

FOSTERING A SENSE OF BELONGING:
ATTACHMENT THROUGH DANCE AND MOVEMENT

By

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A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Counselling (MC)

City University of Seattle

Vancouver BC, Canada site

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Abstract

This manuscript style thesis seeks to highlight the connection between the use of dance, movement, and music to support attachment development. There is abundant research showing the importance of early attachment bonds between infant and caregiver and its impact on growth and development (Bowlby, 1969; Ainsworth, 1970). Dance/movement therapy (DMT) is a psychotherapeutic approach at the intersection of somatic psychotherapy and creative arts therapies and offers a unique way to support a sense of belonging (Gray & Porges, 2017). Reviewed in this paper is the importance of the relationship between attachment and the body and aims to promote the use of dance and movement for supporting healing and attachment differences. Also highlighted within this thesis, are important aspects of this embodied work involving the therapist and their ability to attune to self and other. This thesis shares implications and highlights significant pieces related to doing this work in the current socio-political context. Examples of how therapists can integrate DMT interventions for the use of practice with their clients is also included. This manuscript aims to inspire therapists to invite creative expression and movement into their work for the development of a sense of belonging and deep embodied relationship.

Keywords: attachment, dance/movement therapy, attunement, somatic-based therapy, expressive arts therapy, creative arts therapy

Acknowledgements

It has been an incredible journey taking on this path to becoming a therapist and completion of this Master's degree has been made possible with extraordinary support received from family, friends, colleagues, and mentors. I am filled with gratitude for the check-ins, discussion, and encouragement I have received throughout this exploration and thesis writing process. First, thank you to my thesis advisor Colin Sanders for his thoughtful words of encouragement and feedback. Thank you also to faculty reader Chris Kinman for sharing words of support and confidence for the work I have shared. This thesis would not have been possible without my library support team: thank you to Yasmin and Zoe for being solid rocks beside me in the library on long days of writing in the "tomato time" cone. Thank you to my cousin Terris for reviewing and editing this manuscript. Thank you to my dance teachers, art making co-creators, and dance/movement therapy teachers who've inspired me to continue integrating the body, movement, and art into my practice. Finally, thank you to my parents, siblings, and friends for their love through the last three years of my time in this program; your grounding and support has given me the space to grow.

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CHAPTER 1: INTRODUCTION

Thesis Statement: *How is the use of dance, movement, rhythm, and other expressive arts-based practices effective therapeutic tools for supporting developmental attachment bonds?*

Our first movements and ways of being in relationship with another begin in the womb. Movement is our first language and it is our birthright to embody a sense of belonging. Our first imprints of attachment with our caregivers set up the templates for our future relationships. I am curious about how movement with one another gives us the capacity to love. The seeds of exploration for this thesis lie in both dance and therapy. The hope for this thesis is to gain an understanding of embodiment and the relationship between attachment, attunement, and the expression of movement and dance.

This thesis provides a literature review of material related to attachment and bonding and the use of dance/movement therapy (DMT) practices to provide support for restoration from attachment wounds as well as supporting infant/child and caregiver relationships. This introductory chapter will provide the purpose and significance of this thesis topic, define the scope of the review, and outline the method and framework for this manuscript style thesis.

Purpose

I am most curious about attachment development between parent and child and encouragement of developing secure bonds through nonverbal expressive arts-based therapies, like dance/movement therapy. The purpose of this thesis is to review existing literature about supporting attachment through dance/movement therapy and offer considerations and ideas for how therapists can integrate this important work with their clients. My aim is to also contribute to the discussion around how the therapist shows up wholly in this deeply embodied work. This

work is intended to inspire practitioners to be open to possibilities for the integration of creative expression and movement as a way to help grow client capacity for love and growth.

Background

Movement is our universal language. Even before birth, starting as cells moving and growing, we move within the womb and form an attachment and bond with our birth parent (Bainbridge Cohen, 2012). At birth, as we take our first few breaths, we start the process of movement within ourselves and connection with others. Movement is our first perception to develop and therefore the most important to our survival; “that as each experience sets a baseline for future experiences, movement helps to establish the process of how we perceive; and that how we perceive movement becomes an integral part of how we perceive through other senses” (Bainbridge Cohen, 2012, p.114). Understanding that part of the early developmental movement patterns towards relationship, bonding, and closeness with another is key to our development and survival.

Attachment theory (Bowlby, 1969) describes the biological process by which an infant develops a “secure base” with their caregiver and from there is able to explore the environment and return to for safety. This first relationship between infant and caregiver is Bowlby (1969) ascertained “infants are attached to their caregivers not because caregivers feed them, but because caregivers trigger the unfolding of infants' inborn disposition to seek closeness with a protective other” (Sroufe & Siegel, 2011, p. 1). Attachment and bonding between parent and child is an essential role in human development and is especially a challenge for many under various circumstances, including children who've experienced abuse and trauma, separation from or loss of consistent caregivers, or other systemic challenges that caregivers struggle with

due to their own capacities. With such an emphasis around attachment and relationship for our wellbeing, it seems an important endeavour to share therapeutic opportunities for supporting our universal right to embody a sense of belonging and safety.

