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Building Attachment Between Infant and Caregiver with Postpartum Depression Through Dance Movement/Therapy

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Building Attachment Between Infant and Caregiver with Postpartum Depression Through Dance
Movement/Therapy

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Abstract

This thesis discusses the process of fostering secure attachment with infants and mothers suffering from postpartum depression, through dance/movement therapy. The mother-infant attachment and how it affects the overall lifespan of an individual. The impact of postpartum depression on attachment, and its effect throughout the lifespan is discussed, as well as different treatment intervention for insecure attachment and postpartum depression. Since insecure attachment is a common result of postpartum depression, a dual intervention process is recommended. Dance/movement therapy, with its emphasis on the body and non-verbal relationship building, provides a space to address both of these challenges.

Keywords: dance/movement therapy, postpartum depression, attachment, attunement

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Dedication

I would like to dedicate this thesis to my grandmother, Ann Shamah A”H. She was a woman filled with passion, joy, love, and honesty. She will be missed dearly by all who knew her. She was, and always will be, a true inspiration.

Non-verbal communication and positive nonverbal interactions between infants and their caregivers create safety for infants, thus giving the baby freedom to explore. Without the feeling of safety, the infant's mind preoccupies itself with reducing threats and cannot engage (Hughes, 2006). Exploration is so vital to the growth and development of the infant that its absence can stunt the baby's emotional development and provide difficulty with learning and relating to others later in life (Ainsworth, 1973; Hughes, 2006). Parents' nonverbal interactions and attunement with their child creates a bond vital to the developing child, forming the foundation for relationships and connections with others throughout life (Ainsworth, 1973; Bowlby, 1969). Theories about raising children and creating bonds to enforce safety and wellbeing vary greatly. Bowlby and Ainsworth assert that the first connections of infants and caregivers shape the child's understanding of later social-emotional relationships.

Non-verbal communication is the cornerstone for healthy attachment, the relational bonds between a child and the primary caregiver. Attachment will guide how the child navigates their social-emotional world and other relationships throughout life (Ainsworth, 1973, Bowlby, 1969). This bond is formed through non-verbal communication and attunement. Attachment is nurtured by listening to the babies' cries, tending to the baby, and being responsive to the baby. It is through this movement dialogue that the mother is able to connect and form a healthy relationship with her baby (Tortora, 2010). A child's internal safety and security is a byproduct of a securely attached bond (Ainsworth, 1973). These attachments influence the ability to create and form stable relationships throughout life. (Ainsworth, Blehar, Waters, & Wall, 2015). The caregiver provides a level of care, attunement, consistency, and safety, allowing the infant to take steps to explore and feel comfortable that the caregiver will be there for safety (Holmes, 1993; Ainsworth, 1973). These methods of attuning, and providing consistency and safety are often

communicated through nonverbal methods the mother develops with her baby. Moreover, this level of attunement and responsiveness supports the child's ability to reflect on and regulate emotional states. When parents respond to their child's needs, they are supporting them in learning *affect regulation*, which allows the child to learn how to reflect and emotionally regulate on its own (Hughs, 2006). Affect regulation is an unconscious process between the caregiver and infant that gets internalized by the infant who then develops the capacity to self-regulate. The caregiver's responsiveness to the baby is one of the most crucial elements in developing the infant's capacity to label their feelings and emotions, as well as the ability to comprehend other's emotional responses. The infant learns from co-regulation with the caregiver, and ultimately learns to self-regulate (Fonagy, Gergely, & Target, 2004). Not all methods of attunement and communicating safety work equally with each baby, thus the mother must engage in a dialogue unique to her baby to develop healthy attachment (Tortora, 2010). The mother must first engage in somewhat of an experimental process in figuring out what works and does not work for her child. There is no one way of attuning and communicating to all babies. Each baby interacts differently and communicates differently; things that upset the baby, the way the baby reaches, makes sounds, or looks at the caregiver have different meanings for different infants. Not only does one need to establish a connection and provide the baby with a sense of safety, but the way the mother does so is unique to her and her baby's non-verbal language.

Sometimes there are challenges to forming stable attachment bonds. Avoiding or ignoring the caregiver may indicate a lack of stable attachment. This can happen in babies and children when parents or caregivers are emotionally unavailable or unresponsive most of the time. An infant's indication of avoidant attachment may be retreating backward, turning their head downward and away from the caregiver, or not responding to the parent's engagement.

Moreover, the infant may not turn to the caregiver for comfort during a fearful moment; they may often be highly distressed; cry when the caregiver leaves and oftentimes are unable to be consoled when they return (Ainsworth, Blehar, Waters, & Wall, 1978). Babies have a deep inner need to be close to their caregivers. Yet when their inner needs for connection and physical closeness are not met, they stop seeking closeness and expressing emotion.

