments, coloring supplies, and weighted bean bags). I believe this reconnection allowed them to embrace the parts of their childhood which was lost as a result of their bullying exposure and its impacts. The inner-child connection opened participants up to embrace their genuine self and let go of any conditional love or judgments they had of themselves prior to participating in the DMT group. Further, many participants discussed plans to continue to engage in playful use of the props even after the intervention group had ended.

### **Future Research**

The findings of this study provide great insight into college students' experiences of bullying and experiences in a Polyvagal theory informed DMT group. However, COVID-19 imposed unexpected restrictions on the group including the switch from an in-person group to virtual. Participants discussed recommendations for changing the group during their post-intervention interviews.

### ***Suggestions for Future Group***

During the final participant interviews, we discussed potential recommendations for change and adapting the group to make it a more meaningful experience for participants. While no participant stated that they did not like any part of the group as we completed, there were

suggestions if the group would be repeated. I did not include these into the themes from the data but did consider its implications for future use.

**More time discussing bullying experiences.** One suggestion that was expected was the feedback to spend more time discussing bullying experiences. This study used a modular approach, and the second session was scheduled to discuss bullying experiences and there were two members absent. This impacted the cohesion and connection of group members and disrupted the next module to ensure absent members could experience sharing of bullying experiences. Becky suggested:

Maybe spend more time on experiences? On, maybe, opening up on our experiences of bullying and different approaches, like what their opinions are, telling stories about it, and having a nice discussion about it.

It was important to discuss bullying experiences to build trust within the group, however the aim of the group was to take the impacts of their bullying and learn how to regulate themselves through a DMT approach. Therefore, the subsequent modules focused more on connecting to personal bullying experiences through the vagal system and work through how to best regulate the bodily and emotional response. Cara had a helpful suggestion to combat this concern by adding an additional later session to reconnect to the bullying experiences of group members.

She reported:

So, maybe adding one more session where we do get the chance to like talk about it.

Because I think we talked about like the first day or like the second day or something...

So, nobody's really ready to be vulnerable, yet. You know what I mean? But I think a lot of people were. But I think that maybe at the end, having another opportunity to connect or dive into the experiences you've had, can help a lot of people who are seeking release

from those experiences. Because, I mean, I don't really do this, but I have in the past, where a lot of people just hold everything in, and don't really talk about things. And I think when you only talk about the experiences on the first day, no one's really going to go into what really upset them, but just going to say, 'oh yeah. I got made fun of when I was like 7.' Which can be really triggering to some people. I'm just saying, they might not tackle what they really need to. But I don't know. Maybe having another opportunity to talk about them would help people open up a little bit more.

Using her suggestion would allow for more trust to grow among members and may lead to richer data if participants feel more comfortable sharing their vulnerable experiences.

**In-person.** Though I followed the recommendations of transitioning the DMT group to a virtual format outlined by the ADTA, participants still felt a slight disconnect from one another due to specific benefits that meeting in person provides. Cara shared:

I'm a very social person, so I think conversations generally interest me and grab my attention and hold my focus, but especially when you're on a Zoom format, sometimes it can be hard to completely focus the entire time. I think [in person] just helps me connect with group members more... So, I'm sure being in a studio, or being in a shared space, with everyone would make it more personable and help you reach that connection. Because then, you won't necessarily have to talk to have shared experiences. If you're on Zoom and everyone is just in their own home, you're not really having a shared experience. Even though you are, it's really just you, doing it all yourself with other people watching, so I would say that [shifting to in-person sessions] would help.

DMT in a group format is founded on the connection and interaction with other group members (Chaiklin & Schmais, 1993). Having a shared space is integral to that process and as much as we

adapted to COVID-19 restrictions for everyone's safety, being in a shared space may have led to different results. Kathryn shared her least favorite part of the group was the online format. She reported:

The least favorite part was probably just the online interfacing. It made it a little harder to connect... or maybe not quite that. I'm trying to think... I feel like it inhibited discussion more than it could have been. It's just, that's just Zoom in general. 'Should I unmute?' Personally, I'm a risk-taker, so that wasn't as much of a barrier, I could imagine that being a barrier for some. But, for me, it was that interconnectivity that was lost over the Internet. I'm realizing how not having that small talk, it's so important... I feel very out of the loop in general, so that transfers here, too. I just wish there would have been more small, chit chat and connectivity to other participants. I think that, overall, would have helped people feel more open to sharing or flow of conversations. (Kathryn)

Kathryn shared another example from group that was meaningful for her, adding she wished she could have experienced it in person. She stated:

That was encouraging to see those connections across people. And also, seeing in the movement, seeing how some similarities come in to how we move and express certain things, or different things. And who chose what for the musical part. I thought it was funny. I wish it were in person because that would have been extra awesome!

Taking the participants' suggestions into consideration, I recommend multiple expansions of this study for future research.

First, I would like to replicate the study in-person when the CDC recommends it is safe to do so. Participants discussed the benefits of the group, but acknowledged the slight disconnect

from meeting over Zoom. In the next iteration of this study, I would like to consider this group's feedback and add one more session to spend more time sharing bullying experiences.

Next, I would like to repeat the Polyvagal theory informed DMT group for additional populations. Adolescents struggle with ER, regardless of exposure to bullying and could benefit from learning about the vagal states and anchors to help more effectively regulate their emotions.

The last consideration for future research is to utilize polyvagal theory-informed movement practices in counseling and supervision processes. A variety of clients come into counseling with emotional dysregulation and could benefit from learning some of the activities conducted in this group. Additionally, counselors-in-training struggle with regulating their anxieties about being a first-time counselor and could also benefit from movement-based practices.