With more research and knowledge about polyvagal theory and an emerging interest in the mind/body connection in the field of psychotherapy, dance/movement therapy (DMT) offers many resources for supporting the development of children and healing attachment troubles in children and adults alike. Defined by the American Dance Therapy Association, dance/movement therapy is “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (“American Dance Therapy Association”, 2017). In particular, in developing relationships between young infants or young children and their caregivers, DMT offers non-verbal interventions that support the building blocks of development. Nonverbal movement is a natural way to communicate, “dialogue through attunement and mirroring is how our first relationships begin” (Tortora, 2013). There is growing research about DMT and its support for secure attachment and regulation/co-regulation in child development (Tortora, 2006; Loman, 2016).

Not only are the nonverbal aspects of dance/movement therapy beneficial for attachment development, but it is also a unique modality in that it is at a crossroads between creative expression and somatic psychotherapy. With this understanding, like other expressive arts therapies, DMT offers a rich space for healing where there is “spontaneity, heightened sensitivity to inner states (and outer observations), deep connectivity to self and other, and awareness of energetic and embodied shifts in consciousness” (Kossak, 2009, p. 13). Through this deep embodied work, attachments can be restored and space for relationship can grow.

Significance

Our current landscape is one where we must contend with ongoing grief about climate change and dislocation from the land (Doherty & Clayton, 2011) and ongoing systemic oppression. This impact on our bodies affects how we relate to the environment and each other. Understanding attachment and the need for secure relationships impacts how we develop our communities and society.

Green (2008) makes the connection between individual attachment development and how it impacts the larger picture, society, and our culture. Placed in context, seeking secure attachments can be challenging in a world where there are, “expectations of a workplace and labour market that separates children from caregivers; cultural values that embrace individualism and competition over mutuality and co-operation; those childrearing conventions that bend a child’s will to an adult’s needs; government policies that put last the vulnerable and weak; cultures of consumption that confuse material acquisition with emotional well-being; the drives of the market that put profit before personhood; and the relations of power embedded in our social institutions” (Green, 2008, xiv). Political violence then is a threat to developing the secure bonds necessary for our development. “This may weaken our capacity to make and sustain our attachment bonds and diminish those emotional and social resources we can mobilize in order to recover” (Green, 2008, xv). Additionally, the development of insecure attachments could also lead to harmful action in these systems of oppression. Early secure attachment experiences impact our resiliency to these systemic challenges and offer emotional protection throughout life’s challenges. “Thus, attachment experiences matter for both the health of individuals and the quality of the human community within and across generations” (Green, 2008, xv).

In the early beginnings of our lives, with the support of caregivers, through a sequence of developmental patterns we grow, learn to connect and attach with a caregiver which sets up the foundations for our future relationships (Sroufe & Siegel, 2011). Non-verbal and somatic based therapies offer a way of being in an embodied relationship that supports secure attachment development (Devereux, 2014). In taking time to research answers to the hypotheses, I am hopeful to provide some value to counselling professionals, to offer the use of dance and movement as a resource and successful intervention for supporting ease into developing attachment bonds and relationship. Development of secure attachment bonds supports ourselves as individuals, as communities, and our world.

Framework and Methodology

This manuscript style thesis will review existing literature based on attachment and dance/movement therapy as a modality for supporting relationship and capacity for love and development. With more understanding of the polyvagal theory and neurobiology, bridging mind and body practices into the therapeutic space, there are more conversations and research being added to the discussion for supporting attachment and relationships. While there are vast amounts of research related to supporting secure attachment, in order to confine this space, emphasis will be made on the use of dance/movement therapy in practice. DMT is still a growing field and requires more empirical evidence to support the work, so the material reviewed will fit the scope for the purpose of this thesis.

The research presented in this thesis is meant to be shared as a non-traditional manuscript-style thesis, where chapters two, three, and four can be read as individual papers. Emphasis will be made on a literature review of the topic, considerations and factors that are

required of the therapist in doing this deeply relational and embodied work, and how DMT practices are being used in practice. Structuring the thesis in this way allows the reader to choose which, if not all parts, to review as relevant to their own discussions and practice.

Process

Research for this thesis was conducted by searching the online Psychology Collections database of PsycINFO and PsycARTICLES, reference lists, and recommendations from mentors. Online databases were searched through City University of Seattle's EBSCOhost website, using search terms such as attachment, attunement, expressive arts therapy, dance/movement therapy, bonding, and attachment interventions. When articles were found, reference lists were reviewed for further primary sources.

Assumptions, Limitations, and Scope

For the purpose of this thesis, several limitations exist. This thesis will focus specifically on supporting attachment and its development through dance/movement therapy. Due to the extensive amount of literature that exists on attachment and its importance to development, this thesis will focus on the relationship between attachment development, the body, and movement. As there are a number of factors that impact relationship and attachment troubles, an extensive review of all of the possibilities will not be included. Emphasis will be made on the linkage between the science of neurobiology, attachment and dance. Chapter three, while making assumptions that therapists are working with ethics in practice, there is a focus on highlighting considerations for the therapist in doing embodied work, particularly highlighting sociopolitical context given dominant narratives. This manuscript thesis does not conduct any original

empirical research and therefore does not include any research participants. Since there is no empirical research conducted, conclusions about efficacy cannot be made.

