Dance Movement Exploration (DME) with the Filipino Children during the COVID-19 Movement Restriction Period:
An Exploratory Study on Focus DME Model

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Abstract

The Philippine government implemented a nationwide lockdown due to the coronavirus 2019 (COVID-19) pandemic in the country. Movement outside of the house was restricted except for vital reasons, such as buying essential goods like food and medicine. In addition, any form of group physical activities and gatherings (e.g., birthday parties, group exercises, outdoor play) were prohibited. Part of the affected segments of the population were the children, who were used to playing outside with friends and going to school. In this study, the children were observed to be in shock due to the restrictions on movement as well as the closure of schools. Hence, the researchers applied DME (Dance Movement Exploration) in a Focus DME Model as an "emotional approach coping" mechanism and as a vehicle for understanding the effects of the pandemic restrictions on children. The Focus DME Model, which is contextual in its approach, looks into the potential of dance and movement in general as means of empowerment and healing. The study selected five (5) children using the convenience sampling design. Needs analysis, creative process criterion, reflexivity, and semi-structured interviews were used as instruments for collecting data on the effectiveness of the DME intervention. Narrative synthesis was employed to summarize the identified narratives, and the data from the interviews then underwent inductive thematic analysis. The qualitative results determined that DME aids in relieving the children's feelings of frustration, distress, sadness, and confusion. The combination of the activities included in the DME was consistent with the literature in exhibiting positive effects. As a conclusion, it was surmised that the DME in the Focus DME Model can be a form of "emotional approach coping" where emotions are processed and expressed through movement, dance, and physical activity.

Keywords: Dance Movement Exploration (DME), Focus DME Model, pandemic, children, emotional approach coping

Introduction

The first novel coronavirus disease (COVID-19) case in the Philippines was recorded on January 21, 2020 (Department of Health Philippines, 2020). As of this writing, over 423,437,674 confirmed cases with 5,878,328 deaths have been reported globally (World Health Organization, 2022). The rise in cases caused countries to impose lockdowns, restricting movement to only the buying of essential goods. While the movement restrictions effectively helped to contain COVID-19, the effect was overwhelming for the people, increasing their risk for mental health diseases such as depression, anxiety, and stress (Balkhi et al., 2020; Bao et al., 2020; Brooks et

al., 2020; Wang et al., 2020). Children had a higher risk of mental health disorders during the COVID-19 pandemic (Elbay et al., 2020; Mazza et al., 2020; Ozdin et al., 2020; Abouzeid et al., 2020), while adolescents had a difficult time being isolated during the lockdown due to their energetic and enthusiastic anticipation of new experiences daily (Imran et al., 2020). Faced with these scenarios, coping strategies played an important role during the lockdown.

According to some researchers, coping strategies can be helpful in relieving the negative feelings felt by people. These are the strategies of a person to manage stressors of different kinds (Lazarus & Folkman, 1984). Coping can be categorized into two types: avoidant coping and approach coping (Eisenberg et al., 2012; Taylor & Stanton, 2007; Suls & Fletcher, 1985). Avoidant coping strategies include withdrawal or denial of the stressor, while approach coping focuses on acting on or confronting emotions in response to a stressor. Approach coping tends to be more effective in reducing distress in the long term compared to avoidant coping (Taylor & Stanton, 2007). A specific type of approach coping is emotional approach coping, which is considered an adaptive emotion-focused coping style wherein people engage in their emotions to reduce the negative emotions surrounding a situation or event (Stanton et al., 2000). Two primary components of emotional approach coping are emotional processing and emotional expression. Emotional processing is defined as the "acknowledgement, understanding, and acceptance of one's emotions" (Juth et al., 2015) while emotional expression is the "verbal and non-verbal disclosure of one's emotions" (Juth et al., 2015). Emotional approach coping has been linked to positive psychological and physical health (Smith et al., 2002; Stanton et al., 2000), and adjustment to stress (Kashdan et al., 2006); and its benefits were identified with numerous stressors and settings (Stanton, 2011; Stanton & Low, 2012a; Stanton et al., 2009). One psychosocial intervention that has been found to be of help in the investigation of coping strategies is Dance Movement Exploration.