### **Limitations**

The sample size is a limitation for this study, as it was small and was not generalizable to the population as a whole. The setting dictated access to college students who volunteered to participate from one university, therefore the sample was limited in diversity and geographic location. All participants racially identified as white and identified their gender as female. A more racially diverse sample may provide profound implications that may or may not have been present with this study's homogenous sample. Additionally, the literature suggested that students from the LGBTQIA+ community are at a higher risk to be victims of bullying, but none were present in this sample. Qualitative data was used to address effects that could be attributed to maturation during the seven-week time period. Another limitation was the switch from residential DMT group to virtual. COVID-19 restrictions transitioned the in-person DMT group to a virtual modality and impacted the level connection among participants. Attrition was a

concern for one participant of the study, Becky: she only attended two and a half sessions out of the seven.

### **Implications**

Much research for using DMT to address emotions focus on specific disorders—depression, schizophrenia, children maltreatment, or autism spectrum disorder (Betty, 2013; Lee et al., 2015; Mala et al., 2012; Punkanen et al., 2014). One aim of this study was to broaden the DMT approach for emotional regulation for college students exposed to bullying. Using a DMT approach to regulate emotions allowed for creative exploration, expression of emotions in alternative ways, and connection to childhood themes of play. The results provide noteworthy information to inform future practice with college students in small group counseling settings. A strength of this study was the data collection method: multiple data sources were used to cross examine experiences and participants' stories. This study also provided a qualitative look at a clinical intervention, which helped substantiate the clinical implications. Additional implications for practice include application of Polyvagal theory in trauma, clinical training of counselors, the ability to transform the study activities into cognitive processes, counselor educators, and clinical supervision.

The findings from this study suggest that the Polyvagal theory activities of connecting to Anchors and processing the three vagal states was beneficial for participants. While participants in this study were exposed to bullying, similar trauma experiences could benefit from addressing clients who experience emotional dysregulation and other trauma responses. Trauma symptoms include hypervigilance, avoidance, repression, and nervous system arousal (APA, 2013), all of which were found among the participants in this study.



Another implication of this study is the training of counselors-in-training. Many novel counselors are exposed to the primary theories of psychotherapy and creative approaches can get lost in the overwhelming number of theories. Counselors could benefit from learning regulation skills for themselves in order to best meet their clients' needs, be prepared to begin each session in a neutral state, and for their personal self-care. Self-care is especially important for counselors-in-training due to the risk of vicarious trauma impacts of hearing clients' stories for the first time (Rønnestad & Skovholt, 1993).

In training counselors-in-training, one can adapt the DMT adapted activities back to verbal and cognitive processes if incorporating dance and movement is not appropriate or unsafe. The Polyvagal theory activities in this study were adapted from Deb Dana's book, *Polyvagal Exercises for Safety and Connection* (2020) and can be utilized in talk therapy without additional training in dance therapy. The exercises utilize basic skills that counselors-in-training are already learning: active listening, nonverbal observations, building trust and rapport.

Additionally, Counselor Educators can benefit from using the results of this study in their classrooms. Findings will be helpful for school counselors who may be working with students exposed to bullying (current or former). Mental health counselor can benefit from learning about working with clients exposed to trauma and how the group process was perceived by participants in this study. Counselor Educators can also utilize these exercises in their classrooms to help counselors-in-training embody these experiences which will lead to enhanced attunement and empathy (Erskine & Trautmann, 1997).

DMT interventions provide a creative and alternative approach to traditional talk therapies. There is not much research on the effectiveness of DMT on the college population, and no others examine DMT approaches to treat college students exposed to bullying. This study

acted as catalyst for future research of treating bullying as trauma, examining DMT's efficacy on other populations, and expanding counseling and supervision research to include movement- and dance-based approaches. This study represented the first of many potential investigations of college students' experiences of bullying in a DMT group.

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## Appendix A

### Recruitment E-mail

*Dear Program Director:*

Hello! My name is Antoinette Cambria and I am a doctoral candidate in the Counselor Education and Supervision program here at Penn State. I am conducting my dissertation study on the experiences of students who have been exposed to bullying—as a victim, bystander, or both—under the guidance of Dr. JoLynn Carney. I am writing to recruit participants who are interested in receiving an intervention and interview to discuss their experiences as a part of this intervention group. If you would be so kind to share this with your students, I would greatly appreciate it. Please feel free to let me know if you have any additional questions.

*Dear Students:*

You are invited to participate in a research study exploring your experience in a dance/movement therapy (DMT) group for students who are victims or bystanders of bullying behaviors. Your exposure could be current to your experiences at Penn State, or be from your experiences in elementary, junior high, or high school. Your participation will add value to the field but is completely voluntary.

Participants will be asked to complete 7 sessions (1 session per week, for 60 minutes) and a post-intervention 60-minute interview. Additionally, there will be pre- and post-intervention surveys to complete, that should take no more than 20 minutes at each administration. Participants will also be invited to complete journals to reflect on their experiences of the group but will be given the last 10 minutes of each session to do so (included in the 60 minutes).

Participants should be:

- 18 years or older
- Have a history of being exposed to bullying behaviors as a
  - target
  - bystander
  - both

If you are selected to participate in the study, you will be compensated for your time.

\$10 for first session and pre-requisite interviews.

\$15 for 3 sessions.

\$20 for 5 sessions.

\$30 for 7 sessions.

\$50 for 7 sessions *and* follow-up questionnaires and interview.

Please do not hesitate to contact me with questions. You can reach me via e-mail at [amc5262@psu.edu](mailto:amc5262@psu.edu).