Chapter Outlines

This thesis is comprised of five chapters including this introductory chapter. The organization and content of the other four chapters are as follows:

Chapter two provides a literature review of material related to attachment and creative based therapies. This chapter makes the primary connections between attachment and the body, and expressive based therapies primarily focused on dance/movement therapy. A review of other practices used, like play therapy, when working with attachment troubles will also be included in chapter two.

Chapter three examines and offers considerations for therapists who are willing to do the embodied work required in dance/movement therapy and somatic based practices. Embodied therapist attention, attunement and authenticity are explored. This chapter also will highlight important socio-political and sociocultural factors that need to be acknowledged and addressed in the work.

Chapter four moves into clinical practice and outlines dance/movement therapy interventions that can be used by therapists focused on working with children and/or adults with attachment troubles. Connections between attachment theory, polyvagal theory and dance/movement therapy are highlighted. How therapists might work with caregivers is also included in this chapter.

Chapter five, the concluding chapter, includes a brief discussion summarizing key concepts from previous chapters. Limitations and recommendations for further research will be

reviewed. Final concluding thoughts on the work and integration into therapeutic practice are shared.

CHAPTER 2: ATTACHMENT AND THE BODY

There is a long history of research studies that show the importance of secure attachments between infant and caregiver (Bowlby, 1969; Ainsworth, 1970) for emotional and physical development and growth. No matter what background a child is coming into a home with, attachment knowledge and training seem necessary for any parent. Seemingly a natural fit, expressive arts therapies such as Dance/Movement Therapy (DMT) research is largely influenced by attachment theory and its somatic, non-verbal approach to child-parent bonding (Tortora, 2006) and offers much potential as an intervention for those with attachment troubles. Neuroscience research tells us that maltreatment and lack of significant attachment figures in critical early years lead to adverse brain development (Malchiodi, 2008). Additionally, as it is well known that the majority of our communication is nonverbal (Burgoon, 1985), the use of nonverbal therapies offers a great opportunity for healing developmental attachment problems in children.

The core research question for this thesis can be summarized as follows: how is the use of dance, movement, rhythm, and other expressive arts-based practices effective therapeutic tools for supporting developmental attachment? The intention is to highlight the relationship between DMT and the development of a whole integrated connection - body, mind, emotion and spirit.

This literature review will examine the cross sections of research related to DMT and expressive arts therapy interventions for supporting attachment healing and supporting the development of secure relationships. It will touch on the literature regarding attachment theory and attachment. This review will also include an exploration of research pertaining to other

nonverbal therapeutic models in clinical work supporting attachment and a discussion of how they compare with arts-based interventions.

Attachment Theory

Attachment theory (Bowlby, 1969) describes the biological process by which an infant trusts and depends on its caretaker for protection, comfort, and nurture. Bowlby's work examined the detrimental impact of primary attachment bond separation on infants and children. Thus when there is some form of attachment rupture in the relationship between child and caregiver, and if necessary supports are not available to the child, a negative imprint may be left with the child and impact their development. In this first primary relationship to the caregiver, we first learn how to take care of ourselves from the ways we are cared for (van der Kolk, 2014). Based on Bowlby's (1969) work, the attachment relationship in the early developmental stages acts as a prototype for future relationships and sets the expectations and capacity for intimacy throughout a lifespan (Sroufe & Siegel, 2011). In addition to this, "a secure attachment combined with the cultivation of competency builds an internal locus of control, the key factor in healthy coping throughout life" (van der Kolk, 2014, p. 115).

A modernized take on attachment theory from Schore and Schore (2007) integrated new findings based on neuroscience and biology, specifically implicit communication between right brain hemispheres between infant and caregiver. Termed "regulation theory", new understandings of attachment theory include, "affective bodily-based processes, interactive regulation, early experience-dependent brain maturation, stress, and nonconscious relational transactions" (Schore & Schore, 2007, p. 9). Attachment and bonding between parent and child

is an essential role in human development as we learn to master self-regulation, connect to ourselves and one another.

Attachment theory and the body. In Bowlby's (1969) work, highlighted is the importance of the behavioural system that provides the child to access bodily based reactions like crying and smiling that are designed to keep the caregiver in reach. Additionally, when the child knows they have a "secure base" (Bowlby, 1969) they will go out into an exploratory mode into the world. If the child is experiencing distress, they will move towards their caregiver or make a signal for their caregiver to come to them for comfort. The "emphasis on both the biological drive for proximity seeking when distressed, and the drive to explore out into the world when internalized security is established, highlights the importance of attending to nonverbal, body-based, interactive cues when one is examining attachment relationships" (Devereux, 2014, p. 85).