Dance Movement Exploration (DME) conceptualization may be traced from the author's M.S. thesis (Dimarucut, 2014, unpublished thesis). The concept of DME as dance as physical activity (Dimarucut, 2014, unpublished thesis) resulted from the analysis of the effects of Dance Movement Therapy (DMT) in the prevention and control of academic stressors among selected university students. The study revealed that DMT caused changes (though not significant) in levels of stress, coping mechanisms, and positive-negative effects (Dimarucut, 2014, unpublished thesis). Having noted the positive effects of DME on students in the study previously mentioned, it was of interest to the researcher to further examine the utilization of DME in the community in the aftermath of disasters and violence. Thus, DME was developed into the Focus DME Model with therapeutic interventions aimed at alleviating the adverse effects of disasters and violence. Contextual in its approach, the Focus DME Model deals with the potential of dance and movement in general as a means of empowerment and healing. It focuses, firstly, on the self as a means of understanding and achieving one's utmost potential as a human being. Secondly, it is a tool for communicating and expressing the self into the fibers of society. The Focus DME Model primarily consists of three methodological and theoretical bases from DME: Dance Movement Therapy (DMT), Psychosocial Theories (PST), and Physical Activity (PA). DMT is "the relational and therapeutic use of dance and movement to further the physical, emotional, cognitive, social, and cultural functioning of a person" (DTAA, 2022) and it "combine(s) the elements of dance, movement systems, creative processes, and psychological and scientific theories, to address the specific needs of groups and individuals" (DTAA, 2022). PST is the use of the eight different psychosocial development stages of Erik Erikson (1950) as a lens on how to approach the DME activities with the participants. Lastly, PA is defined as "people

moving, acting, and performing within culturally specific spaces and contexts, and influenced by a unique array of interests, emotions, ideas, instructions, and relationships" (Piggin, 2020, p. 1). These theoretical bases were utilized further in the exploration of the Focus DME Model.

Purpose

It was for these reasons that this study emerged with the main purpose of analyzing the effects of DME in the Focus DME Model on Filipino children affected by the COVID-19 lockdown. DME was utilized as a form of "emotional approach coping" in the search for the inner self leading to a better understanding of one's emotions and behaviors; essentially, an approach to Discovering Meanings in Existence through de-stressing movement experiences (Dimarucut et al., 2014). Hence, the Focus DME Model with its DME concepts was utilized as a psychosocial intervention and a coping strategy tool for the selected children experiencing distress during the COVID-19 pandemic in the Philippines. The Model focuses on confrontation and acceptance of emotions and current situations towards a better outlook in life. It integrates the whole person through creative movement that facilitates changes in personality, one's feelings, and way of interacting. With methodological and theoretical bases from DMT, PST, and PA as experiential movement applications, it utilizes inner processes and body expressions. Thus, the DME in the Focus DME Model is significant as a psychotherapeutic tool, for motor skill learning, and as a teaching strategy in recognizing an individual's capabilities in any physical activity.

Methods

Sampling Design

Convenience sampling was used to select participants for this study (n = 5). This was the method used due to the restrictions imposed by the lockdown during the conduct of this study. Table 1 presents the demographics of this sample.

Table 1

Demographics

Variables	N = 5
Age	10.8 years of age
Education	Elementary, Public School
Cultural Roots	Kapampangan
Location	Pampanga, Philippines
Relationship	Three of the participants were siblings while the two others were their friends in the compound
Socio-economic status	Low-to-middle class income
Environmental situation	Lockdown due to COVID-19
Routine	Before the lockdown, the participants' routine was: 1. Going to school 5 days a week 2. 2.Playing at school and after school 3. 3.Doing homework at home Before the intervention, the routine had changed due to the lockdown restrictions: 1. No school 2. Playing video games (no outdoor physical activity) 3. No homework

The selected children had feelings of frustration, distress, confusion, and sadness brought about by the COVID-19 pandemic, as revealed in numerous consultations of the researcher with their parents. The parents gave consent for their children to participate in this study to address the mentioned feelings of their children. The venue of the study was inside the compound where the facilitator was also staying. In this study, the term used to refer to the children is interchangeable with the word participants.

Instruments

Four instruments were used in this study: needs analysis, creative process criterion, reflexivity, and semi-structured interviews. Needs analysis is the process of identifying the needs of the person or individual. Identifying the specific needs of the group aided the facilitator in adjusting the components of DME to make it personalized. The facilitator consulted with the parents and children on their status through semi-structured interviews. Also, the facilitator did observations of the participant's movement and interaction to note if there was a change in their behavior during the DME sessions and adjusted the intervention based on the reaction of the participants.

Furthermore, the creative process criterion identified the design, implementation, concept and process, and outcome of the DME. Since the implementation of the DME was dependent on the group, it was essential to outline the planned intervention. Table 2 presents the creative process criterion that was used.