Warm regards,  
Antoinette

## Appendix B

### Informed Consent Form

#### CONSENT FOR RESEARCH The Pennsylvania State University

**Title of Project:** Dance/Movement Therapy Approach to Emotion Regulation for College Students Exposed to Bullying: A Phenomenological Perspective

**Principal Investigator:** Antoinette Cambria

**Address:** 125 Cedar Building, University Park, PA 16802

**Telephone Number:** 717-343-2948

**Faculty Advisor:** Dr. JoLynn Carney

**Faculty Advisor Telephone Number:** 814-863-2404

**We are asking you to be in a research study. This form gives you information about the research.**

**Whether or not you take part is up to you. You can choose not to take part. You can agree to take part and later change your mind. Your decision will not be held against you and there will be no penalty or loss of benefits to which you are entitled.**

**Please ask questions about anything that is unclear to you and take your time to make your choice.**

#### 1. Why is this research study being done?

This research is being done to find out, explore, and understand the experiences of college students who were exposed to bullying behaviors throughout a dance/movement therapy (DMT) intervention group.

Approximately 6-8 people will take part in this research study at Penn State.

#### 2. What will happen in this research study?

The following steps will be completed as part of this research study:

- You will review this informed consent and proceed to complete the screening survey if you agree to participate.
- After completing the screening survey, you will be asked again if you are willing to continue with the study procedures, and if you wish to proceed, you will be asked to submit your email address to be contacted by the principal investigator (PI).

- The PI will contact you if your screening determined study eligibility, asking you to complete a demographics survey and asking for you to provide your availability to meet for a pre-intervention interview.
- Participants will complete demographic questionnaire and provide availability to meet regularly for a 60-minute weekly in dance/movement therapy (DMT) intervention.
- Next, you will complete a semi-structured interview through Zoom with the PI.
- You will receive an additional form via email communication asking you to complete pre-intervention questionnaires for quantitative data collection (PHQ-9, GAD-7, & ERQ).
  - You have the right to skip any answers that you would prefer not to answer.
- The PI will select weekly meeting time for DMT sessions based on given availability from all participants and send you an email with the meeting schedule and Zoom link to attend weekly DMT sessions.
- You will be asked to meet for 60-minute DMT intervention sessions via Zoom for 7 weeks at the same time and day, according to shared availability collected during the demographic and informed consent process.
  - There will be approximately 6-8 students asked to participate in the DMT weekly sessions. And the facilitator of the group will be the PI listed above.
  - You will be asked to follow current teletherapy protocols for privacy and connect to Zoom from a private location with a door that can close for discretion.
  - You will be invited to participate in movement and verbal exploration as part of the DMT intervention each week.
  - At the end of each group, you will be given time (approximately 10 minutes) to complete an online semi-structured journal sent to Qualtrics with their participant ID.
- After the 7-week DMT group is complete, you will be asked to schedule an individual follow-up interview via Zoom to discuss their experiences in the group.
- Also, after 7-week intervention ends, the PI will email you asking you to complete the same quantitative questionnaires (PHQ-9, GAD-7, & ERQ) post-intervention.
  - You have the right to skip any answers that you would prefer not to answer.
- After interview is complete, you will be asked to complete an option member check.
- You have the right to reach out to the PI at any time with questions or a wish to withdraw from the study without any consequences.

### **3. What are the risks and possible discomforts from being in this research study?**

There is a risk of loss of confidentiality if your information or your identity is obtained by someone other than the investigators, but precautions will be taken to prevent this from happening. The confidentiality of your electronic data created by you or by the researchers will be maintained as required by applicable law and to the degree permitted by the technology used. Absolute confidentiality cannot be guaranteed.

There is a low risk of potential physical risk of discomfort by participating in this study. Physical safety is important to the PI and this study and you will be asked to only complete tasks that you are physically capable of doing during the DMT intervention sessions. It is a rare event that physical injury would occur during this study.

There is a low risk of potential psychological risk of discomfort by participating in this study due to the nature of discussing and exploring bullying experiences. If you experience psychological discomfort during the study, you may address it during the therapeutic intervention, you may choose not to answer questions during the interviews and/or the questionnaires, and you may use the following mental health resources for additional support.

*National resources for mental healthcare*

- National Suicide Prevention Hotline: call 1 (800) 273-8255 or visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- The Trevor Project LCGBTQ Crisis Hotline: call 1 (866) 488-7386 or visit [TheTrevorProject.org](http://TheTrevorProject.org)
- National Alliance on Mental Illness (NAMI) HelpLine: call 1 (800) 950-6264 or email [info@nami.org](mailto:info@nami.org)
- National Sexual Assault Hotline: call 1 (800) 656-4673 or visit [online.rainn.org](http://online.rainn.org)
- National Eating Disorders Helpline: call 1 (800) 931-2237, visit [www.myneda.org](http://www.myneda.org), or send crisis text “NEDA” to 741741
- SAMHSA Disaster Distress Helpline: call 1 (800) 985-5990, text “TALKWITHUS” to 66746, or visit [www.disasterdistress.samhsa.gov](http://www.disasterdistress.samhsa.gov)
- SAMHSA’s National Helpline for mental and/or substance use help: call 1 (800) 662-4357