Research shows, "that a primary caregiver and infant have a goal to achieve a state of reciprocity, consisting of connectedness, intimacy, oneness, synchrony, and mutual delight" (Devereux, 2014, p. 85). Demonstrated by Tronick (2007) in the "still-face" experiment, when an infant experiences a rupture with their caregiver, they use a number of strategies to re-engage to repair the mismatch or cope with the divide through self-soothing or withdrawal. The studies by Tronick (2007) show the capacity for the infant to make meaning of the interaction with the parent primarily through nonverbal cues. This indicates that secure attachments develop as a result of body-based nonverbal communication (Devereux, 2014). With this understanding, there is a great link between attachment and the use of nonverbal therapies like DMT.

Attachment and Dance/Movement Therapy

In recent years, with new understandings of neuroscience and biology and with the popularization of books such as “The Body Keeps the Score” by Bessel van der Kolk, there has been a movement in psychotherapy towards more body-centered interventions. Understanding the importance of early attachment formation and its nonverbal contexts, Dance/Movement Therapy (DMT) offers an “imperative role of nonverbal understanding, nonverbal expression, and the felt-experiential nature of interpersonal exchange in early childhood development” (Tortora, 2013, p. 141). A necessary way for communication in infants and toddlers, “nonverbal embodied experience plays a key role in the development of the early attachment relationship” (Tortora, 2013, p. 144). In addition to Tortora’s work, much DMT for supporting child development has been designed by Judith Kestenberg. In Loman (2016), several DMT applications of the Kestenberg Movement Profile are presented. These applications are supportive to establishing secure attachment especially in the first year of birth, “during this phase, caregivers learn how to create mutuality and attunement that leads to empathy while meeting the infants’ needs for nourishment, support, soothing, and secure attachment” (Loman, 2016). Doonan and Brauningner (2015) studied mother-infant dyads and evaluated if DMT could enhance interactive attachment. Results from this qualitative study showed improvement to the mother’s affect and “revealed the importance of the relational and physical space between mothers and their babies as provided by the DMT session” (Doonan & Brauningner, 2015).

DMT offers a way to bridge mind and body as is essential in “intersubjectivity” in modern attachment theory presented by Schore and Schore (2007):

“The intersubjective field co-constructed by two individuals includes not just two minds but two bodies... Implicit unconscious intersubjective communications are interactively communicated and regulated and dysregulated psychobiological *somatic processes* that mediate shared conscious and unconscious emotional states, not just mental contents” (p. 15)

Through movement and the therapeutic relationship experience, the “ development of kinesthetically attuned interactions will support a client in establishing emotional regulation and a healthy attachment relationship” (Devereux, 2014, p. 87). Through various DMT interventions, a “re-choreography” of aspects of relationship attachments include emotional regulation, infant and caregiver bonding, body awareness, and attachment relationships in family systems (Devereux, 2014).

Mirroring, Attunement and Kinesthetic Empathy

Through the process of emotional attunement, an infant will develop secure attachment. This process begins even before birth. Researcher Colwyn Trevarthen (1999) states, “the brain coordinates rhythmic body movements and guides them to act in sympathy with other people’s brains. Infants hear and learn musicality from their mother’s talk, even before birth” (van der Kolk, 2014, p. 113). From research we have learned “when infants and caregivers are in sync on an emotional level, they’re also in sync physically” (van der Kolk, 2014, p. 114). When a hyper-aroused child syncs up with their caregiver, their breath and heartbeat slows, their body and nervous system calms. “In the back and forth between mother and child there is a kind of rhythmic interaction that takes place through sounds, facial expressions, and affect where the child learns when the mother (or caretaker) is or is not tuning in and where the child begins to

learn about relational space and safety” (Kossak, 2009, p. 16). This attunement dance between caregiver and infant is what develops a secure bond and attachment.

In expressive arts therapies, therapeutic attunement “can be viewed as being based on an embodied awareness of rhythmic flow, and on mutual connections that occur when there is an intense process of deep listening, kinesthetic awareness, and deep attention to what is occurring in the moment” (Kossak, 2009, p. 15). In DMT specifically, attunement occurs when the therapist “matches a particular quality of the child’s movement without completely depicting the entire shape, form, or rhythmic aspect of the action in exact synchrony or simultaneity with the child” (Tortora, 2006, p. 166). Through this action, the therapist depicts and connects to the emotional expressivity of the movement.

Through a DMT process called mirroring or empathic reflection (Chaiklin & Schmais, 1993) the therapist reflects the rhythmic and movement patterns, allowing an embodied relationship to develop. “Kinesthetic empathy”, a term created by DMT pioneer Marion Chace, which is the “nonverbal somatic expression of empathy between a client and therapist as demonstrated by mirroring and attuning, can be utilized to promote safety in the features or signs of social engagement: posture, sounds, facial expressivity, and prosody (Gray & Porges, 2017, p. 115). Mirroring and attunement are essential parts of developing a secure base for the development of healthy attachment and co-regulation and “are the basis for the development of a healthy nervous system with accurate neuroception of the features of safety in other people that enable the establishment of trusting relationship” (Gray & Porges, 2017, p.115). The convergence of social bonding with the process of coregulation is clear as highlighted by Stephen Porges:

“To develop a social bond, individuals have to be in close proximity. This is true for the models focusing on both mother-infant attachment and the strong bonds associated with social monogamy. Both models test the strength and features of the relationship through separation paradigms.” (Porges, 2011, p. 188)

Since most of these interactions occur on a nonverbal level, “DMT can be an ideal treatment intervention in supporting the development of a safe therapeutic relationship emphasizing consistency, trust, and empathy—an experience that clients who exhibit severe attachment needs may not have had” (Devereux, 2014, p. 88). In addition, Berrol (2006) connects what we know about mirror neurons to DMT practices and the alignment of the work with supporting attachment bonds.

