*Dancing mindfully through Depression -*

*Attentive movement' as a method for treating depression*

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**Introduction**

**Traditionally**, psychotherapy utilizing the narrative approach has used verbal reconstruction to create a healing story as part of the restorative process (Patensco, 2005). According to the narrative approach (Tuval-Mashiach & Spector-Marsel, 2010) telling life stories had great value in creating self-identity and integration of self. Following this approach, traditional psychotherapies have used verbal intervention in the treatment of depression. However, the nonverbal aspect of depression has not been taken care of. We believe that, since depression is deeply embedded in the body, it is significant to explore the use of movement in treatment. Dance movement therapy (DMT) is uniquely positioned to address the relationship between the verbal and nonverbal narratives among the depressed population. The therapeutic process in DMT aims to move from illness to wellness, from the ‘known' to the ‘not yet known' while paying attention to the present moment.

**This chapter offers** a novel approach to treat depression, combining the effect of mindfulness with dance movement therapy (DMT). The trend toward incorporating practices and types of thinking based on the Eastern philosophy and the practice of mindfulness by various therapeutic approaches has been on the rise. These approaches are basedon validated studies concerning mindfulness-based cognitive therapy (MBCT), developed by Segal, Williams, and Teasdale (2002) and are especially suited to those suffering from recurring depression and at risk of relapse.

A brief theoretical review of the interplay between body and mind in the experience of depression will be presented, as well as, some of the methods currently or traditionally used to treat depression.

**DMT**, however, provides an approach that uses body movement to be part of the healing process and uses the same movements exhibited in the depressive behavior as part of the therapeutic process.

**The aim** of this current chapter is to shed light on the role of movement and cognition in the therapeutic intervention with depressed clients and present a basic model for intervention. It is based on the recent evidence (Federman, Shimoni, Turjeman,2019) from a study that examined the intervention that uses ‘attentive movement' in the therapeutic process with depressed clients.

The intervention model presented uses movement and verbalization, music and attentive movement.

**The current chapter is based on a study** conducted by the authors (Federman, Shimoni, Turjeman,2019) examined ‘attentive movement', as an effective method for treating depression. A quantitative and qualitative research methodology design was used with fifty participants who experienced 'attentive' movement group therapy sessions once a week for 12 weeks. All completed the Beck Depression Inventory (BDI) and a demographic questionnaire. A mixed-design ANOVA was performed; the between-group variables included the study groups (control/experimental) and the within-test group comparison examined measurement time (time1/time2). **Results** revealed a significant effect for measurement time (F (1,44) = 27.78, p < .001), which indicated a significant reduction in the symptoms of depression from the first measurement (M = .98, SD = .39) to the second measurement (M = .72, SD = .50). The level of depression following treatment in the experimental group was significantly lower than in the control group.

**The verbal interview revealed several categories** common to most participants;

 1. the experience **freedom versus self-oppression**; Participants addressed the sense of being capable with no limitations in daily life.

For example, one participant said; "I often felt locked up in life, in everyday tasks. In the process, I realized that I have more options " (# 8). The release from the cables is described in various ways: "Freedom to be just the way I am, without masks”, "As a child, I put on chains..... now I feel I can release them. I behaved according to expectations, but in this group, I can express my inner self-"(# 18).

When self-judgment decreased, the feeling of freedom increases

Participants shared the feelings freedom that resulted from having less self-judgment; "These meetings allowed me to find the place of not being so self-critical I always wanted to dance, but did not allow myself.

I was busy by how do I look and could not be liberated from how my appearance look like. It took me a while to overcome, "(# 12). The interviews show that the difficulty is mainly when there are more people. "I cannot see myself dancing, and don't allow anyone else to see meit's disgusting to start bouncing all my fats. For me, there is no such thing as dancing. the last time I danced was ages ago. Now gradually I allow myself to release. Even enjoy it (# 15). "

‏**2nd. category: Emotional acceptance.** The practice gives legitimacy to all emotions. Emotional blockage often happens because there is no legitimacy to feel the whole range of emotions, so we stop them. Participants reported that positive emotions increased. They reported more joy, optimism, and enjoyment even from small everyday life situations. “I find myself more optimistic" (# 5). .., I am relaxed and feel a sense of cleanness " (# 17). "I feel the energy of life" (# 8). 0ne participant said, "In the past, I was afraid of being in my dark place, my inner feelings ... now I am less afraid to meet this place ... I am, more willing to feel without the need to provide and interpretation" (# 17). The participant described, "There were times I got angry and could use dance to release my anger”.