*Pennsylvania/Local Resources for mental healthcare*

- Pennsylvania Statewide Support & Referral Helpline: call 1 (855) 284-2494
- Center for Community Resources provides 24/7 crisis, mental health, and drug and alcohol hotline services for Centre County (and several other PA counties): call 1 (800) 643-5432, visit <https://ccrinfo.org/services/24-hour-crisis-services/>, or visit their walk-in center at 2100 East College Ave., State College, PA 16801
- Texting Crisis Line: Text “TALK” to 741741 for 24/7 texting crisis help
- Counseling and Psychological Services (CAPS) on Penn State’s Campus: call (814) 863-0395 or visit <https://studentaffairs.psu.edu/counseling>
- Dr. Edwin L. Herr Clinic on Penn State’s Campus: call (814) 863-2418, visit <https://ed.psu.edu/epcse/cedar-clinic/cedar-clinic>, or email [herrclinic@psu.edu](mailto:herrclinic@psu.edu)
- Thriving Campus can help you find a local provider near you: visit <https://psu-university-park.thrivingcampus.com/>

**4. What are the possible benefits from being in this research study?**

**4a. What are the possible benefits to you?**

By participating in this study, you may gain a better understanding and application of emotional regulation skills, a better understanding of yourself and your experiences, and better understand symptoms and their impacts. Additional possible benefits include learning how to cope with intense emotions, the ability to share and connect with other students with similar bullying experiences, and a decrease in anxiety and/or depressive symptoms.

**4b. What are the possible benefits to others?**

By participating in this research, society may benefit by contributing to research which will help increase understanding and effectiveness of a dance/movement therapy small group design and providing beneficial information to counselor educators and practicing clinicians for future client outcomes.

**5. What other options are available instead of being in this research study?**

You may choose not to be in this study.

**6. How long will you take part in this research study?**

If you agree to take part in this research study, it will take you about *9.5-10.75 hours* to complete the entire process. You will be asked to return to the virtual research site 2 times for individual interviews via Zoom and 7 times for 60-minute weekly DMT intervention sessions. You will also take online questionnaires 2 times on your own time, lasting approximately 20-35 minutes each time.

**7. How will your privacy and confidentiality be protected if you decide to take part in this research study?**

**7a. What happens to the information collected for the research?**

Efforts will be made to limit the use and sharing of your personal research information to people who have a need to review this information. Reasonable efforts will be made to keep the personal information in your research record private. However, absolute confidentiality cannot be guaranteed.

We will use and disclose your research records when we are required to do so by law. This includes laws that require us to report child abuse or abuse of elderly or disabled adults, or a plan to seriously harm yourself or another identifiable individual(s).

A list that matches your name with your code number will be kept in a locked file or password protected file *on Microsoft Office 365 Teams folder* that only the PI has access to and requires the 2-factor authentication to access.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot disclose information that identifies you to anyone not connected with the research. This protection also prevents this information from being used or disclosed for legal proceedings, such as being accessed through a court order. The Certificate of Confidentiality however does not prevent disclosures required by law, such as information about child abuse or neglect and harm to yourself or others. Also, your information may be disclosed in accordance with any consent you provide, including for your medical treatment or use in other research. For additional information ask the principal investigator or a member of the study team or contact the Office for Research Protections at (814) 865-1775.

In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

We will do our best to keep your participation in this research study confidential to the extent permitted by law. However, it is possible that other people may find out about your participation in this research study. For example, the following people/groups may check and copy records about this research.

- The Office for Human Research Protections in the U. S. Department of Health and Human Services

- The Institutional Review Board (a committee that reviews and approves research studies) and Penn State's Office for Research Protections.

**7b. What will happen to my research information and/or samples after the study is completed?**

We may use your research information for future research studies or may share your information with other investigators here or at other institutions for future research without your additional informed consent. Future research may be similar to this study or completely different. Before we use or share your information, we will remove any information that shows your identity.

**8. What are the costs of taking part in this research study?**

**8b. What happens if you are injured as a result of taking part in this research study?**

It is possible that you could experience complications or injuries as a result of being in this research study. If you experience a side effect or injury and emergency medical treatment is required, seek treatment immediately at any medical facility. If you experience a side effect or injury and you believe that emergency treatment is not necessary, you should contact the principal investigator listed on the first page of this consent form as soon as possible. You should also let any health care provider who treats you know that you are in a research study.

In the unlikely event you become injured as a result of your participation in this study, medical care is available. It is the policy of this institution to provide neither financial compensation nor free medical treatment for research-related injury. By agreeing to participate in this study, you are not waiving any rights that you have against The Pennsylvania State University for injury resulting from negligence of the University or its investigators.

**9. Will you be paid or receive credit to take part in this research study?**

You will receive compensation in the form of a gift card for your participation in this research study as outlined below. If you do not complete the entire study for any reason, you will be paid for the visits you have completed.

- You will be entered to win 1 of 3 \$5 gift cards for completing screening and demographics surveys.
- \$10 for completing the pre-intervention interview, questionnaires, and the first DMT session
- \$15 for everything above and 3 DMT sessions
- \$20 for everything above and 5 DMT sessions
- \$30 for everything above and 7 DMT sessions
- \$50 for everything above and post-intervention interview and questionnaires

**11. What are your rights if you take part in this research study?**

Taking part in this research study is voluntary.

- You do not have to be in this research.
- If you choose to be in this research, you have the right to stop at any time.



- If you decide not to be in this research or if you decide to stop at a later date, there will be no penalty or loss of benefits to which you are entitled.

If you provide your withdrawal from the study, verbally or in writing to the PI, the data collected up to that date of withdrawal will be deleted from all sources: Microsoft 365, OneDrive, Forms, Teams, and Qualtrics. Documentation of your withdrawal will be kept for the remainder of the study on the Microsoft Teams where identification of participations is kept, and you will remain eligible for compensation according to your participation as outlined above.

## **12. If you have questions or concerns about this research study, whom should you call?**

Please call the head of the research study (principal investigator), *Antoinette Cambria* at 717-343-2948 if you:

- Have questions, complaints, or concerns about the research, including questions about compensation.
- Believe you may have been harmed by being in the research study.