Iacoboni (2007) writes, “when we look at others, we find both them and ourselves” (p. 139). Further,

“Mirror neurons provide an unreflective, automatic simulation (or inner imitation...) of the facial expressions of other people, and this process of simulation does not require explicit, deliberate recognition of the expression mimicked. Simultaneously, mirror neurons send signals to the emotional centers located in the limbic system of the brain. The neural activity in the limbic system triggered by these signals from mirror neurons allows us to feel the emotions associated with the observed facial expressions... Only after we feel these emotions internally are we able to explicitly recognize them” (Iacoboni, 2008, p. 112).

The attunement, mirroring, and kinesthetic empathy interactions between therapist and client communicate an embodied witnessing and understanding that is felt.

Misattunement. In relationship, there is always a possibility of misattunement, the experience of an inability to experience relational attunement. Misattunement can happen when a bond is broken or a misunderstanding occurs. As Kossak (2009) suggests, “misattunement may be an important and necessary stage of psychological development if a safe environment can be established where a re-experiencing of mistuned moments allows for new awareness, a shift in consciousness, and where new actions and reactions can be integrated” (p.16). In expressive arts therapies, an improvisational embodied play can easily bring out an opportunity for misattunement that “requires a capacity to act and react instantaneously and to accept the fact that disjointed or mistuned moments may occur including moments of holding chaotic states of unpredictability and these moments might be the most interesting” (p. 16). Allowing for this misattuned play to occur in expressive arts therapies, offers an opportunity for an increase in the range of play offering greater shifts in psychological, emotional, cognitive, and somatic awareness.

Other Nonverbal Therapies Supporting Attachment

As described above, nonverbal therapeutic interventions make sense for attachment healing as the essential bonds we first form, begin preverbally. For the purpose of this paper, there are a number of other nonverbal therapeutic modalities to reference, however in this paper the focus will take a look at specifically play therapy modalities. While research is limited, there are a number of play therapy modalities that have been used in clinical cases designed to work

with attachment issues with children (Ryan, 2007; Ryan, 2004; May, Mowthorpe, & Griffiths, 2014; Mousavi & Safarzadeh, 2016).

In the papers reviewed, play therapy modalities include: non-directive, child-centered, synergetic, filial, and group play therapy. While these therapy models do not have the same language as DMT, and other expressive arts therapies, the development of a secure base with caregiver and self-regulation remains the goal. Unlike models of therapy such as Cognitive Behaviour Therapy or Family therapy, attachment-based play therapies, “tend to focus on the development and relationship between the caregiver and child, especially regarding the need for attunement, security and the development of reflective functioning” (May, Mowthorpe, & Griffiths, 2014, p. 132) with the hope these developments will migrate to future relationships.

Similar to DMT, in Synergetic Play Therapy (SPT), Lisa Dion (2018) emphasizes the use of the body, “When the goal is to teach children how to regulate through challenging emotions and sensations, it’s essential for movement to be part of the therapeutic process. Without movement, the child will have a difficult time learning how to navigate the landscape in which the challenging energy arises” (p. 91). In SPT, the therapist acts as the “external regulator” which “requires the ability to attune. To attune to our clients we must be open to our own bodily and emotional states” (p. 62). As the therapist is able to attune to their own sensations and emotions they are able to name the feeling and regulate through that state, setting down a template for the child to learn how to regulate and develop a relationship to their own internal states and emotions (Dion, 2018).

A noted difference between the other presented play therapy modalities is filial therapy (FT) where caregivers are engaged in the process, acting as the change agents. “Therapists who

are fully trained in FT's psychoeducational framework teach parents to conduct special 30-minute nondirective play therapy sessions with their own children" (Topham, VanFleet, & Sniscak, 2014). The sources reviewed suggest that there are many benefits to this type of therapy model, particularly with attachment-based needs. "the kinds of skills and attitudes that are developed in Filial Therapy are at the heart of child management skills...[which] are at the heart of secure attachment relationships" (Ryan, 2007). In this way of doing therapy, the research shows that not only do clients show an increase in emotional regulation, increased academic performance, and increased self-esteem, but also caregiver capacities for acceptance of their children increase as well (Ryan, 2007).

The common threads between nonverbal therapies for supporting attachment include the main component for the development of a secure base - attunement. Both play therapy and expressive arts therapies like DMT involve dynamic movement and body to body communication. Meaning attunement and misattunement occur, mirror neurons are at play and creates an intersubjective experience where intimacy and relationship develops.