Table 2

Creative Process

Creative Process	Explanation
Design	Design is the result of the creative mind of the facilitator based on the given facts. The design of the program is based on the needs of the selected group and is composed of the beginning, middle, and end phases.
Implementation	Implementation is the creative ability of the facilitator to conduct the design program. The implementation of the program sets the expected behavior of the facilitator with the following work principles: passion, observation, wisdom, knowledge, instinct, empathy, service, and skills.
Concept & Process	Concept and process are the detailed activities and the principles underlying the facilitation. Concept: The DME concepts and process utilized were based on Dance Movement Therapy (DMT), Physical Activity (PA), and Psychosocial Interventions (PSI). Process: The actual DME session was composed of the inner process + body expression: Introduction, Welcome/greetings, Warm-up, Movement Activity 1 (with de-briefing), Movement Activity 2 (with de-briefing), Relaxation (guided or non-guided), Sharing, Closure, and Goodbyes.
Desired Outcomes	Outcomes are the guided assumptions and the outcomes of the facilitation.

Moreover, reflexivity was used to identify the facilitator's own insights into the implementation of the intervention and his observation of the effects of DME on the participants. Questions were asked, such as:

1. What were you thinking and feeling during the facilitation of DME?

2. What did you observe before, during, and after the facilitation of DME in terms of helping children cope with the COVID-19 pandemic?
3. Is your observation in line with what the parents saw in their children after the DME session?

The facilitator continually updated the parents (key informants) on the intervention and conducted semi-structured interviews to gather insights on the effectiveness of DME to relieve the negative emotions experienced by their children. The responses of the children were not recorded. The researcher relied on the observation of the parents on the behavior of the children after the facilitation.

Data Analysis

Narrative synthesis was used to summarize the data from the creative process criterion and reflexivity of the facilitator. Inductive thematic analysis was used to analyze data from the interviews (Braun & Clarke, 2006).

Results

Needs Analysis

The time of the intervention was during the lockdown due to COVID-19. Based on the initial observations of the facilitator, the children were limited in their movement in terms of play and sports as identified through their bodily frustrations. Moreover, face-to-face classes were prohibited at that time, further restricting the activities of the children to just inside the compound where the facilitator also lives.

Upon conversing with the children, the facilitator noticed that the children always asked why they were not in school learning, why playing was limited within the compound, and why they were not allowed to go to the market. Furthermore, the frustration felt by the children was evident in their posture, gestures, and voices. Additionally, the parents shared the same observations that their children were experiencing distress during the lockdown because of the restrictions on movement. Also, the parents reported to the facilitator that the children were only watching TV, using cellphone, and sitting all day during the lockdown.

Based on the observations and conversations with the children and their parents, the problems that needed to be addressed with DME are:

1. Lack of education related to COVID-19
2. Lack of movement
3. Lack of physical activity
4. Lack of interaction
5. Lack of school-like setting
6. Feelings of frustration, distress, sadness, and confusion

Creative Process

Table 3 presents the creative process used with the children.

Table 3

Creative Process

Creative Process	Explanation
Design	Design is for education, entertainment, and the affirmation of health safety.
Implementation	Implementation is through the readiness of the facilitator physically and mentally to be with the children.
Concept & Process	Concept and process is through games, dances, and learning together with the principles embedded within DME.
Desired Outcome/s	The outcome is for the children to play and have enjoyment and at the same time to be informed.

Since the participants were undergoing the COVID-19 pandemic, the DME aimed to provide education (facts about COVID-19), entertainment, and awareness of the health and safety protocols, through a total of four sessions to be conducted twice weekly. Simulation of a classroom scenario was provided as a learning avenue for the children and to address the school-like setting that the participants were looking for. The initial intake happened weeks before the actual conduct of the DME through consultations with the parents. Information on the status (health conditions) and number of participants was supplied. The facilitator identified that the participants had an average age of 10.8 (9-12 years of age) and adjusted the activities based on this. Tools, equipment, and the venue to be used were prepared.

The DME session aimed to build a safe space for exploring movement and dance as an instrument in imparting to the participants the nature of the pandemic. The mental state and functional ability of the participants were uninterrupted in following the instructions. Body and mind connection was self-assured and gradual reactions in the movement quality were evident. The participants' self-experience and the facilitator's reflections were documented and reported to the organizer for evaluation.

For the implementation of the session, the facilitator equipped himself with knowledge about the COVID-19 pandemic and collected educational materials about health precautions. The program design was thoroughly assimilated by the facilitator to ensure a smooth flow of the session as well as to adapt and modify if unforeseen circumstances arise. The venue and materials were organized by the facilitator an hour ahead of the intervention.