**3d. category; inner strength and self-confidence‏**

‏ participants reported a connection to their inner strength, a sense of efficacy and self-confidence. "I met there something for myself. That's a huge gift " (# 12). “It makes things very easy " (# 8). "My death force is very strong, but the strength of life is getting stronger," she added. "It gave me a lot of confidence" (# 5). Another participant, put it this way; ".. there is nothing to fear, what can happen, if I don’t succeed so what" (# 9). "I believe a lot more that I can do. .. it was a feeling of great satisfaction I experience small successes and abilities"(4#).

**4TH category: A sense of connection to the body**

‏ participants experienced a renewed connection to the body. "The connection with the body, being in the body, takes me down from the mind, and it's great, because I neglected my body a bit, nurtured mental, emotional and less physical." The participant reports: "I am more complete with myself, with my body~~,~~ it was releasing to discover the body and touch it. I had fun "# 12). ~~"~~ The pain I felt in the body, I would feel that I have no choice, I have to ignore it, so why to ignore it, if you can move it and get it out?" (# 2). She also describes:" I allowed the body to be listening to music rather than the head ~~listening to music~~".‏

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**5th category; A sense of quiet and inner listening**

‏ Eleven participants spoke about how it was easy to connect to a state of listening. "Happens faster this connection, the ability to be" (# 12). "I had moments in my life that I felt I was connecting in second, but when it happened here it surprised me with the immediacy of it" (# 8). "To get to quiet I need a lot of time, it's Sisyphean work, and if I'm moving, I get there quickly" (# 10). "I remember sitting meditating~~,~~ I was impatient there ... It was forced and here is something that comes during the movement (2 #). "I do not have the strength to sit down. I usually get here when I'm really tired. Sometimes I also fall asleep, I do not like to sit ‏ "‏(# 6).

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**6th Ability to use the tool in everyday life**

‏ Nine participants reported using the method in everyday life and its positive effect. "It became a very significant part, I can not imagine my self without it, I meditated, but never in a consistent way, and here I discovered a very large source of power and it is available 24 hours a day." "It's already part of my kitchen, I always find myself even for five minutes. I see the change right away, it takes me out, from bad thoughts, from a bad mood., For me, it's a cure. "This week I practiced at home, I played the music, I did not do anything, I already smile, I'm already there" (# 17). I would go into three hours of crying and angry and nervous and it would take me 48 hours to calm down. And today I felt that it was coming, I said, well Music is already playing, I loved the music, I closed my eyes and cried with a hug and it passed. And that's amazing! There is no more thought-provoking thought that puts me in this loop (# 2

As mentioned, this study was conducted on people with depression.

**Depression is** a prevalent condition; it is a chronic disorder that can affect individuals of any age. Risk factors are stressful life events, female gender, family history, childhood abuse (Valentine, G. 2007)or neglect, and chronic illness (Hankin, 2006). I**t is** a common phenomenon, characterized by low mood, a loss of interest or pleasure, sleep disturbances (either lack of sleep or oversleeping), changes in appetite and weight, decreased energy, either slowed or agitated movement, decreased concentration and, in some cases, feelings of guilt, worthlessness and potentially thoughts of suicide (APA 2000).

Major depressive disorder or dysthymia (chronic depression which is less severe than major depression, harm quality of life, can lead to suicide (Scott 2003) and is a burden to family and society.

The diagnosis of major depression requires five or more of these symptoms (Williamon, Valentine, 2002).

Hardly 25% of those affected have access to effective treatments, moreover, pharmaceutical or verbal therapies. Pharmaceutical interventions have side effects, and not everyone can engage in verbal therapy. DMT, more specifically, the ‘attentive movement approach' may answer those clients who will not use the pharmaceutical option nor the classical ‘mindfulness' approach.