You may also contact the Office for Research Protections at (814) 865-1775, IRB-ORP@psu.edu if you:

- Have questions regarding your rights as a person in a research study.
- Have concerns, complaints, or general questions about the research.
- You may also call this number if you cannot reach the research team or wish to offer input or to talk to someone else about any concerns related to the research.

## **INFORMED CONSENT TO TAKE PART IN RESEARCH**

*Your participation to complete the following screening implies your voluntary consent to participate in the research. Please keep or print a copy of this form for your records.*

## Appendix C

### Screening Questionnaire

Please respond to each of the following prompts.

1. Are you 18 years or older? Yes or No
2. What type of student are you? Choose the one the best describes your status:
  - a. Undergraduate Student
  - b. Graduate Student
  - c. Professional School Student
  - d. Other: Please specify
3. Are you able to speak and understand English? Yes or No

For the next set of questions, please use the following definitions to guide your responses.

**Bullying** = any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.” (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014, p. 7).

**Exposed** = witnessed acts of bullying or violent behavior through perception of sight, sound, or knowledge by personal presence

4. Were you exposed to bullying in primary school (ages 5-14)? Yes or No
5. Were you exposed to bullying in secondary school (ages 14-19)? Yes or No
6. Were you exposed to bullying in college (age 18 and up)? Yes or No
7. At the highest exposure, how often did you witness bullying?
  - a. Rarely: less than 2 times per week
  - b. Sometimes: 2-4 times per week
  - c. Often: 5-7 times per week
  - d. Persistently: 8 or more times per week
8. At the lowest exposure, how often did you witness bullying?
  - a. Rarely: less than 2 times per week
  - b. Sometimes: 2-4 times per week
  - c. Often: 5-7 times per week
  - d. Persistently: 8 or more times per week
9. What type(s) of bullying were you exposed to? Check all that apply
  - a. Physical (such as kicking, punching, hitting, touching without consent, etc.)
  - b. Verbal (aggressive taunting or threats)
  - c. Social (gossiping, rumor-spreading, social alienation, social exclusion, or rejection)
  - d. Cyber (bullying through electronic means, such as e-mail, text/direct messages, social media platforms, etc.)
10. What was your role in the bullying behaviors you were exposed to? Check all that apply
  - a. Victim (direct target of bullying behaviors)
  - b. Bully (perpetrator of bullying behaviors)
  - c. Reinforcer (someone who laughs or otherwise encourages bullying behaviors)
  - d. Bystander (witness of bullying behaviors to another target)
  - e. Upstander (someone who intervenes when witnessing bullying behaviors)

11. For individuals who want additional information, please use the following mental health resources.
  - a. National resources for mental healthcare
    - i. National Suicide Prevention Hotline: call 1 (800) 273-8255 or visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
    - ii. The Trevor Project LCGBTQ Crisis Hotline: call 1 (866) 488-7386 or visit [TheTrevorProject.org](http://TheTrevorProject.org)
    - iii. National Alliance on Mental Illness (NAMI) HelpLine: call 1 (800) 950-6264 or email [info@nami.org](mailto:info@nami.org)
    - iv. National Sexual Assault Hotline: call 1 (800) 656-4673 or visit [online.rainn.org](http://online.rainn.org)
    - v. National Eating Disorders Helpline: call 1 (800) 931-2237, visit [www.myneda.org](http://www.myneda.org), or send crisis text “NEDA” to 741741
    - vi. SAMHSA Disaster Distress Helpline: call 1 (800) 985-5990, text “TALKWITHUS” to 66746, or visit [www.disasterdistress.samhsa.gov](http://www.disasterdistress.samhsa.gov)
    - vii. SAMHSA’s National Helpline for mental and/or substance use help: call 1 (800) 662-4357
  - b. Pennsylvania/Local Resources for mental healthcare
    - i. Pennsylvania Statewide Support & Referral Helpline: call 1 (855) 284-2494
    - ii. Center for Community Resources provides 24/7 crisis, mental health, and drug and alcohol hotline services for Centre County (and several other PA counties): call 1 (800) 643-5432, visit <https://ccrinfo.org/services/24-hour-crisis-services/>, or visit their walk-in center at 2100 East College Ave., State College, PA 16801
    - iii. Texting Crisis Line: Text “TALK” to 741741 for 24/7 texting crisis help
    - iv. Counseling and Psychological Services (CAPS) on Penn State’s Campus: call (814) 863-0395 or visit <https://studentaffairs.psu.edu/counseling>
    - v. Dr. Edwin L. Herr Clinic on Penn State’s Campus: call (814) 863-2418, visit <https://ed.psu.edu/epcse/cedar-clinic/cedar-clinic>, or email [herrclinic@psu.edu](mailto:herrclinic@psu.edu)
    - vi. Thriving Campus can help you find a local provider near you: visit <https://psu-university-park.thrivingcampus.com/>
12. If you qualify for the study and are interested in participating in the 7-week Dance/Movement Therapy intervention, please provide your e-mail address and the Principal Investigator will follow-up with you for the next steps.