Other Areas of Research

A number of articles reviewed that were specific to DMT and attachment, focused on supporting developmental aspects of creating bonds with caregiver and infants (Totoro, 2006; Totoro, 2010; Totoro, 2013; Loman, 2016; Doonan, F. & Bräuninger, 2015). More specific research related to particular attachment traumas or cases may be useful in discerning the most effective practices with clients. Adding more context and understanding of particular attachment troubles may be beneficial in providing support for clients. For example supporting cases related

to foster parenting, adoptive families, caregivers with postpartum depression, etc. Further research is required to meet the needs of these nuanced areas.

In the literature that was explored for this topic, there were links made to transpersonal and spiritual aspects of attunement and creative expression in therapy. Kossak (2009) goes beyond supporting attachments and highlights the transpersonal aspects, referring to Jean Piaget's understanding of connective moments in therapy where the "child begins to form an interpersonal sense of self. Attunement in this personal and intersubjective sense can then be thought of as an integral part of the practice of arts-based psychotherapies because engagement in the creative process itself increases awareness of the present moment, which includes a felt sense of embodied flow, a feeling of being out of linear time, and a deeper connectivity to our true nature" (Kossak, 2009, p. 15). With this understanding, not only does attunement lead to a secure base, but also a deeper embodied transcendent experience. Further research is required to fully understand this and make more connections between creative expression and attunement, resonance, and transcendent experience.

Summary

It has been established that secure attachments in the early stages of a child's life are essential to the wellbeing, physical, and emotional development of the child (Bowlby, 1969). DMT has been an effective and most beneficial practice in working with the parent and child dyad (Totoro, 2006) and offers an opportunity for attachment healing. Other nonverbal therapies such as play therapy (Ryan, 2007) have also been found to be effective when working with attachment issues. There is an opportunity for further research to support the effectiveness of DMT with specific attachment based needs. In addition, there is more to uncover in connection

to transcendent parts of self and attachment. Going back to the research question, DMT therapy and creative based nonverbal therapies offer opportunities for attachment healing and bonding in families. The next chapter will further explore considerations for the therapeutic attention, presence, authenticity and attunement necessary for attachment healing in the therapeutic process.

CHAPTER 3: THERAPIST ATTENTION, AUTHENTICITY, AND ATTUNEMENT

The purpose of this chapter is to develop an understanding of the implications and some considerations of how the therapist will show up in their own body through the practice of Dance/Movement Therapy (DMT) and other expressive arts therapies for supporting developmental attachment healing. This chapter will address psychotherapeutic attention, attunement, and authenticity and how it impacts the healing path for attachment. In addition, the politics of the body and the ongoing impact of climate change are addressed as having strong relevance in this work. In order to develop secure attachments, safety needs to be felt in the body (Gray & Porges, 2017). This chapter addresses considerations for therapists to be aware of for themselves to do this embodied work.

Therapeutic Attention and Presence**One Part of the Story**

According to Dispenza (2007), our brain processes 400,000,000,000 bits of sensory data per second. This includes data from our internal and external world. Meaning not only what is seen, heard, and sensed outside of self, but also what's going on inside, such as proprioceptive sensations, feelings, thoughts, hunches and intuitions. Of the four billion bits of data being processed, we're only consciously aware of 2000 bits of it, that's less than one percent (Dispenza, 2007). Knowing this, we can understand that we will never be able to have a complete story about what's happening. Our perception of an event, person, place, etc. changes as we learn more information or become consciously aware of these bits of sensory data. While our bodies take in the information on an implicit level, the stories we are able to consciously tell

are always incomplete. This is also a reminder of the importance of the body, its awareness, and how it is able to respond accordingly sometimes without our conscious knowing.

With this understanding, therapeutic attention automatically involves implicit parts of ourselves in the space between client and therapist. According to Speeth (1982), “Both inner and outer worlds must be sensitively known for therapy to be real therapy and not just a conversation” (p. 143). Combined attention of inner and outer worlds allows for “presence”, described by Hayes and Vinca (2017) as “a state of being aware of and centered in oneself while maintaining attunement to and engagement with another person” (p. 86). As a starting place for presence to occur, “therapists’ attention be directed outwardly, toward clients, and inwardly toward themselves” (Hayes & Vinca, 2017, p. 87). With this split attention, Speeth (1982) notes the importance “to be mindful of inner process without becoming immersed in any one aspect, the therapist must be able to acknowledge whatever arises in the mind without editing, judging, or getting unduly alarmed” (p.158). Letting go of outcome and grasping at clues to solve a mystery relaxes the focus and allows for the therapist to willingly have deeper participation with the client (Speeth, 1982).

Additionally, Speeth (1982) discusses being free from theory in order to attend fully to what is outside in a mindful and unidentified way. Being aware of one’s own theoretical admonitions and “although some theoretical orientation is necessary to organize impressions and data, the therapist has to be sufficiently free from the compulsions of theory so that all information can be considered more or less equally. Otherwise, attention may be caught by what should be relevant to the problem and much goes by unnoticed” (Speeth, 1982, p. 156). Therapists might also get caught in an understanding that they must hold a caring and concerned

attitude at all times which “implies that it is superficial, over technical... and may cause a reverse reaction” (Speeth, 1982, p. 156). Dion (2018) emphasizes in her work in the playroom, how “shoulds” get in the way of authentic presence. “When we “should” ourselves or we internalize the “shoulds” that we hear from others, we’re directly challenging our authentic self. We’re denying who we are in the moment and not seeing our own wisdom” (Dion, 2018, p. 36). With this incongruence in ourselves, not only are we denying our authenticity, we activate our nervous system and that creates dissonance in being present and impacting relationship and attachment development (Dion, 2018).