**Depression is manifested through the body in different ways,**

common motor-behavior reactions may be aroused, before or during the depressive episode. Persistent anxiety, losing interest in fun activities, restlessness, nervousness, ongoing crying, sleep disorders, appetite disorders (NWHR, 2003).

Memories, embedded in the body, is a constant reminder of life-changing experiences including depressive events (Phoenix & Sparkes, 2006).

 This central characteristic of depression is addressed through an embodied, creative healing process during DMP that speaks to the multi-layered experience. The presented approach applies structured, creative, and an attentive movement to the clinical practice and shows that attentive movement can enhance healing.

It is, therefore, proposed that the use of movement in this approach can enhance the coherence and integrity of the individual's healing story.

The motion-emotion connection; its relevance in therapy

The embedded physical stress reactions lead to the centrality of the body, during the depressive episode.

Depressive experience often creates an incoherent, disorganized, and fragmented narrative of the self (Singer & Rexhaj, 2006). The consequences may be shattered cognitive/verbal narratives (Edmonson, 2009; Janoff-Bullman, 1992; Kauffman, 2013; Stanek, 2014) that are accompanied by nonverbal expressions (Bilmes, 1997), or nonverbal representations (Damasio, 1999). This makes movement interventions for trauma, a powerful tool for therapy. The body may serve as a means to explore experience in both conscious and unconscious levels (Stanek, 2014). The body-memory is normally expressed through movement patterns (Stanton-Jones, 2012). Some repetitive movement patterns can be stored in the subconscious as central commands. These patterns serve as meaningful aspects of the self (Hofer, 2014).

depression tends to create tension in body tissues, often leaving the individual with feeling cut off from fully experiencing the body (Stanton-Jones, 1992).

Payne and Crane-Godreau (2015) state that muscle tone, posture, autonomic/visceral state, affect, attention, arousal, and expectation tend to respond together, as different facets of a single process. They hypothesize that intervention in any one of the above-mentioned aspects influences the others; for example, changing posture may alter affective state, or changing the direction of attention may alter the autonomic state. According to this, body posture, emotional attitude, and cognitive stance are intrinsically connected and responsive to one another. Body awareness is a key tool in this process since it uses information from muscle tension and sensations while exploring various movement qualities. It allows the client to notice and give meaning to those experiences (Hindi, 2012).

**Following are concepts / approaches used in the intervention model;**

**Dance movement therapy** (DMT) is another art therapy discipline which has reported evidence of effectiveness. For example, a meta-analysis completed by Ritter and Low (1996) and recalculated by Cruz and Sabers (1998) provides evidence for a mild to moderate effect size of DMT for a wide range of different client groups and an array of symptoms including reduction of symptoms of anxiety and depression. As DMT combines the benefits of mild physical activity with psychological therapy, it may open up the options within non-pharmaceutical therapy to people with depression who do not feel able or do not wish to focus exclusively on talking about their problems, or who prefer non-medical approaches to treatment as identified in the 2010 NICE guideline (NICE 2010).

DMT is also known as dance therapy, movement therapy, dance movement psychotherapy, movement psychotherapy, dance/movement therapy or dance-movement therapy. One of the definitions found in the field is as follows.

"Dance Movement (Psycho)therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is founded on the principle that movement reflects an individual's patterns of thinking and feeling. Through acknowledging and supporting clients' movements, the therapist encourages development and integration of new adaptive movement patterns together with the emotional experiences that accompany such changes" (Association for Dance Movement Psychotherapy UK) (ADMP UK 2003, p1).