**Appendix D**  
**Demographic Questionnaire**

*Age:*

\_\_\_\_\_ Years

*Sex:*

\_\_\_\_\_ Female

\_\_\_\_\_ Male

\_\_\_\_\_ Non-binary

\_\_\_\_\_ Transgender

\_\_\_\_\_ Prefer not to answer

*Race: (check all that apply)*

\_\_\_\_\_ Asian/Asian American/Pacific Islander

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Hispanic/Latino/a/x

\_\_\_\_\_ Middle Eastern

\_\_\_\_\_ Native American

\_\_\_\_\_ White/European American

\_\_\_\_\_ Other (Please specify: \_\_\_\_\_)

*University information:*

\_\_\_\_\_ Year in school

\_\_\_\_\_ Major (or intended major if not declared)

Student status (choose one):

\_\_\_\_\_ Full-time status

\_\_\_\_\_ Part-time status

Living status (choose one):

\_\_\_\_\_ Live alone on campus

\_\_\_\_\_ Live with one or more roommates on campus

\_\_\_\_\_ Live alone in an off-campus apartment

\_\_\_\_\_ Live with one or more roommates in an off-campus apartment

\_\_\_\_\_ Live with a partner/spouse off-campus

\_\_\_\_\_ Live with family member(s) off-campus

\_\_\_\_\_ Other: Please describe

Please provide a brief description of your experiences with bullying. Consider including the age(s) in which the bullying occurred, what type of bullying occurred, and how long you were exposed.

---

Which role of bullying applies to your experience? Check all that apply.

- Bully: perpetrator of mistreatment towards peers
- Victim: target of bullying behaviors
- Bystander: someone who witnesses/witnessed bullying behaviors
- Reinforcer: someone who may laugh at or otherwise encourage bullying behaviors
- Assistant: individual who does not start the bullying, but will join once started
- Upstander or Defender: someone who intervenes when witnessing bullying behaviors (by trying to stop the bullying behaviors, telling an adult/getting help, and/or comforting and making friends with the victim)
- Outsider: someone who either does not know the bullying exists, or actively ignores it

*Availability:* Please provide as much of your availability as possible to complete a group at the same time/same day every week, for 60-minutes at a time. Put an “X” in the boxes that you **are** available to meet.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>9 am</b>						
<b>10 am</b>						
<b>11 am</b>						
<b>12 pm</b>						
<b>1 pm</b>						
<b>2 pm</b>						
<b>3 pm</b>						
<b>4 pm</b>						
<b>5 pm</b>						
<b>6 pm</b>						
<b>7 pm</b>						
<b>8 pm</b>						

## Appendix E

### Participant Inclusion E-mail

Hello!

Thank you for completing all of the screening materials for my dissertation study about the experiences of students exposed to bullying in a dance/movement therapy (DMT) group. You are eligible to participate in the research study and, if you choose to participate, will be compensated for your time (see below).

If you are interested in participating, please contact the Principal Investigator, Antoinette Cambria, at [amc5262@psu.edu](mailto:amc5262@psu.edu) as soon as possible with your decision and availability for days/times of 60-minute sessions.

Before your first session, you will be asked to complete three brief questionnaires about your emotional regulation, depression symptoms, and anxiety symptoms (ERQ, PHQ-9, and GAD-7). They have 10, 9, and 7 questions each, respectively. Completing these should take approximately 20 minutes of your time.

Then, once all participants have consented to the group, a notification of the group's days/times will be distributed to you. The time of the group will be chosen based on shared availability provided in the table below. If you have a change in your availability, please let the Principal Investigator know as soon as you can.

Compensation will be based on your participation in the study.

\$10 for first session (and pre-requisite screening interviews).

\$15 for 3 sessions.

\$20 for 5 sessions.

\$30 for 7 sessions.

\$50 for 7 sessions *and* follow-up interview.

Your participation in this study is voluntary and confidential. You may choose to stop at any time. If you choose to leave the study after it begins, the Principal Investigator will provide additional resources for treatment that are not affiliated with the research study.

Again, please contact the Principal Investigator, Antoinette Cambria, at [amc5262@psu.edu](mailto:amc5262@psu.edu) with any questions or concerns you may have.

Thank you,  
Antoinette

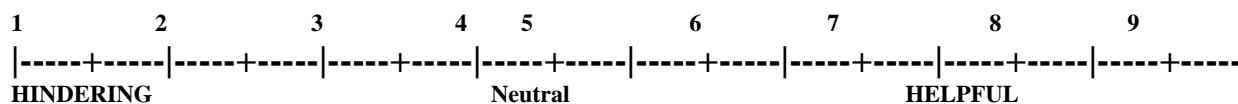
## Appendix F

### Helpful Aspects of Therapy (H.A.T.) Form

#### HELPFUL ASPECTS OF THERAPY FORM (H.A.T.) (Version 3.2; 05/2008)

Therapist \_\_\_\_\_ Client ID \_\_\_\_\_ Date \_\_\_\_\_ Session \_\_\_\_\_

1. Of the events which occurred in this session, which one do you feel was the most **important** or **helpful** for you personally? (By "event" we mean something that happened in the session. It might be something you said or did, or something your therapist or counsellor said or did.)
2. Please describe what made this event important/helpful and what you got out of it.
3. How **helpful or hindering** was this particular **event**? Rate it on the following scale. (Put an "X" at the appropriate point; half-point ratings are OK; e.g., 7.5.)



4. About where in the session did this event occur?
5. About how long did the event last?
6. Did anything else particularly **helpful** happen during this session? **YES NO**
  - a. If yes, please rate how **helpful** this event was:  
Slightly 6 Moderately 7 Greatly 8 Extremely 9
  - b. Please describe the event briefly:
7. Did anything happen during the session which might have been **hindering**? **YES NO**
  - a. If yes, please rate how **hindering** the event was:  
Slightly 4 Moderately 3 Greatly 2 Extremely 1
  - b. Please describe this event briefly:



## **Appendix G**

### **Semi-Structured Journal Prompts**

Please respond to the following questions about your experiences outside of DMT sessions.