Attachment Theory

Attachment theory is based on the premise that the relationship between infant and primary caregiver forms the foundation for other relationships and healthy functioning (Bowlby, 1969). Ainsworth's research in attachment helped to codify and understand what it meant when an infant responded to their caregiver in a specific manner. Attachment theory is characterized by four different styles of attachment (Ainsworth, 1978), initially, and most notably, established through The Strange Situation Test (Ainsworth, 1978). This study aimed to observe and categorize a nine to 18-month-old child's level of attachment according to their response after a parent leaves the room and then returns. Defining a child's level of attachment helps the caregiver understand more about their connection and relationship to their child, can clue the parent into different methods of interacting and attuning to their baby, and aid in finding intervention to support secure attachment. The four attachment styles are secure attachment, anxious-ambivalent attachment, avoidant attachment, and disorganized attachment. Secure attachment is characterized by a child's willingness and confidence to explore while the caregiver is present. In this form of attachment, the child would also be willing to engage with strangers when the caregiver is present. This child would cry or become upset when the caregiver leaves, but is able to be consoled and is generally happy when the caregiver returns (Ainsworth, 1978). Securely attached children feel confident that their caregiver will be available to meet

their needs; their caregiver is able to be a safe base to explore the environment and the child seeks their caregiver in times of distress. Infants develop a secure attachment when their caregiver is sensitive and attunes to their signals and responds appropriately to their needs (Main, & Cassidy, 1988; Bowlby, 1980)

When a caregiver is insensitive and rejects the needs of their baby, the infant may fall under the category of anxious-ambivalent attachment, also known as anxious-resistant, which is characterized by a child's lack of exploration (Ainsworth, 1979). The child will often be wary of strangers even when a caregiver is present. In the Strange Situation, when the parent departs, the child is often highly distressed as well as ambivalent toward the caregiver when he or she returns (Ainsworth, 1978). Babies with anxious-ambivalent attachment are very physically and emotionally detached from their caregiver (Behrens, Hesse, & Main, 2007). Caregivers that fall into this category often discourage crying and encourage premature independence in their children. These caregivers are emotionally unavailable to their children especially when they are in emotional distress and the avoidant child learns early to not seek out a parent for comfort (Catlett, 2015).

Avoidant attachment is characterized by a child who is generally avoiding or ignoring the caregiver, as well as one who is neither distressed nor delighted when the parent leaves or returns. A child with avoidant attachment will also lack exploration, even when the caregiver is present. Disorganized attachment is characterized by a back and forth of disorganized decision making from the child. The child may express odd or ambivalent behavior toward the parent, often seeming securely attached, and then immediately pull away and become avoidant toward the parent. Children with disorganized attachment are often confused and present no consistent approach to having needs met. Children acquire this attachment style when a parent is either

directly terrifying, often abusive, or looks terrified and therefore is terrifying. Part of the child's brain wants to be consoled and be soothed by the caregiver, yet simultaneously wants to run away from the terrifying caregiver. This creates fragmentation, an inability to regulate emotions, an inability to understand others, and a misinterpretation of others' actions throughout life (Reisz et al., 2017).

These four attachment styles are mainly shaped by the caregiver's behavior. If a caregiver is not receptive to their baby or lacks certain abilities to care for and be present for the child, the child becomes at risk of having an unhealthy attachment (Reisz et al., 2017). This however is not only significant for infancy and childhood, but adulthood as well. Adults who develop from secure attachments are able to create long lasting and healthy relationships, maintain emotional balance, enjoy being with others and themselves, are resilient and are able to easily recover from disappointment, discouragement, and misfortune (Sperling & Berman, 1994).

Infants who develop from an unhealthy attachment are at high risk of depression, anxiety, and underdeveloped mentalization as they mature into adulthood. Mentalization consists of insight into inner experiences of others as well as awareness of what others might think and how their actions are perceived. (Fonagy et al., 2004; Hart, 2008, 2010). Studies have found that children with disorganized attachments are at risk for mental health issues that are expressed both internally and externally. Children with disorganized attachments have presented with ADHD, explosive outbursts, depression, and mood disorders. (Hughes, 2006). Adults with anxious-ambivalent attachment tend to seek excessive reassurance in relationships and experience attachment anxiety, leading to depression (Shaver et al., 2005), mistrust of others, and less satisfying and intimate relationships (Shaver & Hazen, 1987).

Moreover, anxious-ambivalent attachments correlate with a lack of independence and excessively demanding commitment in relationships (Feeney & Noller, 1990). Studies have also found that adolescents with avoidant attachment displayed higher levels of anger and hostility compared to securely attached adolescents (Muris et al., 2004). Furthermore, children who grow up with a lack of attachment exhibit negative behaviors and delayed cognitive functioning, such as delayed development of sensory integration, language, problem-solving, academic skills and the ability to reflect (Klorer, 2017; Hughs, 2006). Deprivation of needs, physical harm, or emotional harm all constitute developmental trauma, and can halt potential for a secure attachment (Hughes, 2006). Adults lacking stable and secure attachments may have difficulty forming healthy relationships with others and connecting to others emotionally. They may also be aggressive and unpredictable in their relationships, due to lack of proper secure attachment in childhood (Hazen & Shaver, 1994).