With this information, it can be understood that in order to maintain an authentic presence, the therapist must hold compassion for themselves. Speeth (1982) notes “In actual practice, an appropriate method might be to hold myself in unconditional positive regard, i.e., truly without conditions so that whatever arises from the depths of me will not jeopardize my sense of worth and goodness” (p. 158). As the therapist is expected to have unconditional positive regard for the client (Rogers, 1966), how does the therapist also maintain the same stance for their inner life as a necessary part of therapy? In fact, with such an attitude towards oneself, “to the degree self-acceptance is present, attention can range freely over the contents of the mind allowing whatever is there to bubble up in reaction to the ever-changing situation” (Speeth, 1982, p.158). Encouraging the practice of unconditional positive regard and compassion for the therapist allows for greater availability and capacity for attention and presence in client/therapist relationship.

Therapist Authenticity and Attunement

As addressed in chapter two, through the process of therapist attunement, attachment healing can occur. This form of healing involves therapist authenticity. Authenticity was encouraged by therapists including Rogers (1966) who emphasized authenticity, genuineness, and congruency with clients. Rogers (1966) encouraged, “the therapist is his actual self during his encounter with his client. Without façade, he openly has the feelings and attitudes that are flowing in him at the moment” (p. 185). Authenticity also been described as “therapists being congruent with their expressions so that they need not always appear in a good light, nor always seem understanding, wise, or strong (Gendlin, 1963)” (Dion & Gray, 2014, p. 56).

Being in authentic experience with the client is essential in healing attachment patterns. “Authenticity requires presence, attunement, and the ability to accurately read nonverbal communication (Siegel, 2007). The therapist’s ability to attune to the client is the foundation of all healing as it creates the opportunity for the coregulation of challenging internal states (Schoore, 2011)” (Dion & Gray, 2014, p. 56). Attunement requires the therapist to attune to their own bodily sensations, being congruent and authentic in oneself. “To attune to our clients we must be open to our own bodily and emotional states” (Dion, 2018, p. 62). To know the client “from the inside out” (Bromberg, 1991, p. 399) the therapist is required to get into their body by allowing feeling to arise. Dion and Gray (2014) emphasize that without therapist willingness to experience their own bodily, emotional, and cognitive states while working toward modulating inner experiences, they’ll move away from these states (Schoore, 1994), potentially leaving the client feeling unsafe and unseen (Siegel, 2010). “The therapist’s authenticity helps maximize attunement, allowing the therapist to serve as an external regulator for the client’s dysregulated

state” (Dion, 2018, p.116). Therapists must have the willingness to move toward their authentic internal experience and be capable of feeling the full range of experience the client feels in order for attunement to occur.

As right brain to right brain connection is essential in developing the bonds of attachment, being congruent and authentic means nonverbal cues cannot easily be hidden in the therapist/client relationship. As described by Scaer (2005):

Many features of social interaction are nonverbal, consisting of subtle variations of facial expression that set the tone for the content of the interaction. Body postures and movement patterns of the therapist...also may reflect emotions such as disapproval, support, humour, and fear. Tone and volume of voice, patterns and speed of verbal communication, and eye contact also contain elements of subliminal communication and contribute to the unconscious establishment of a safe, healing environment (pp. 167–168).

As nonverbal, implicit communication is 60% of human communication (Burgoon, 1985), “right brain increases in “implicit relational knowledge” stored in the nonverbal domain (Stern et al. 1998) thus lie at the core of the psychotherapeutic change process” (Schoore & Schoore, 2007, p. 13). It is important for the therapist’s nonverbal implicit communication to be congruent with their explicit verbalizations in order to convey trust and safety (Schoore, 2006). “In this intersubjective dialogue, the psychobiologically attuned, intuitive clinician, from the first point of contact, is learning the nonverbal moment-to-moment rhythmic structures of the client’s internal states, and is relatively flexibly and fluidly modifying her own behavior to synchronize with that structure, thereby co-creating with the client a growth-facilitating context for the

organization of the therapeutic alliance” (Schore & Schore, 2007, p. 16). In doing so, over time attachment between therapist and client develops to mirror early relationship between caregiver and infant (Schore & Schore, 2007).

Where healing occurs, therapists use the relationship to allow clients “to re-experience dysregulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings can be regulated and integrated into the patient’s emotional life” (Schore, 2003, p.37). Through this experience, the client experiencing dysregulating effects are able to shift their state and experience. “As the therapist combines the nonverbal world of sensation with verbal understanding, he or she or they are able to create a deep sense of “resonance” that can profoundly influence the client’s brain activation in therapy (Badenoch, 2008)” (Dion & Gray, 2014, p. 56). Through the process, over time this can help “rewire the brain toward more adaptive capacities for self-reflection and self-regulation” (Dion & Gray, 2014, p. 57). Without authentic, congruent expression from the therapist, there is a missed opportunity for therapist and client to experience deep healing work and integration of intense feelings that show up in broken attachments.