The concept and process of the session were focused on the application of the core principles of DME (DMT, PA, and PST). The design process was divided into educational activities, puzzle games, arts and crafts, dance, debriefing, sharing, and movement exploration. The closure of schools and restrictions on the children from moving/playing outside was the concept that the facilitator sought to resolve in the minds of the participants. Processing was facilitated by exploring the body, the mind, and the emotions. The core of the DME concept and process was for the children's enjoyment in doing the given tasks.

The outcome of the session affirmed the happiness felt by the children, As they appreciated the educational activities and the information about safety precautions imparted in the session. The children were thankful for the play, enjoyment, and instructions provided.

Dance Movement Exploration Activities

Table 4 presents the activities used in this study.

Table 4

Dance Movement Exploration activities for children during the COVID-19 pandemic

DMT Creative Process	Physical Activity	Activities	Session 1	Session 2	Session 3	Session 4
Preparation		Opening	Prayer	Prayer	Prayer	Prayer
		Introduction	Welcome, Feelings Chart	Welcome, Feelings Chart	Welcome, Feelings Chart	Welcome, Feelings Chart
	Low Intensity	Warmup	Breathing, Shaking, Tapping, Brushing	Breathing, Shaking, Tapping, Brushing	Breathing, Shaking, Tapping, Brushing	Breathing, Shaking, Tapping, Brushing
			Favorite body movement: Introduce Name	Favorite body movement: Introduce Name	Favorite body movement: Introduce Name	Favorite body movement: Introduce Name
Incubation & Illumination	Low Intensity	Activity #1	Matchsticks	Matchsticks	Matchsticks	Matchsticks
			Puzzle: Fish	Puzzle: Chair	Puzzle: Glass	Puzzle: Pyramid
			Reading Short Stories: "My Hero Is You, A Storybook on Children about COVID-19" by UNICEF (debriefing)	Reading Short Stories: "The Color Monsters, a story about emotions" by Anna Llenas (debriefing)	Reading Short Stories: "Wash Your Hands" by Tony Ross (debriefing)	Reading Short Stories: "The Bravest Fish" by Matt Buckingham (debriefing)
			Spelling bee	Spelling bee	Spelling bee	Spelling bee
	Moderate-to-Vigorous Intensity	Dance #1	Gummy bear dance Community dance	Gummy bear dance Community dance	Gummy bear dance Community dance	Gummy bear dance Community dance
	Low Intensity	Activity #2	Arts and craft: Egg design (debriefing)	Find an object that will represent you (debriefing)	Egg hunting (debriefing)	Back-to-back tracing (debriefing)
	Moderate-to-Vigorous Intensity	Dance #2	Monkey Dance	Happy and You Know Dance	Monkey Dance	Happy and You Know Dance
			Structured Dance (Sorbetero dance)	Structured Dance	Structured Dance (Sorbetero dance)	Structured Dance
Evaluation	Low Intensity	Relaxation / Closing	Listening to soft music and sharing	Listening to soft music and sharing	Listening to soft music and sharing	Listening to soft music and sharing
		Goodbyes	Breathing and waving actions	Breathing and waving actions	Breathing and waving actions	Breathing and waving actions
			Assignments (reading and writing)	Assignments (reading and writing)	Assignments (reading and writing)	Assignments (reading and writing)

The first phase of the DMT creative process was the preparation. The objective of this phase is to prepare the mind and body of the participants. All activities started with a Catholic prayer. Then, the facilitator gave a welcome message and distributed a feelings chart to each participant to identify what they were feeling before the session. Afterward, breathing, shaking, tapping, and brushing exercises were facilitated to help prepare the body of the participants. Then, an activity called "favorite body movement" was facilitated to close the preparation phase. This involved different categories such as "Introduce Name," "Introduce Color," "Introduce fruits," and "Parent's Name" where the participants performed a movement based on the category.

The second phase of the DMT creative process was incubation and illumination. The aim of this phase was for the participants to be present at the moment during the activities, be educated on important knowledge related to COVID-19, perform dance and arts and crafts activities to help them cope with the COVID-19 lockdown, and perform school-related activities to mimic in-classroom settings. The activities for dancing included a combination of Filipino pop dances (i.e., *sorbetero* dance) and international dances (i.e., monkey dance, happy and you know dance"). Meanwhile, the arts and crafts activities included matchsticks, puzzles, egg designing, and many more. Finally, a school-like setting was mimicked so that the participants could experience in-classroom settings during the COVID-19 lockdown.

The last phase of the DMT creative process was the evaluation, where the realizations of the participants were uncovered and the session was evaluated. Soft music was played to help the participants become more relaxed after the session. The sharing involved expressing their reflections on the activity (this was not recorded but the insights from this can be seen in the reflexivity section of the paper). Finally, a breathing exercise and waving actions were done. The waving action was a form of acknowledgment of the presence of each person in the circle. Lastly, assignments were given to simulate the school-like setting.