Poor parental attachment is significantly linked to delinquency (Bowlby 1944; Hirschi 1969). It has been shown that adults with poor attachment histories have a higher risk of becoming incarcerated due to their poor behaviors and too often fail to seek treatment. (Hoeve et al., 2012). Incarceration of juveniles has also been linked to poor attachment. Therefore, attachment intervention could reduce or prevent future delinquent behavior in juveniles (Hoeve et al, 2012).

Postpartum Depression

A significant challenge to developing a secure attachment is when the mother suffers from postpartum depression. A parent with postpartum depression may experience mood irritability, fluctuating levels of sadness, somatic expressions of anxiety, low self-esteem, and disrupted attachment to the child (O'Hara, 2009; Wisner et al., 2013; APA, n.d.). Postpartum

depression may negatively affect the mother-child relationship because the symptoms of the depression interfere with the mother's capacity to relate to her child (Rutter & Quinton, 1984). A common outcome of postpartum depression is an insecure attachment style.

Postpartum depression sometimes develops after giving birth. Onset often happens during the first four weeks after birth, although it may occur any time between birth and one year after birth (American Psychiatric Association [APA], 2000; O'Hara, 2009). This is not to be confused with "postpartum blues", which is also characterized by common depressed symptoms during the first week to ten days after delivery. Unlike postpartum depression, postpartum blues usually resolve within a few days without the use of therapies or other interventions (O'Hara & Segre, 2008).

In the United States alone, one in seven women may experience postpartum depression after giving birth (Wisner et al., 2013), while one in 10 women will experience symptoms of postpartum depression after giving birth, while not meeting criteria for a diagnosis. This is often referred to as the "baby blues" (Haight et al., 2019). These statistics do not account adoptive for parents, men, or women who experience symptoms of postpartum depression due to miscarriage or stillbirths, although all of these individuals may experience postpartum depression. Additionally, these statistics do not address populations all over the world who may have postpartum depression as it exists globally (Wisner et al., 2013). Postpartum depression is a widespread global disorder that affects many families and individuals, yet there is a lack of psychological resources for women to receive whilst receiving help building a healthy attachment with her baby

Postpartum depression likely develops from a combination of multiple factors, although the exact source is unknown. Risk factors for developing postpartum depression include maternal

factors, social support, relationships, pre-existing vulnerability to depression, environmental factors, as well as the baby itself playing a role (Beck 2001; O'Hara & Swain, 1996). The common denominator of all these risk factors is the high stress factor. These circumstances can cause high stress and intense sadness on the mother, increasing her chances for depression.

Unsurprisingly, the way women with postpartum depression treat their children can lead to poor qualitative aspects of interpersonal communication with their children. This includes rate of speech, mainly slowing of speech (Teasdale, Fogarty, & Williams, 1980), dull lethargic voice quality (Scherer, 1986), lack of eye contact (Bellack et al., 1983), and shift in emotional expressiveness and responsiveness (Lewinsohn et al., 1970; Libert & Lewinsohn, 1973). Speech is of particular importance because it helps children acquire language capacity, provides them with a level of attention, and can help them identify emotional levels through sound expression. Eye contact is essential for creating connection, as well as a foundation for language development (Robson, 1967). Emotional expression is important as it helps children see their emotions reflected. When the mother presents with lack of emotional expression and responsiveness, she is not able to attune to her child or help her child understand his or her own emotions (Bernier et al., 2019).

Women with postpartum depression have been shown to have significantly less closeness and warmth towards their babies compared to women without depression. Lack of warmth and closeness indirectly communicates to a child an unavailability to care for it (Edhborg et al., 2011). Moreover, mothers with depression show a greater negativity in their interactions with their children and are less sensitively attuned to their infants (Murray et al., 2019). Ultimately, infants of mothers with postpartum depression are more likely to be insecurely attached to their caregiver (Murray et al., 2019).

Insecurely attached infants are more likely to perform poorly on cognitive development assessments, which assess an infant's gross motor skills, fine motor-adaptive skills, language, and personal-social skills (Frankenberg & Dodds, 1967; Cooper et al., 1991). Moreover, babies of mothers with depression smiled less, cried more and were unable to self soothe or regulate their emotions (Field et al., 1990; Pickens & Field, 1993).

Despite recovery from postpartum depression, mothers continue to report poor quality interactions with their children (Cooper et al., 1991). Forman et al. (2007) found that psychotherapeutic treatment for mothers suffering from major depression in the postpartum period improved parenting stress but did not improve parent and child relationship outcomes. Mothers who reported high levels of parenting stress perceived their problems as due to child characteristics and behaviors such as hyperactivity, demandingness, and mood. These mothers also reported higher levels of self-perceived incompetence as a mother, emotional isolation, and little partner support (Abidin, 1995). Even 18 months after treatment, the depressed mothers still described their children as being poorly behaved and having negative temperaments compared to the non-depressed mothers (Forman et al., 2007). The authors argue that instead of focusing on just the mother, treatment must address the mother-infant relationship (Forman, et al, 2007).