DMT is used with a range of different client groups in several different settings including health services, schools, social services, voluntary organizations, and prisons. Both individual (one to one), as well as group work, can take place. DMT, as it is practiced in the 21st century, can be traced back to several pioneers including Marian Chace (Levy 1992), an American dancer who developed methods still in widespread use today. Aspects of practice developed by her include the use of a circular formation in group DMT and active mirroring of movement, both of which are associated with the development of the non-verbal therapeutic relationship. However, there were also pioneers in other countries who developed their approaches initially independently of American influences (Meekums 2008). Meekums 2008 suggests that what marks out contemporary DMT practice is the emphasis on it as a form of psychotherapy. For many therapists, theories relating to psychoanalytic and psychodynamic principles are used to guide practice (Karkou 2010). For example, the practice of 'Authentic Movement' (Adler, 1999; Whitehouse 1979) is associated with Jungian psychology. For others, humanistic, developmental, behavioral or eclectic and integrative models are valued (Karkou 2010). Meekums 1991, for example, in her work with mothers and young children used a behaviorist approach combined with attachment theory. More recently, Meekums 2002 suggested an integrative framework based on the symbolic power of the 'movement metaphor', which transcends such theoretical divisions.

DMT has been posited as an appropriate intervention for patients with a range of diagnoses and presenting problems, including those for whom words may be difficult either because of cognitive impairment or because the emotions being explored and expressed are too painful. Sessions vary from 30 to 90 min and often take place every week at an agreed place and time. Interventions may last from a few weeks to several months depending on client needs. Both individual and one to one work can be provided.

DMT provides clients with the opportunity for inner listening to bodily experiences, sensations, and feelings (Avstreih, 2008). DMT may help clients both by grounding them in their bodies and by helping make sense of the relationship between bodily sensation and traumatic memories. In addition to the verbal and cognitive narrative reconstruction, increased somatic awareness can play an important role in enhancing body-mind integration (Patensco, 2005; Overton, Mueller, & Newman, 2008; Stanek, 2014).

**The use of movement as a medium for diagnosis and treatment** is based on the fundamental premise that the body contains the hidden stories of our lives. With the help of dance and movement, one can reach these stories, bring them to the surface and during treatment, observe and shift them (Federman, 2015). This type of movement is intended to interact with the unknown and allows the individual to tell his emotional story through the kinetic dimension (ibid). Dancing helps sublimate tensions, increase interpersonal connection and strengthen solidarity. It facilitates relaxation and release of aggression through body movements (Harris, 2007). All of these processes are crucial for depressive clients.

The movement aspect of DMT provides an additional language of communication, one that is nonverbal, symbolic, self-expressive, emotional and sensory (Federman, 2015).

The practice requires a verbal intersubjective relationship, as well as bodily communication (Gallagher & Payne, 2014; Payne & Stott, 2010). The multifaceted nature of communication may provide an inviting setting for depressed clients, and allows for the exploration of cognitive/verbal and experiential/nonverbal layers.

**The above review suggests that**:

* depression triggers physiological and psychological stress responses.
* DMT enables psycho-soma integration and is multifaceted thus enhancing healing among clients.
* Body-movement intervention enhances awareness of inner psychological and bodily resources (such as grounding, use of space, breathing) as well as any resources from one's surroundings.

These facets may contribute to the creation of body-mind integration. Accordingly, we present the following intervention model, to meet the unique emotional and bodily experiences. Awareness to somatic sensation, bodily/emotional resources, and movement in space are all components of this model of intervention.

**Mindfulness:**

 In recent years, a growing body of research has deepened the understanding of ‘mindfulness' as a therapeutic tool to treat depression (Arbel, Shalev, & Kaplan, 2011). There are no studies on the effect of mindfulness combined with dance movement therapy (DMT) to treat depression. The trend toward incorporating practices and types of thinking based on the Eastern philosophy and the practice of mindfulness by various therapeutic approaches has been on the rise. These approaches go to the heart of established therapeutic practice with validated studies concerning mindfulness-based cognitive therapy (MBCT) developed by Segal, Williams, and Teasdale (2002) and are especially suited to those suffering from recurring depression and at risk of relapse.