The facilitator chose the activities mentioned above based on several reasons. Prayer aimed to bring a sense of protection to the children at the start of the session. It was a familiar activity in school before the start of a class. Breathing, tapping, brushing, shaking, and grounding were used to prepare the body for movement and dance at the cell level. The activity in which they mentioned their favorite body movement was a form of acknowledgment. The movement of body parts in tracing names, colors, fruits, and parents' names was for appreciation. Community dance, online dance, and structured dance were for expressing verbal and non-verbal movements in unison. Listening to soft music was an accompaniment in the sharing of the innermost thoughts and feelings of the children. Assignments on reading and writing were given to bring them back to a school setting, while arts and crafts provided a creative component of the session. Figure 1 presents photos of some of the activities conducted.

Figure 1

Dance Movement Exploration Activities

KII Interview Outcomes

Table 5 exhibits the themes identified by the organizers/parents as a result of the thematic analysis.

Table 5

Thematic Analysis Results

Domain	Theme	Theme Definition	Sample Responses
Physical	Active	The participants are more physically active.	*Response:* "Nawala yung pagka-bored nila, meron na silang ginagawa ngayon." (Their boredom was eased and now they are doing something.) *Interpretation:* The children's boredom was gone due to the activities of DME. Before, the only options for activity were cellphone use, watching TV, and other non-physical activities. Now, they have a whole set of activities that can stimulate learning and movement.
Emotional	Enthusiasm	Intense and eager enjoyment and happiness during participation in DME Playful atmosphere displayed by the participants	*Response*: "I think with the given activities they have actively interacted with each other." *Interpretation:* During the DME sessions, the participants were positively and actively interacting with each other due to the included activities. *Response:* "Yes, there was a change in the manner of their interaction after the DME. Before they did not know how to act but now, they talk about Covid 19, the pandemic and other health precautions." *Interpretation:* The knowledge of COVID-19 taught by the facilitator changed the way the children interacted. Before, they did not know how to act based on the restrictions of the government. Now, they talk a lot about the COVID-19 pandemic and the necessary health precautions to protect themselves from being infected by the virus, and protecting others in the process.

			Response: "Yes, now they start to play." *Interpretation:* Before, the children were not able to play due to the restrictions. With the facilitation of DME, they realized that they could play within the restrictions of the government and interact with one another. This caused them to be happier and enthusiastic. *Response:* "Sana tuloy tuloy ito para lagi silang masaya." "Yung parang nasa school pa rin sila." ("Hopefully this can be continued so they will always be happy". "As though they are still in school".) *Interpretation:* The DME facilitation helped the children feel like they were at school. Some of the activities were conducted like they were in the school. This helped them relieve the sadness brought about by not having traditional school-like interaction with a teacher and other students.
Mental	Awareness	Being aware of the current situation of the country and acceptance of the limitations	*Response:* "They were able to know what lockdown is and knowing what to do not to catch the virus." *Interpretation:* The participants were more aware of why lockdown was conducted, and the measures needed to be taken to lessen the risk of getting COVID-19. The children now understood these new rules and could adapt their activities and mindset to these.
Social	Cooperation	Working together with one another	Response: "Oo, dahil nagbago yung kanilang pakikitungo sa isa't isa. lagi nagtatanong ano at bakit may lockdown. Dati hindi sila masyado nag uusap sa loob ng bahay. Ngayon nagtutulungan na sila sa mga gawain na kailangan nilang magawa." (Yes, their relationship with each other was changed. Before they frequently ask what and why there is a lockdown. Before they did not talk much inside the house. Now they help each other in doing things to be done.) Interpretation: The DME sessions helped the children improve their social interaction with one another.

Based on the responses of the organizers/parents, DME had functioned well in the physical, emotional, mental, and social domains. It was carried out with the active participation of the children. The participants were focused on listening to instructions and delivered what was asked for. Changes noted in their behavior were: they accepted the situation brought about by the pandemic - "They were able to know what lockdown is and what to do to not catch the virus."; they developed stronger friendships - *"Oo, dahil nagbago yung kanilang pakikitungo sa isa't isa. Lagi nagtatanong ano at bakit may lockdown. Dati hindi sila masyado nag uusap sa loob ng bahay. Ngayon nagtutulungan na sila sa mga gawain na kailangan nilang magawa*" (Yes, there was a change in how they dealt with each other, and they asked a lot about the what and why of the lockdown. Before, they did not talk much with each other at home. But now they help each other with the chores that need to be done). Enthusiasm, enjoyment, happiness, and silliness were noticeable as the children worked and supported each other to fulfill the tasks during the session. These behaviors were evident even at home as attested by the parents when the children were doing the reading and writing assignments.