1. How would you describe your emotions throughout this week?
2. How are you feeling physically, mentally, emotionally?
3. How are relationships outside of session?
4. What kinds of changes have you noticed in your daily life?
5. What have you learned about yourself?
6. Free write anything you want to add/remember in the text below.

## Appendix H

### Interview Protocol for Semi-structured Pre-intervention Interview

Prior to asking questions: You are invited to participate in an interview about your experiences with bullying. You have already completed the informed consent, but I want to give you a few reminders before we begin. This is a confidential interview for research purposes only, which means I will not refer to you by your name, and I will not share your information with others. I am a mandated reporter, so there are three exceptions when I would have to break your confidentiality: if you expressed thoughts of wanting to harm yourself, thoughts to harm someone else, or suspect child abuse. You have the right to skip any question you wish. You are free to withdraw your consent to participate in this study at any time without penalty or prejudice. Withdrawing from the study will not harm your relationship with the researchers, the other participants, or Pennsylvania State University in any way. The recording of this interview will be maintained under a locked password, and only the primary investigator (myself) will have access to it. There may be times when a response is interrupted in order to gain clarity or ask you to elaborate further. It is important that you be as truthful in your answers as possible, as am I not here to judge your responses. Do you have any questions before we begin?

#### Topics to review:

1. Bullying types experienced: physical, emotional, relational/social, intellectual, etc.
2. Length of bullying exposure
3. Bullying modality: cyber vs. in-person
4. Bullying impacts: short-term and long-term
5. Mental health

#### Interview questions:

1. What are some examples of the types of bullying you have been exposed to? (PI will provide bullying types if unsure how to answer)
2. How did you respond to bullying?
3. When did your bullying exposure begin? For how long? How often?
4. What modality of bullying were you exposed to: in-person or cyber?
  - a. If in-person, where did the bullying take place? Were any places more prominent than others?
  - b. If cyber, what websites/social media outlets were used? Were any more prominent than others?
  - c. If both, how would you characterize each type? Similarities? Differences?
5. What are your most impactful moments regarding bullying?
6. How did you cope and handle your impacts related to your bullying exposure?
7. Did you receive any support? If yes, from whom?
8. How would you describe your mental health?
  - a. When bullying was occurring?
  - b. Since then?

- c. Have you ever been given a mental health diagnosis?
  - i. If yes, what diagnoses and by whom?
  - ii. Have you received treatment for mental health? Counseling, medication, etc?
    - 1. If yes, please expand on that experience.

Additional clarifying prompts:

1. Can you tell me more about that?
2. How do/did you make sense of that?
3. How did that example impact you?
4. Do you have a specific example or two of when that happened?
5. How did you deal with/cope with that?
6. What did you learn from that example?

## Appendix I

### Interview Protocol for Semi-structured Post-intervention Interview

Prior to asking questions: You are invited to participate in an interview about your experiences in your small dance/movement therapy group. You have already completed the informed consent, but I want to give you a few reminders before we begin. This is a confidential interview for research purposes only, which means I will not refer to you by your name, and I will not share your information with others. I am a mandated reporter, so there are three exceptions when I would have to break your confidentiality: if you expressed thoughts of wanting to harm yourself, thoughts to harm someone else, or suspect child abuse. You have the right to skip any question you wish. You are free to withdraw your consent to participate in this study at any time without penalty or prejudice. Withdrawing from the study will not harm your relationship with the researchers, the other participants, or Pennsylvania State University in any way. The recording of this interview will be maintained under a locked password, and only the primary investigator (myself) will have access to it. There may be times when a response is interrupted in order to gain clarity or ask you to elaborate further. It is important that you be as truthful in your answers as possible, as am I not here to judge your responses. Do you have any questions before we begin?

#### Interview questions:

1. What made you decide to participate in a DMT group for individuals exposed to bullying?
2. Describe your experience in your DMT group.
3. What were some of your most memorable moments of participating in the group?
4. What were some of your favorite parts of the group?
5. What were some of your least favorite parts of the group?
6. Is there anything that you would have liked to do differently in the group?
7. What suggestions do you have for potentially changing this kind of group?
8. How has your group experience impacted your day-to-day life?
9. What changes have you noticed in your emotions/reacting to life stressors?
10. What did you learn about yourself from this group experience?

#### Additional clarifying prompts:

1. Can you tell me more about that?
2. How do/did you make sense of that?
3. Do you have a specific example or two of when that happened?
4. How did you deal with/cope with that?
5. What did you learn from that example?

## Appendix J

## Certificate of Confidentiality



DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Public Health Service

 National Institutes of Health  
 Bethesda, Maryland 20892  
[www.nih.gov](http://www.nih.gov)

## CERTIFICATE OF CONFIDENTIALITY

 Number:  
 CC-OD-21-1436

 Issued To  
 Pennsylvania State University

 conducting research known as  
 Dance/Movement Therapy Approach to Emotion Regulation for College Students Exposed to Bullying: A Phenomenological Perspective

In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d), this Certificate is issued to *Pennsylvania State University* to protect the privacy of subjects in the above named research study, which is collecting or using identifiable, sensitive information. *Antoinette Cambria* will serve as principal investigator. If there is a discrepancy between the terms used in this Certificate and section 301(d), the statutory language will control.

Research data and biospecimens containing identifiable, sensitive information collected or used during this study are covered by the Certificate beginning on the later of the approval date of this Certificate or the commencement of the project, until the collection or use of identifiable, sensitive information concludes. Identifiable, sensitive information protected by the Certificate and all copies thereof are protected for perpetuity.

The recipient of this Certificate shall comply with all requirements of subsection 301(d) of the Public Health Service Act. This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services.