The term mindfulness refers to a conscious state of directing attention with an intention to the present moment, without judgment. This state requires intentional and conscious control of attention from moment to moment through deep observation, with openness as to the nature of consciousness and the world (Kabat-Zinn, 2013). The ability to be ‘mindful', for introspection, can improve with practice (Weiss, 2009). Mindfulness explains how to focus attention on the present moment. Mindfulness-based cognitive therapies combine diverse techniques such as conscious breathing, body scanning, and meditation (Kabat-Zinn, 2013; Segal et al., 2002). The theoretical conceptualization of mindfulness defines five facets: describing; observing; acting with awareness; non-judging of inexperience; and, nonreactivity to inner experience (Baer, Smith, Hopkins, Krietemeyer & Toney,2006).

Patients suffering from depression can gain benefit from techniques that cultivate non-judgment (Feldman, 2005). The technique of ‘emotional acceptance' also has a cumulative positive effect on mental health (Ford, Lam, John, & Mauss, 2017). Likewise, group‏ therapy has great importance. Yalom and Leszcz (2005) claim that group therapy enables the expansion of the self, develops interpersonal control, making it possible for the patient to react using a broader, more flexible, supportive and adaptive behavioral repertoire and to exchange negative vicious cycles for positive and constructive ones. In Marich and Howell's (2015) 'research group, the guidance takes place during the movement activity, as it does in the Chace's approach (Chaiklin & Schmais, 1986), to grant the participants a sense of confidence in moving in the presence of others. Dance movement therapy (DMT) is one of the mental health treatment modalities within the field of creative arts therapies. It is a branch of psychotherapy that offers an additional language that is non-verbal, symbolic, self-expressive, emotional, and sensory. It is a therapeutic process that promotes the integration of an individual's emotional, physical, social, and cognitive self (ADMP UK, 1997). The Chacian approach to DMT is mainly a group therapy approach that uses movement as basic forms of communication while, in many areas, the mental health individual is isolated due to their illness (Chaiklin & Schmais, 1986; Levy, 1988). Whitehouse (1958) developed the authentic movement approach for work with the sub-conscious in the presence of the ‘other' (Pallaro, 2007).

The source of the movement comes from listening to internal impulses, physical sensations, images and memories from which expressive, spontaneous and unplanned movement arises (Bragante, 2006; Payne, 2006). The three main components of mindfulness – attention, listening to the here and now, and lack of judgment – are the cornerstones of the authentic movement method (Adler, 1999; Weiss, 2009). Therapy using authentic movement begins with lack of movement, in silence, while turning attention inward and focusing on internal listening and relating to the feelings that emerge here and now, without being judgmental. In both mindfulness and authentic movement, creating distance from thoughts and mood helps in learning to identify warning signs, to stop and regulate emotions and to thus avoid the emotional whirlwind leading to an automatic reaction. Thus, with time, it is possible to learn to separate the connection between the stimulus and the reaction. In movement therapy, both mindfulness and authentic movement utilize the experience of silence and serenity to arrive at awareness, with the understanding that awareness will enable change (Federman, 2014).

**The ‘dancing mindfulness' approach** grew from the world of movement therapy. It adopts the Eastern philosophy practice of classical meditation, offering it to a Western audience that is unaccustomed to sitting still in meditation (Marich & Howell, 2015). Likewise, the present study examined the concept, coined by the authors as ‘attentive movement' and combines the mindfulness approach with approaches from DMT: Group movement therapy (but with eyes closed) and the authentic movement approach that addresses inner sensations that evoke movement, but with the addition of movement while listening to music. It uses techniques that can be taught, along with a deep attunement with others in the room. This new approach encourages listening to inner sensations, verbal sharing before and after the experiential movement, and practice in-between the formal sessions. It uses breathing, grounding and listening to music and allowing the body to respond to the sound and rhythm of the music while moving freely and not clinging to thoughts. It facilitates non-judgmental experience while dancing in the presence of other participants. Research has found a connection between harsh self-judgment and depression (Barnhofer, Duggan, & Griffith, 2011; Cash & Whittingham, 2010; Christopher, Neuser, Michael, & Baitmangalkar, 2012; Desrosiers, Donalds, Anderson, Itzoe, & Britton, 2010). Symptoms of depression, according to the DSM-V (2013)' , include ongoing sadness or anxiety, a feeling of emptiness, loss of interest in enjoyable pursuits, restlessness, irritability, ongoing weeping, feelings of guilt, lack of self-worth, helplessness, sleep disturbances, eating disorders and thoughts of death and suicide (National Women's Health Report, 2003). Depression includes negative affect and symptoms of a specific disorder (such as self-criticism and a sense of worthlessness). The connection between being judgmental and depression are consistent with validated theories of depression (Abramson et al., 2002) where self-criticism and negative cognition are signs of the disorder. Recent studies have found that the MBCT approach based on cognitive-behavioral therapies (CBT), and pharmacotherapy are the most effective approaches for preventing recurrence of depression (Bandelow, Seidler-Brandler, Becker, Wedekind, & Rüther, 2007; Segal, Bieling, 2011).