Reflexivity

Based on the observations of the facilitator, the children gained an understanding of COVID-19 by telling stories of different scenarios related to this. Also, the children learned about the things they should and should not do during this pandemic. The children learned how to protect their physical and emotional/mental health. Moreover, the children accepted feelings of distress, confusion, and sadness due to the restrictions and sudden changes in their daily routines.

Emotions were talked about through stories of "colored emotions." This was to validate that those feelings are real and manifest in the body, voice, facial expressions, and movement. The sessions gave the children a chance to acknowledge and understand their inner feelings and express these in dance and movement. The DME sessions gave the children an avenue to explore their knowledge about COVID-19 and their knowledge of how to interact with others.

Discussion

The results show that DME in the Focus DME Model had a positive effect on relieving feelings of distress, confusion, and sadness due to the restrictions of the COVID-19 pandemic; and improved knowledge on the purpose of the "movement restriction period" or lockdown within two weeks of four DME sessions. The DME employed dance and movement to help the participants relieve negative emotions and teach them the importance of the movement restriction protocols (e.g., washing hands, applying alcohol, and wearing face masks). Also, interaction among the children through movement and dance was crucial in helping them cope during the COVID-19 pandemic. These results can be a form of emotional approach coping, encompassing both emotional processing and emotional expression. The children used dance to process and express their emotions during the pandemic. By doing this, the participants understood their situation better and accepted that these feelings are a normal part of life, especially given the sudden transition from a life free of restrictions to a life full of restrictions. The abovementioned results were supported by the following studies conducted with different populations in the conduct of dance, dance intervention, and DMT.

A meta-analysis was conducted on the effectiveness of dance intervention in improving health-related psychological outcomes (Koch et al., 2019). In the meta-analysis of Koch et al., 41 controlled intervention studies (Dance Movement Therapy = 21; Dance = 20) were included for investigating the quality of life, clinical outcomes, interpersonal skills, cognitive skills, psychomotor skills, and residuals (psychotic symptoms and physiological change). The results showed that, in general, "DMT decreases depression and anxiety, increases the quality of life and interpersonal and cognitive skills whereas dance interventions increase psychomotor skills" (Koch et al., 2019). DMT was one of the components of DME and was implemented as the "relational and therapeutic use of dance and movement to further the physical, emotional, cognitive, social, and cultural functioning of a person" (DTAA, 2022). Moreover, a study by Duberg et al. (2020) aimed to investigate whether dance intervention was effective in reducing stress-related symptoms in 112 adolescent girls aged 13 to 18 years old. The study duration was twice every week of dance intervention for 8 months focusing on enjoyment and socialization. Results showed that dance interventions may reduce somatic symptoms and emotional distress when done for long periods of time (Duberg et al., 2020). The duration of the study period must be considered for future research as the outcomes may be more effective in helping children cope during situations such as the COVID-19 pandemic and other area-based issues where DME can be used. Furthermore, movement through dance was implemented as part of the methodological and theoretical bases of DME to help participants cope with the pandemic.

In the local context, the study of Baraero-Sharma (2006), the benefits of DMT were shown through the use of body-mind integration with abused children in bringing forth unconscious impulses to interact with the conscious. In addition, it resulted in gaining positive relationships using different facilitated movement activities. These approaches and results are similar to those that were gathered in the present study. It was found that the restrictions in the

usual everyday routine of the children due to the lockdown caused negative emotions which the DMT creative approach helped them to process.

The concept of the dance and movement activities that were utilized in the DME facilitation was carefully chosen by the facilitator based on the psychomotor stages of the participants. At their age, they understand space, and their fine and gross motor abilities are adequately strong and coordinated. Also, the concept of "group identity" starts to manifest at this stage, thus being with friends has a vital role in their participation. The participants also exhibited shifts in emotions every now and then due to hormonal changes which can cause impulsive behavior. All these were taken into account to have age-appropriate activities in the DME facilitation.

Similarly, the dance and movement activities were based on the inclination of the participants. With technology being a vital part of this generation's lifestyle, dances were taken from the videos that they watch on YouTube and TikTok while the explorations of movements repertoire were based on what is familiar to them. These are activities they usually play or do at home and at school, as well as being influenced by social media. The participants basically contributed to the dance and movements patterns that were safe, age appropriate, and appealed to their preference.