Methods/Interventions to Improve Attachment

There are many different methods and interventions to improve and foster healthy attachment with infants, including sleep intervention, video-feedback intervention, and the Steps Toward Effective Enjoyable Parenting (STEEP) program. These three interventions are distinct to highlight the benefits of alternative interventions to address differing needs and are designed to be implemented as the attachment bonds are forming, from birth to six years, as opposed to prenatal prevention or later on in the child's developing life.

Sleep is one of the most important aspects of the family dynamic, because when the baby sleeps, the parents sleep and when the parents sleep, they are able to tend to their relationships, fight less, and be more attentive to their familial needs (in addition to the beneficial health factors of sleep). When working with families, sleep psychologists focus on building trust, responding to baby's needs, sleep, monitoring sleep and figuring out what is best for the family in terms of different methods toward healthy sleep patterns. These methods aid in strengthening the attunement level and attachment between infant and caregivers. In most instances, the baby needs some consistency, whether it be a specific routine before putting the baby to sleep, or if parents decide to leave the baby crying for a specific amount of time before tending to the baby. Determining the right way to help the baby to sleep and building consistency can help soothe and regulate the baby as well as provide a less stressful environment in the household, in the parental relationship, and for the caregivers themselves (N. Barnett, personal communication, November 22, 2019; Meijer & Wittenboer, 2007).

An alternative method of intervention, Video-Feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD), improves attachment between the infant and caregiver by recording the parent-child interaction. The recording serves as a mirror, supported by a mental health professional trained in the VIPP-SD technique of educating and implementing both sensitive parenting and coercion theory to provide feedback on observations. Sensitive parenting refers to an awareness of the child's physical and emotional needs and the appropriate and consistent response. Coercion theory asserts that aggressive parenting styles can produce aggressive behaviors and shape later antisocial behavior (Voss, 1999). This method operates from the perspective of the child, as well as working on themes of sensitive parenting and sensitive disciplining, such as sharing emotions, positive reinforcements, sensitive time-out, and

empathy for the child (Juffer et al., 2008). VIPP-SD is a short term, usually six session, series of home visits which encourage and enforce positive interactions in natural and daily settings.

Another project designed to foster healthy attachment is the Steps Toward Effective Enjoyable Parenting (STEEP) program. This method is a comprehensive program designed to enhance maternal sensitivity, with an emphasis on understanding the meaning and significance of key developmental behaviors such as separation anxiety or toddler negativism (Seuss et al., 2018). This approach involves home visits and group sessions beginning prenatally and continuing for two years. The program resulted in many positive outcomes. Mothers who took part in the STEEP program were more sensitive, had a better understanding of infant development, scored lower on depression and anxiety scales, were more competent in managing their family affairs, and had a larger social support network compared to control mothers (Egeland, 2019).

Most of these interventions are focused on fostering the connection between the mother and infant through more sensitive responses to the infant by the caregiver. However, caregivers with postpartum depression must heal in order to elicit a true and caring response to the child (Edhborg et al., 2011). Without treatment for postpartum depression, the mother will continue to be emotionally unavailable to her child and emotional expression, such as through eye contact, will not feel genuine. Holding her baby may feel stressful and uncomfortable, and this discomfort cannot be healed by simply being taught how to hold a baby the right way (Cooper et al., 1991; Forman et al., 2007). Therefore, treatment for postpartum depression is also a necessary step toward healing attachment and depression.

Dance/Movement Therapy

Dance/movement therapy is the psychotherapeutic use of movement to promote the cognitive, emotional, social, and physical wellbeing of a human being (American Dance Therapy Association, 2020). It is often the case that individuals cannot verbally articulate what they are feeling or why; however, movement has been found to uncover what cannot be expressed solely through words. Through movement and therapist interventions, the conscious and unconscious mind are expressed and the connection between body and mind can be established.

Dance/movement therapy also relies on the assumption that external changes promote internal changes and those internal changes are expressed externally. Through dance/movement therapy movement exploration, one can physicalize the internal components of one's experience (Betty, 2013).

Movement is the first language and continues to be a language used by dance/movement therapists. Movement improvisation and dance/movement therapy interventions allow the client to explore new ways of being, understand themselves, and their relation to and connection with others (Levy, 1988). The client-therapist relationship is based on verbal and non-verbal cues and discovering the unconscious self through movement. "Movement can be functional, communicative, developmental, and expressive. Dance/movement therapists observe, assess, and intervene by looking at movement, through these lenses, as it emerges in the therapeutic relationship in the therapeutic session" (American Dance Therapy Association, 2020).

Dance/movement therapists use movement as an assessment tool as well as their primary mode of intervention (American Dance Therapy Association, 2020).