Mindfulness-based cognitive therapy (MBCT). The MBCT method was built upon the strength and success of the CBT method and the two share a similar foundation (Surawy, Mcmanus, Muse, & Williams, 2015). Individuals treated with MBCT develop an ability to view their thoughts more broadly and experience an increase in self-compassion which mediates the efficacy of MBCT 2011, (Kuyken et al., 2010).

The **MBCT** method aims to break the downhill cycle which can cause anxiety or depression and lead to avoiding certain situations or to recurring thoughts. The ability to process events in another state of consciousness enables other, new choices to be made and to learn how to react in a more flexible manner instead of in an automatic manner (Surawy et al., 2015). It was found that the ability to not cling to or identify with the thoughts that arise is critical for regaining self-control. The MBCT model necessitates commitment and perseverance on the part of patients. It also necessitates practice daily, which requires an extensive investment of time (Frewen, Evans, Maraj, Dozois, & Partridge, 2008). Moreover, patients' reservations regarding the idea of meditation must be taken into account while recognizing that the practice of mindfulness is not for everyone (Bieling, 2011).

In the authors' clinical experience, ‘attentive movement' facilitates a gradual process that patients experience as easy and suited to their emotional state. Also, dancing to music enables automatic thinking to be bypassed (Bojner Horwitz et al., 2015).

**A movement-oriented therapy intervention model**

**The intervention;**

Following a round of initial introductions, the participants in the experimental group received an explanation regarding the intervention process. For the first practice, they listened to music for 8 min (two pieces of music) with eyes closed and no movement. At the first stage, there was an instruction to move without self-judgment, to be aware of the ‘here and now,' and to pay attention, that each time thoughts appear, return to listening to the music and to the way the body reacts to the music. Between the pieces of music, there was an additional instruction to remind the participants that even if they were feeling embarrassed or were uncomfortable, they should acknowledge those feelings and gently return to the music and the movement. This part took up more time as treatment progressed; during the first three sessions, it lasted about 15 min and later on, increased to 30 min. At the end of each session, the participants verbally shared the experience which arose during the session and time was devoted to questions. At the end of 12 sessions, participants again completed the BDI to measure the level of depression; at this point, there were 23 participants (two dropped out of the study immediately following the first session).

**The model serves** as a platform to be used as reference in the therapeutic process. It should be mentioned that as in all therapeutic process, the relation of client with therapist, the condition of the client at any present moment is addressed with emotional compassion.

**Phase** one: (lasts about 25 minutes) Introduction;

Participant are invited to introduce themselves. They are asked about their attitude to movement and dance. And share expectations and concerns about the group experience.

An explanation about the process is given. Participants are invited to sit comfortably, close their eyes and listen to music. The instruction is that every time they notice that instead of listening to music they listen to their thoughts, they are invited to gently return their attention to music. Awareness is directed to notice how music affects body experience. If emotions or feelings arise participants are invited to listen to whatever comes up but with curiosity and acceptance but without judgment. Even if they do not connect to music or if they get bored or nervous, they are invited to listen without judgment.

**phase 2: (music**). Listening to music (for about 30 minutes).

When music end, participants are asked to stay a moment longer with eyes closed, examine their emotions and feeling at the present moment. And then, take a deep breath and open their eyes.

Participants are welcome to share experiences and ask questions about the practice.