02/02/2021

ANGELA Chambers

Approval Date

 NIH Certificates of Confidentiality Coordinator  
 Office of Extramural Research  
 National Institutes of Health

**Appendix K**  
**Institutional Review Board Approval**



Office for Research Protections  
 Vice President for Research  
 The Pennsylvania State University  
 205 The 330 Building  
 University Park, PA 16802

814-865-1775  
 Fax: 814-865-8699  
 orp@psu.edu  
 research.psu.edu/orp

### APPROVAL OF SUBMISSION

**Date:** February 19, 2021

**From:** Stephanie Flohr,

**To:** Antoinette Cambria

Type of Submission:	Initial Study
Short Title:	DMT for College Students Exposed to Bullying
Full Title of Study:	Dance/Movement Therapy Approach to Emotion Regulation for College Students Exposed to Bullying: A Phenomenological Perspective
Principal Investigator:	Antoinette Cambria
Study ID:	STUDY00016874
Submission ID:	STUDY00016874
Funding:	Not Applicable
IND, IDE, or HDE:	Not Applicable
Documents Approved:	<ul style="list-style-type: none"> <li>• Cambria_HRP-591_Availability.docx (1), Category: Other</li> <li>• Cambria_HRP-591_Data Collection_ERQ_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Data Collection_GAD-7_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Data Collection_HAT_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Data Collection_PHQ-9_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Data Collection_Post-interview_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Data Collection_Pre-interview_2.docx (2), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Demographic Questionnaire.2.docx (2), Category: Other</li> <li>• Cambria_HRP-591_DMT Sessions Agenda.docx (1), Category: Other</li> <li>• Cambria_HRP-591_Journal Prompts.docx (1), Category: Data Collection Instrument</li> <li>• Cambria_HRP-591_Recruitment Email.docx (2), Category: Recruitment Materials</li> </ul>

We would like to know how the IRB Program can better serve you.

Please fill out our survey; it should take about a minute: <https://www.research.psu.edu/irb/feedback>.

1050

	<ul style="list-style-type: none"> <li>• Cambria_HRP-591_Screening Questionnaire_Feb 18.docx (1.01), Category: Other</li> <li>• HRP-589 - ORP Consent Form_Cambria_Feb 18.pdf (0.03), Category: Consent Form</li> <li>• HRP-591 - Protocol for Human Subject Research_Cambria Feb 18 .pdf (3.01), Category: IRB Protocol</li> </ul>
<b>Review Level:</b>	<b>Expedited</b>

On 2/19/2021, the IRB approved the above-referenced Initial Study. This approval is effective for one year from date of approval. You will be required to submit an annual administrative review form through CATS IRB. You will receive reminders prior to the administrative review form due date.

If an administrative review form is not submitted within one year of approval, the study will be closed administratively.

Attached are stamped approved consent documents. Use copies of these documents to document consent.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual ([HRP-103](#)), which can be found by navigating to the IRB Library within CATS IRB (<http://irb.psu.edu>). These requirements include, but are not limited to:

- Documenting consent
- Posting a consent form to a federal website, if applicable
- Requesting modification(s)
- Closing a study
- Reporting new information about a study
- Registering an applicable clinical trial
- Maintaining research records

This correspondence should be maintained with your records.



## VITA

Antoinette Cambria, MEd, LPC, NCC  
[amc5262@psu.edu](mailto:amc5262@psu.edu)

### EDUCATION

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Ph.D. in Counselor Education The Pennsylvania State University (CACREP accredited)	August 2021
M.Ed. in Counselor Education The Pennsylvania State University (CACREP accredited)	May 2016
B.S. in Rehabilitation and Human Services The Pennsylvania State University	August 2013
B.A. in Psychology The Pennsylvania State University	December 2009

### SELECTED TEACHING EXPERIENCE

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The Pennsylvania State University	2017-2021
<ul style="list-style-type: none"><li>Undergraduate Instructor: RHS 100, RHS 300, RHS 301, RHS 302, RHS 403</li><li>Graduate Co-Instructor: CNED 422, CNED 506, CNED 595 G</li></ul>	

### SELECTED CLINICAL EXPERIENCE

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- Centre Volunteers in Medicine: Mental Health Counselor 2018-2021
- The Pennsylvania State University: Clinic Supervisor, Counselor 2016-2021
- Freelance Dance/Movement Therapist for Centre County 2017-2021

### SELECTED PUBLICATIONS

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- O'Sullivan, D. M., **Cambria, A.**, Xiao, Y., & Chang, H. (2019). Using W.H.O.'s International Classification of Health and Functioning framework: A tool with clinical, research, and educational utility for counselors. *Australian Journal of Rehabilitation Counseling*, 25, 122-137. doi: 10.1017/jrc.2019.16
- O'Sullivan, D. M., **Cambria, A.**, Gray, J., & Watts, J. (2019). Assessment of Substance Use Disorders from an Ecological and Trauma-informed Lens in D. R. Strauser. *Assessment in Rehabilitation and Mental Health Counseling* (pp. 181-206). New York, New York: Springer Publishing Company.

### SELECTED PRESENTATIONS

---

- Cambria, A.**, & Hanna, J. (2021, June). *Use of a Counselor Development Model to Promote Wellness in Counselor Education Programs*, 50-minute Educational Session Presentation for the Association for Humanistic Counseling annual conference (held virtually due to COVID-19 restrictions).
- Cambria, A.** (2020, September). *Dance/Movement Therapy (DMT) for College Students Exposed to Bullying*. 60-minute presentation at the national annual conference with the Association for Creativity in Counseling (ACC) in Denver, CO (held virtually due to COVID-19 restrictions).