Dance/Movement Therapy Interventions for Depression

There is minimal research on the topic of dance/movement therapy for treating postpartum depression. However, the literature for this form of therapy with depression is vast. Of the multiple techniques and interventions used in the dance/movement therapy setting, mirroring, imagination, imagery, and symbolism are some of the basic fundamentals. Mirroring is a technique used to enhance the embodied therapeutic relationship by copying another person's essence or quality of movements. Through this selective imitation, therapists are able to enhance their emotional understanding and empathy for others (McGarry & Russo, 2011). For example, a therapist might imitate the movement qualities of a client with depression who has a slumped posture, head down, focusing inward, in order to embody and better understand how the client is feeling, as well as connect with the client to build the therapeutic relationship (Meekums et al., 2015). Imagination, symbolism, and metaphors are also used to tap into unconscious thoughts and feelings. Active imagination aids in accessing hard to reach feelings and allowing them to emerge. For individuals with depression, feelings such as anger and sadness that may become internalized, can be expressed by activating the imagination through movement. Dance/movement therapy can then help process those difficult emotions and find resolutions for them (Meekums, 2002; Karkou & Sanderson, 2006; Karkou et al., 2019).

Depression often causes a constant state of uncertainty and feelings of lack of safety, as well as an inability to connect physical felt states and emotions, and mental ideas. Building the therapeutic relationship is the start to building safety and understanding in the body. Building the therapeutic relationship establishes a connection between the client and therapist, a sense of safety, and a level of understanding. This is done in many different ways, one of which includes kinesthetic empathy and mirroring. Mirroring can help the therapist understand on a small level

where the patient is starting from (McGarry & Russo, 2011). Another fundamental goal is to help the patient understand the connection between feelings and thoughts and body action. This is the understanding that the mind and body are interconnected. This is a basic foundation of dance/movement therapy, and it is of utmost importance for the patient to internalize in order to deepen their connections and understanding of their physically felt states and sensations, emotional experiences, and mental ideas (Tortora, 2013).

Depression often leaves individuals in a constant feeling of discomfort, isolation, lack of desire for movement, and lack of agency (O'Hara, 2009; Wisner et al., 2013; Patel et al., 2012). The warm-up of a dance/movement therapy session is often the impetus in addressing these issues. Within the dance/movement therapy session, the therapist may decide to implement a particular structure for a beginning, middle, and end, which can be understood as the warm-up, theme exploration, and closure (Punkanen et al., 2014). The beginning often includes a warm-up of some sort, with many engaging in welcoming rituals (Flores, 2018). One example of a warm-up for women with depression is exploring and becoming familiar with the space/room by walking and moving around it in various ways. This is beneficial as it provides a sense of comfort in familiarity, thus giving the client more agency to move and explore physically and emotionally (Pylvanainen et al., 2015). The warmup is often a catalyst to what can be explored as theme exploration, when small mentions of what can be represented in the group get expanded and further delved into.

Postpartum depression often leaves women feeling out of place in their bodies due to the new physical changes they have experienced, tension in different parts of the body, and overall sadness (Edhborg et al., 2005; Wood et al., 1997; Mauthner, 2002). A movement-based intervention for women with postpartum depression is the promotion of vertical posture; this

addresses the general concave inward posture women with postpartum depression tend to have, while integrating their old and new identities and increasing their self-care (Levison, 2016).

Another method may consist of a strength-release exercise, tensing muscles and releasing them, addressing the tightness and tension presented in the body. This is beneficial as the clients are able to feel the differences in their bodies as they feel what their bodies were doing and shift into what can be and what is more beneficial to the mind and body.

The middle of the session which often consists of theme explorations and/or other movement interventions, is able to address issues that arise from the unconscious. Theme exploration involves exploring different themes that come up such as safety, agency, playfulness, freedom, and emotional acceptance (Pylvanainen et al., 2015). This often leads to deeper emotional expression and possible metaphorical imagery to work with (Edgeland, 2019)

Other themes therapists use are the exploration of boundaries, symbols, pleasant and unpleasant emotions, mindfulness, safety, and awareness of the body. (Punkanen et al., 2014). Providing safety is such a necessary aspect of treating individuals with depression; one of the reasons is because when someone feels safe they are more willing to open up and express themselves better. Just as how infants are able to explore when they feel safe, so too, adults are able to explore when their basic need for safety is met. When exploring the theme of boundaries, Punkanen et al. (2014) used movement exercises to allow the participant to learn to trust their felt-sense experience about the right distance between themselves and others. This allows the client to learn to pay more attention to their bodily sensations and autonomic nervous system reactions when approached by another person (Punkanen et al., 2014). Anger is a common feeling internalized with depression; this can be expressed, understood, and addressed through dance/movement therapy. To explore unpleasant emotions, participants are able to try out and

discover safe ways of expressing their anger. With the support of the therapist and other group members, individuals could express this emotion through spontaneous, and improvised dance movements (Punkanen et al., 2014).