The use of dance and movement as a coping mechanism in this study was also the intention of the facilitator as a means to help the participants in regulating their difficult emotions that were brought about by the lockdown. It was deemed imperative for the participants to deal with their stressful situations by using healthy coping skills to improve their emotional resilience in the future. DME facilitation is a tool and one avenue for them to develop and manage their emotions. Dancing as the main activity of DME helps in their coping skills, dance releases the chemicals dopamine and oxytocin in the body, resulting in positive outcomes, Thus, the participants felt motivated, ready for learning, and in a pleasant mood for dance movement exploration.

Culturally, Filipinos love to sing and dance, as can be seen in gatherings where these are a means of performance or simply an activity to enliven the event. In the local context, dance or dance movement has not yet been used as a tool for coping mechanisms, nor does the community know of the possibility of its positive effects. Therefore, this study will be a first in introducing the possibilities of dance movement in this respect.

Language, meanwhile, is the key tool for verbal communication and expression. Thus, the use of the local language (Kapampangan, for the area of this study) in the DME facilitation provided a natural channel for the facilitator and children to readily bond and form a relationship that allowed comfortable interaction to achieve the goal of the DME. On the other hand, dance and movement convey a universal language that uses the body to express emotion as perceived by the senses. Thus, they serve as a language for social interaction that everyone can relate to. In the study, the children expressed more using body language, which the facilitator thoroughly observed in order to guide them to achieve a positive interpretation of themselves.

DME also includes arts and crafts among its activities. A study by Wang et al. (2020) analyzed data from 23,660 individuals included in an organization. The results show that "frequent arts participation and cultural attendance were associated with lower levels of mental

distress and higher levels of satisfaction, with arts participation additionally associated with better mental health functioning" (Wang et al., 2020). In the present study, the inclusion of arts and crafts may have contributed to the positive effects of the DME on the participants.

Education about COVID-19 was likewise part of the activities of the DME to help the children understand the purposes of the restrictions imposed, how the disease could affect them should they become infected, and how to protect themselves from this disease. A study by Khalid et al. (2021) investigated the relationship between how much knowledge a person has about COVID-19 and psychological distress. With 937 students from Pakistan participating in this study, the results showed that there may be a relationship between knowledge about the COVID-19 pandemic and psychological distress, with more knowledge about COVID-19 apparently leading to lower levels of psychological distress. However, a study by Saravan et al. (2020) shows the opposite results, indicating that students with more knowledge about COVID-19 experienced more psychological distress than those who did not. It is possible that context played a major role in these outcomes. The two studies were conducted at different periods of time and in different countries, Pakistan and the United Arab Emirates—with each country likely to have had varying levels of restrictions and guidelines.

In this present study, the education of the participants regarding COVID-19 was different since the facilitator was present to impart the information to the participants, simulating a school-like setting. The participants learned what COVID-19 was, the reason for the lockdown restrictions, and how to keep themselves safe from the virus. The parents of the children reported that prior to the DME sessions, the children were not interacting much. But, after the DME activities, the participants asked many questions about the pandemic and began to help each other finish tasks needed during the pandemic.

The DME intervention also incorporated listening to soft music. A study by Kong and Wong (2021) investigated the use of listening to music as a means of coping with psychological distress in kindergarten students. The subjects of the study were experiencing stress, anxiety, and depression due to the COVID-19 pandemic. The results showed that music without lyrics led to a prominent moderating effect on the students' health/psychological distress (Kong & Wong, 2021). Moreover, a study by Hasanah and Haikal (2021) investigated the effects of music therapy on cortisol levels in children. As cited in this study, music therapy was considered a psychosocial intervention tool that was "safe, easy, economical, and feasible to use and has the benefit of reducing cortisol levels as a stress biomarker" (Hasanah & Haikal, 2021; Hasanah et al., 2020; Linnemann et al., 2016).

Finally, storytelling was used in the DME intervention to educate the children about the COVID-19 pandemic. A study conducted on hospitalized children (Brockington et al., 2021) revealed that storytelling increased the "oxytocin combined with a decrease in cortisol in saliva after 30 minutes of storytelling" (Brockington et al., 2021). This intervention was short-term and considered a "simple and inexpensive intervention that may help alleviate physical and psychological pain of hospitalized children…" (Brockington et al., 2021).

All the activities of DME in the Focus DME Model that were included in the present study have been shown to have a positive impact on the negative emotions of the participants. Among the outcomes were: a) less frustration, distress, sadness, and confusion; b) more knowledge about the COVID-19 pandemic; and c) increased movement, interaction, and physical activity

in the household. The combination of the activities included in the DME was consistent with the literature in exhibiting positive effects on the participants.