**Phase** 3 (lasts about 20 minutes): explaining and Introducing the "attentive movement" concept and practice~~.~~

**Phase** **4;** participants are invited to stand up and close their eyes. Take a deep breath and bring awareness to the "here and now". Pay attention to body posture, body sensations, and feelings. When music is turned on they are asked to listen to the music and let the body become a resonant instrument for music. Allow the body to move freely, and whenever judgmental or any thought appears, gently return to listening to the music and the movement that comes up as if activating the music. Practice (lasts for about 15 minutes). During intervals between the music sections, guidance like 'notice that thoughts will come and go, when you gently notice them, you return to listening to the music and the movement that arises in the body following the music is given. or,

feelings that arise in the "here and now" are welcomed. We don't judge anything. When the music ends, there is a pose of two minutes, to stay with eyes closed, to examine inner emotions and feeling at the present moment. Then a deep breath is recommended before opening the eyes.

Phase 4 (lasts about 20 minutes): is for returning to the group. participants are invited to share their experiences, and ask questions.

**Conclusion ‏**

The ‘attentive movement' approach was presented as an intervention tool in the treatment of depression. This is only one way in which motion and emotion influence coexist. These emotions influence individuals who suffer from depression and those who are in the search of growth and healing. The model offers dance movement therapy interventions for depressed individuals, like strengthening bodily and emotional resources, and integrating the experience of body, emotion mind.

Although, other psychotherapy methods use verbal interventions in the process of healing. It is essential to mention that as the body and movement were part of the depression process; thus, we believe, they should be part of the resolution.

There is a relationship between self-judgment and depression (Abramson et al., 2002). Research shows that techniques that cultivate a lack of judgment help depressed individuals (Feldman, 2005). Practicing ‘attentive movement' in enables participants to directly encounter their degree of self-judgment and be aware of the times when self-judgment reduced. ‘Attentive movement’ in addition, helps widen movement repertoire, become flexible and discover more possibilities of moving freely and feel authentic in the presence of others. Through experience and training, moving mindfully enables to reduce self-judgment in the presence of others, similar to the findings of Marich and Howell (2015).

Effective therapy develops the ability to react while using a broad, flexible and adaptive behavioral repertoire and to replace a negative vicious cycle with a positive and constructive cycle (Yalom & Leszcz, 2005). ‘attentive movement' helps to encounter self-judgment; it trains to set the judgment aside and makes it possible to move freely in the presence of others, without restraint or barriers. The decrease in self-judgment as a source of freedom also appeared in the study of Duberg, Moller, and Sunvisson (2016). The ability to process an event in another state of awareness enables to move away from the ‘automatic pilot’ and and learn how to react in a more flexible way and make new choices.

The 'attentive movement', approach does not use mental simulation of disturbing event, like those used in the MBCT approach. inner emotions of various qualities rise naturally while engaging in movement. Participants may meet their anxieties, embarrassment, discomfort, disquieting voices but at the same time, they have the freedom to make new choices and learn to react in a flexible and non-automatic manner. Instead of escaping or avoiding the situation, they are trained to remain present at the moment, discover, surprisingly, that it can even be enjoyable. The ability to cope with such a situation empowers and restores belief in inner abilities and strength. The situation of depression confronts the individual sufferer with recurring automatic thoughts may change when attention is turned towards the moving body and to the music that help to divert attention (Bojner Horwitz et al., 2015); the body and the music represent an anchor to which one can return to when the situation gets difficult.

The ‘attentive movement' approach is friendly, enjoyable and easy to practice. It is offered as an alternative route for those who avoid the use of practicing mindfulness in the traditional sitting position (Bieling, 2011). This is the creation of a treatment intervention method in the field of movement therapy for people with mild to moderate depression and for those suffering anxieties. This intervention helps raise awareness of the importance of movement and of the benefits of mindfulness.

The model presented evolved from a research project with depressed individuals. It may, however, be of help to those who feel deprived, low in mood and don't seek therapy yet. It may also be of help to individuals after a first depressive episode who seek relief and understanding and who want to rebuild their personal life narratives.

 This model can also benefit other professionals in the field of mental health.

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