The end of the session often consists of verbal or movement processing, possible relaxation, and assisting the individual in preparing for the environment outside of therapy. It is a time to process what occurred during the session, possibly gaining insight into the session, and connect the nonverbal with the verbal experience (Welling, 2019). The therapist sensitively accommodates the interventions to match the needs and identity of the client

Dance/Movement Therapy and Infant Attachment

Dance/movement therapy is critical for this population because the qualities of interaction exist on embodied, affective, and multisensory levels (Levy, 1995; Tortora, 2013). Considering infants' lack of verbal language, one must interact with the infant through movement and the senses. Through touch, smell, sight, and sound, the baby internalizes different messages and interactions. Nurturing touch such as cuddling, holding, and kissing, contribute to the mental organization that fosters healthy attachment (Perry, 2013). The quality of these exchanges are defined by posture, vocal tone, gestures, and facial expressions (Bowlby, 1969). Attachment is such a body-based concept that, for very young children, can only be addressed through bodily felt experiences, which is what dance/movement therapy provides. Dance/movement therapy creates an open, safe, pleasant, and predictable environment. This is beneficial for developing children in order to further connect and explore. The use of play objects arouse curiosity and creativity. It also arouses surprise that influences a level of curiosity to initiate interest, emotion, engaged interaction, play, gesture, and joint dance (Loughlin, 2017). Dance/movement therapy provides space for movement experiences that coincide with infant

developmental levels and capabilities while encouraging and enforcing communication and lighthearted playful interactions. For example, parents of newborns may use a transparent cloth; silver paper that reflects light; or small bells for sound, to utilize and elicit infant attention and response (Loughlin, 2017).

Affect attunement is another effective method of mirroring and attuning. Affect attunement is the sharing of emotional experiences between the infant and caregiver by matching expressions, duration, intensity and rhythm during face-to-face interaction with each other. Affect attunement successfully promotes infant social awareness, more gazing time, smiles, and positive vocalizations (Markova & Legerstree, 2006; Szajnberg et al., 1989). This mutual attunement fosters kinesthetic empathy and bonding, thus fostering positive and secure attachment (Doonan & Brauning, 2015). Additionally, dance/movement therapy uses methods of cradling, rocking, rolling, swaying, sliding, swinging, and balancing, to promote relationship building, self-confidence, body awareness, physical and emotional security, and interpersonal communication (Sherborne, 2001).

Tortora (2010) created a program using lullabies, rhymes, and games in order to interact and promote positive bonding experiences between infant and caregiver. Her approach focuses on the many ways to look, assess, and receive information about self and other. Her program, *Ways of Seeing*, focuses on how infant and early childhood experience influences individual development throughout life, which is the foundation of attachment. The *Ways of Seeing* approach works with children and families to understand each other better, and communicate better through nonverbal exchange, multi-sensory dance/movement therapy experiences including movement, dance, music, art, visualizations, play, educational support, and body

awareness (Tortora, 2010). Caregivers reported feeling closer to their babies and reported to have continued using the tools provided by the sessions (Tortora, 2010).

By not dictating a structure in the dance/movement therapy session, babies were given the freedom to explore in a safe and playful manner (Tortora, 2010). Dance/movement therapy provides a safe space for babies to explore the environment around them without forcing them to do a specific movement or play with a specific toy. The session promotes a space of open interaction. The therapist may provide playful activities or toys to play with in order to promote engagement. Yet, it is up to the babies to choose to explore and engage.

Moreover, the effects of music and movement in mother infant interactions have shown an increase in positive attachment (Vlismas et al., 2013). The dance/movement therapy environment provides a space to explore and express the relational aspects of the infant caregiver attachment (Coulter & Loughlin, 1999).

Discussion

In order to fully treat mothers and their babies, there needs to be more of a dual therapy process for the mother to be able to address both the attachment relationship and postpartum depression together. Treating postpartum depression alone does not resolve attachment problems, and mothers with postpartum depression are unable to effectively use interventions aimed at improving attachment due to their depressive symptoms. Dance/movement therapy is able to build attachment between infant and caregiver and address postpartum depression simultaneously. This is achieved through the process of intake and assessment, moving, discovering the needs of the mother and infant, and implementing goals and interventions specific to each individual.

Dance/movement therapy differentiates itself from other methods of treatment in its ability to work with the body, using the body as the source of healing, and understanding the self.

Postpartum depression is a depression that arises after giving birth, an experience that has literally been moved through the body. Birth has a tremendous impact on the physical, psychological and relational experience of the mother which is why movement is such a beneficial tool toward expression and healing with this population. Women who give birth, especially women with postpartum depression, often feel a disconnect between their body and mind; the body may feel unfamiliar or separate from the self as it has drastically changed so quickly. Dance/movement therapy is able to work on building the connection between the mind and body by finding a connection, recognizing the body and the self, and incorporating strategies toward decreasing depressive symptoms. One strategy to do so includes supporting safety in the body through recognizing body boundaries, providing the client with respect for personal space, and bringing attention toward grounding in space. A group exercise to explore personal space might be asking that clients pair up and stand far apart. Then while one client walks towards the other the still client must non-verbally express to their partner to stop moving by finding a preferred movement to tell the other client they are too close, such as placing their hand straight out in front of them. The clients would then switch partners and roles and repeat the exercise with other group members. This will help clients establish personal space and self-respect.