A Note on Transformative Social Development and Children's Rights in DME

Social development is the upward progression of society in many factors including creativity, productivity, choice, and enjoyment. Development in social transformation involves qualitative improvement in identity, emotions, embodiment, actions, creativity, and paradigms. Culture is one of the causes of that transformation which has three main sources: invention (new ideas), discovery (something new in something that exists), and diffusion (spreading of ideas). With the abovementioned information, DME can be a supplementary form of transformative social development that may benefit any individual or group regardless of sex, age, religion, socioeconomic status, race, and ethnicity.

DME in the Focus DME Model provides therapeutic interventions that may alleviate the adverse effects of various issue-based problems. It is usually done collectively in a group and is not expensive to facilitate, making it accessible even for poor communities. DME is a form of intervention that has the capacity to develop social and emotional competencies which are necessary to achieve quality of life. Every individual needs to have the ability to interact with others and to understand each other's behavior, character, personality, and emotions. They also need the ability to think, solve problems, and act upon any given situation or challenge. DME can provide that. In addition, it is through the DME facilitation that verbal and non-verbal communication are enhanced for better interaction. These are all possible to achieve as DME is contextual in its approach, dealing with the potential of dance and movement in general as means towards empowerment and healing.

The utilization of the arts—which includes dance as an art form for human development and empowerment—has long been a part of the discourse on human rights and development. In the Philippines, Presidential Decree No. 603, or the Child and Youth Welfare Code declares the 12 rights of a Filipino child. Some of those rights served as the facilitator's foundation during the DME facilitation to ensure full protection of the children from harm, as well as to provide them with possible interventions to achieve quality of life.

One of the rights that was curbed during the lockdown was the children's right to play, as the COVID-19 restrictions confined them to their homes. Their right to engage in recreational activities whenever they wished was curtailed. Thus, DME facilitation provided an avenue for them to play within the limits of the lockdown guidelines. Another right that was hampered by the health protocols was the right to be protected from danger. The DME activities, therefore, included the imparting of educational information about COVID-19 and other health protocols for the children to understand how to protect themselves from the virus. The DME facilitation also ensured that their physical, mental, and emotional states were managed. The facilitator's plan was to provide access to play, information, and exploration for these children so that they would feel support from the people around them, thereby building a sense of security that would strengthen their character. The freedom they were given to engage in dance and movement likewise provided them a sense of peace in exploring movement interactions.

DME in a sense helped the children to be aware of themselves and to understand the situation that was happening during the lockdown. The DME facilitation became a tool for

interaction to support the children in their emotional quest in that uncertain time, while the dance and movement activities equipped the children with the knowledge to protect themselves, as this knowledge was imparted through the education activities. Transformation from negative to positive emotions secured the children through play, education, and exploration of a better outlook during the pandemic.

Conclusion

This study aimed to analyze the effects of DME in the Focus DME Model on Filipino children affected by the COVID-19 lockdown. There were positive effects on the feelings of frustration, distress, confusion, and sadness of the participants based on the facilitator's observations as well as the interviews conducted with the parents of the children. The study findings suggest that DME can be a form of emotional approach coping, where emotions are processed and expressed through movement, dance, and physical activity. Therefore, DME in Focus DME Model can be employed as an intervention for children experiencing feelings of frustration, distress, confusion, and sadness during stressful or uncertain times, similar to the lockdown periods of the pandemic in the Philippines. Finally, DME can be a supplementary form of transformative social development applicable to any individual or group regardless of sex, age, religion, socioeconomic status, race, and ethnicity.

Limitations

One of the major limitations of this study was the unrecorded narratives of the participants. These could have served as a rich source of data on how the intervention helped them cope better during the COVID-19 lockdown.

Recommendations

The data collected in this study were purely qualitative. Thus, there was a need to include objective measures using validated questionnaires to measure the effects of DME on specific health-related psychological variables. And with the DME as an intervention of the study, objective measures must be present to quantify the effects of DME on the children. Hence, further development of the methods of DME is a must to ensure that both qualitative and quantitative data are gathered and used to establish the effects of DME on children during the COVID-19 pandemic.

Moreover, it is suggested that an experimental and control group type of experiment be conducted to see if the changes from pre- to post-test were not random or by chance. Also, having a larger number of participants in this study would increase the evidence of the effectiveness of DME in the Focus DME Model. DME can then be applied in the context of the pandemic to different age groups to determine if it yields the same outcome as that among the participants of this study. Finally, a longer DME intervention is recommended to examine the effects of conducting more sessions. It is likely that DME will continue to show more positive benefits if conducted with more interventions.

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