A grounding in the space exercise might incorporate being present with the music and rhythm, such as tapping one's feet on the ground to the rhythm of the music or even walking around the room while the therapist makes verbal cues toward conscious awareness of the ball and heel of the foot touching the floor with each step; the therapist may also draw attention to the client's awareness of the room and people in the space. Grounding provides physical and tactile information about the self in the present environment. It offers a level of needed presence that enables one to deal with what is happening in the present moment. This is especially important

for mothers with depression as they tend to worry about future or past situations but neglect to stay present to address their current reality.

Another strategy includes supporting a sense of agency through emphasizing choice making in movement, recognizing the resources the body offers, and providing opportunities for the client to make choices within sessions such as with choice of imagery, the use of props, and group leading explorations. The client is able to learn and experience agency through their leadership role, such as leading the group through an imagery experience of a memory, imagined place, or scenario. The therapist might ask the client to choose a song or an imagined destination. The client might be asked what they imagine in this place, what they might be doing, etc. Other exercises to promote strength and agency may include the use of music with a powerful beat or rhythm, with lyrics alluding to strength and power. The therapist can then lead the group through movement qualities that assert strength, such as stomping one's foot on the ground, punching up, and punching down; other strength and fighting qualities the clients execute may be presented to the group and mirrored. Postpartum depression can leave a person feeling useless and physically and emotionally weak. Providing them with the opportunity to feel important, powerful, and purposeful is an important step towards growth and healing.

Helping the mother explore and address her emotions is only achievable through helping her identify with her feelings and explore them first. This is achieved through helping the mother tune into her own feeling states, helping her identify feelings in the body, activating emotional expression, and finding ways to express those emotions outwardly. To help the mother tune into her feeling states and feelings in the body, the therapist might use methods of breathing. Just allowing moments of stillness and breathing can provide a space for focus on the self and feeling states. The dance/movement therapist might prompt the clients to close their eyes, or hold a soft

gaze in order to focus on the self, or to breathe into the chest, then send breath into the belly, where they were pregnant, and no longer are. Including self-touch on the belly would provide the mothers time to explore different feelings as they breathe. The therapist might ask the clients to send breath to places that may feel pain, tension or sadness, while also recommending self-touch in areas of the body that may feel this pain, tension or sadness, letting them explore what about it doesn't feel good. By giving them time and space to sit in silent breath with an inward focus, this exercise can calm them and help them become aware of what is happening in their own bodies. The dance/movement therapy session provides an opportunity to slow down and take a moment to just be, something they might not have been able to access. This allows the mothers to simply sit down and have their own moment to be with themselves, listen to their heartbeat, their breath, and their minds.

The dance/movement therapist can also facilitate the exploration of all levels of emotion through the use of polarity exercises. This can give the client the opportunity for a full range of emotional exploration. An example of a polarity exercise might be an across the floor exercises for feeling extreme levels of energy with the use of imagery such as running across the room like a hungry cheetah or a sleepy sloth, or using props to elicit different emotional qualities such as playing with a heavy and light ball to represent emotional levels. Playing with expression of emotions is a way of integrating and accepting those feelings.

There are many emotions and physical changes a mother might be feeling after giving birth, and these changes might induce feelings of isolation, especially when she is the only one in the immediate family going through it. Group dance/movement therapy can offer a space of understanding and feeling seen, where one is surrounded by individuals going through a similar experience. Mirroring also provides the ability to be seen by the therapist and by others through

emulating and interacting with one's movement. An example of this might look like a mother moving and dancing to the music or prompt, while the therapist or group members follow along by copying the qualities of her movement.

Dance/movement therapy provides a space with few demands from the mother. It is a space with little expectation so that the client can be their true self. For clients with postpartum depression, being allowed to say no without fear of judgement can feel relieving. It provides an opportunity for the mothers to simply focus on themselves, instead of their daily tasks that must be accomplished or expectations they must live up to outside of the therapy room.

Dance/movement therapy provides a space where the client is not forced to do something they do not want to do. This can release stress and anxiety for the mother. A mother may feel so stressed due to the high demand of taking care of a newborn; giving her the opportunity to be in a space with little expectation can feel relieving. It also provides a space for the mother to feel she is allowed and free to think of herself first. Many new mothers may feel they cannot worry about themselves when they have a baby and a family to worry about. Dance/movement therapy opens up the space for the mother to focus on herself.

Furthermore, dance/movement therapy can provide a space to connect to others and oneself. This promotes feelings of acceptance, feeling seen, and feelings of joy. The structure of group therapy allows for connection amongst each other as women who have had similar experiences and are working toward similar goals.

Moreover, nonverbal communication is an essential aspect of how the connection between the mother and infant forms. It seems impossible to address infant attachment in any other way than through movement. Dance/movement therapy allows for healing on both parts of the mother's depression and the parent-child relationship. Dance/movement therapy allows for a

space for the mother and child to discover themselves and each other through movement experiences, whether they be through mirroring, attuning, or playful activities and games.

Mirroring is a useful technique for promoting positive attachment. In order for a mother to mirror with her baby, the therapist might encourage the mother to lie her baby down so she can look her baby in the eyes. The therapist might then ask that the mother try and replicate the baby's facial expressions. She may also ask the mother to emulate the baby's movements through sound quality. If the baby is tapping on the ground in a rhythmic fashion, the mother could echo the movement with a verbal rhythmic sound, like "bum, bum, bum, bum, bum". Mirroring can promote positive mother-child interaction and allow the baby to feel seen and feel attended to.

Dance/movement therapy allows for the opportunity to discover through creative exploration of movement. Active imagination and symbolism are also used as tools to access hard to reach feelings such as anger and sadness. This could also increase the mother's ability to access her own emotions and she can then begin to reflect that to the baby and identify with the baby. This can be expressed in a variety of ways, one of which is through creative storytelling. For example, a therapist might ask the clients to imagine they are holding something in nature. A mother might have thought of something really heavy like a big rock; through instruction by the therapist the whole group might come together to lift this imagined rock with muscle and strength; to finally lift it above everyone's heads and feel a sense of relief. The imaginative process led by the client is active imagination; the rock might have represented struggles the mother is experiencing with postpartum depression, and the group helping to lift the rock is a part of the therapeutic process and can send a message that she is not alone, that she is worthy of being helped. Through the use of symbolism and metaphors, dance/movement therapy can help process those difficult emotions and find resolutions for them. (Meekums, 2002) (Karkou &

Sanderson, 2006). Symbolic development transforms emotions into images and metaphor. Imagination accesses unexpressed emotions and symbolically expresses our conscious and unconscious experiences. Oftentimes words are insufficient to describe what one might be feeling, although the body can be used as a tool of expression when words are not able to. Finding ways for the mother to connect to her infant, communicate with her infant, and bond with her infant can also ease anxiety around motherhood and stress around building that connection (Edgeland, 2009, 2019). Attachment techniques can therefore decrease some symptoms of postpartum depression.

Within the dance/movement therapy sessions, clients experience discovery of the body through movement. Additional interventions might include encouraging the mother to move through multiple prompts directed by the therapist in order to become more in tune with her new body. The therapist might prompt the mother to isolate body parts by moving just her left leg, or right arm to the music in any way she can imagine. Moving with the baby is also an important part of this therapeutic process. In order to build attachment, the infant and mother must interact. Physical touch by tapping or patting different isolated parts of the body is a technique the therapist might use with the mother and child tapping the baby's body parts to help the baby notice their different body parts and feeling the difference between self and other. The therapist may use multiple techniques to foster this connection, understanding that there is no one way for each individual client. Therefore, trying different techniques may be part of the process of fostering the attachment. Key factors for both mother and child include being seen, body awareness, curiosity, expression, sense of comfort and safety, discovering the self and your baby's movement dialogue.

Eye to eye contact is one of the most important ways of interacting and connecting to one's baby (Kaufman, 2017). This allows the baby to feel seen by the mother and the mother seen by her baby. Feeling seen for the baby sends the message that they are understood and are listened to. Eye contact is also one of the most important steps toward attuning to one's baby. In order to connect to the baby, the mother uses eye contact as a way of saying she sees her baby. She can then non-verbally communicate through the different cues the baby offers such as the way it looks at her, cries, kicks, smiles, moves its body, and makes sounds. Cradling and rocking the baby is also a useful method to build healthy attachment as touch and holding provides safety and comfort. Another method the therapist might implement is the mother and child engaging and playing both individually and together using props or verbal prompts provided by the therapist to initiate engagement. For example the therapist might provide the mother with a soft scarf to lightly drape over her baby and to play a version of "peek-a-boo" with; or use a plush ball as a playful tool for the mother to tickle her baby's feet, tap their nose with, or hand to the baby while watching for cues of interaction by the baby such as the baby handing it back or laughing or crying.

Closure of dance/movement therapy sessions will often include verbal or movement processing for the mother(s). This would provide a space for the mothers to verbally process how they felt the session went, gain insight into the session, and explore thoughts and experiences that came up within the session. Movement action can facilitate verbal articulation of the experience. Verbal discussion becomes easier after the movement process. It can make the unconscious process conscious, integrating the body-level experience and insights as a conscious process. Mothers can also affirm emotions others are feeling, discuss thoughts or express opinions on the experience, while finding closure through the remembered events of what

occurred. This time can also provide a space to exit the experience and prepare the mothers to exit the therapy session and enter their worlds outside of therapy.

Having a baby holds a lot of pressure in and of itself. Yet having postpartum depression along with it can seem overwhelming, even crippling. At a time when the focus is heavily placed on medical and physical wellbeing of the mother and child, it is of utmost importance to address the psychological aspects and the relationship between the mother and baby. Dance/movement therapy can provide a space for healing both for the mother and for her baby.

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