Movement Observation

A significant component of nonverbal therapy modalities like DMT is paying attention to movement. Traditionally, many dance/movement therapists use movement observation as a way to research and assess client needs. “One of the key therapeutic techniques in the field of dance movement therapy is observing the expressivity of the body’s movement qualities. By focusing on the essences of the body in motion, we can listen to its tune, gaining insight into how that individual organizes his or her experience of the world” (Totoro, 1994, p. 2). Being curious and

being a witness to movement qualities in therapeutic sessions provide information to the therapist about the “felt sense” of the client. “The postural qualities of a person’s movements reflect the mover’s sense of self on an interpersonal level. The way the mover interacts with his or her environment is observable in how the mover then moves within that body posturing through the spatial environment” (Titora, 1994, p.2). An important piece in this aspect of the work is to be putting these observations into relational context. While DMT encourages observing movements and the body as systems in relationship to each other and the environment (Titora, 1994), there is a danger when this is forgotten, especially when social context is not included.

Observation and Politics of the Body

Traditionally in the field of psychotherapy, “both the assessment and diagnosis of mental health...reflect the dominant culture’s definition of mental health and pathology. That is a White, androcentric, young, middle-class, Protestant, heterosexual, able-bodied person’s viewpoint is assumed in these definitions” (Evans, Kincade, Marbley, & Seem, 2005, p. 271). Similarly, statistically, DMT professionals are likely to be white, heterosexual, physically able, middle class, cisgender women (Caldwell, 2013). As a result, the work of DMT has been developed through this lens and has become the normative view.

While there have been links between movement and personality and pathology, “if diagnosticians think and observe only through the lens of personality and pathology, they may fail to consider the variables of power, privilege, and difference, variables that can be central to clients’ experiences and to success in therapy” (Caldwell, 2013, p. 184). Movement observation becomes harmful without an understanding of greater social contexts and DMT therapists

unconsciously labelling certain movement qualities as restricted due to marginalization or the therapists' own discomfort with particular aspects of the movement behaviour. Caldwell (2013) suggests DMT therapists extend its understanding of somatic countertransference and reactions to the client to include "issues of unexamined privilege, internalized body shame, and unresolved or unconscious bias" (p. 184).

Movement observation also exacerbates the power differential between client and therapist. The whole process of one person being a witness of one's body movements and having the power to comment on the "health" of that individual is dangerously disgusting. Even with training, those who are being witnessed may have long-standing histories of oppression and may have a sensible mistrust of being observed (Caldwell, 2013).

Even further, Resmaa Menakem has shared ideas around "white-body supremacy" in a North American context that lives in the air we breathe, the culture we share. That is, white bodies are seen as the norm or "standard bodies" and racialized bodies deviate from the norm (Menakem, 2017). "The body is where we fear, hope, and react; where we constrict and release; and where we reflexively fight, flee, or freeze. If we are to upend the status quo of white-body supremacy, we must begin with our bodies" (Menakem, 2017, p. 5) This is a consideration for therapist/client relationship and body to body attunement. "This dovetails with widespread reporting from people of colour, as well as people with different sexual orientations, that when they come into contact with the dominant, typically white culture they speak and move differently than when they are back home amongst their own people" (Caldwell, 2013, p. 188). With this in consciousness, questions around what movement sessions might look like with various configurations between therapist and client based on racialized identities come to mind.

Cantrick, Anderson, Leighton, and Warning (2018) note the connection between trauma and oppression on the body, “researchers have found that not only does oppression qualify as a type III trauma, but experiences of oppression actually increase the likelihood that individuals will experience more severe PTSD symptoms after a traumatic event” (p. 195). Given this link, “It is vital that counsellors understand and acknowledge the pervasive and sometimes implicit, nonverbal effects of oppression clients with marginalized sociocultural identities” (Cantrick, et al., 2018, p.195). The reality is there is an impact of oppression, racism and discrimination on one’s embodied sense of safety in particular spaces. This highlights how therapists need to remember access to privilege when it comes to how accessible embodied safety is for everyone.

Menakem (2017) beautifully names the vagus nerve as the “soul nerve”, the part of our body that activates through all the experiences of our deepest emotions. With more understanding about the vagus nerve, “The polyvagal theory also offers new insights into the relationship between attachment and safety, especially in early childhood, as the foundation that enables us to live a life informed by meaningful relationships and the positive social engagements that promote well-being during childhood” (Gray & Porges, 2017, p. 105).

Menakem (2017) notes there is intergenerational trauma and “soul wounds” that are housed within bodies who have been born and raised in America. “As we understand the body’s relevance in the enactment of oppression and how oppression is a form of trauma in the body, we begin to see how DMT, a body-based therapeutic modality, can provide healing experiences that counteract the harmful effects of oppression” (Cantrick, et al., 2018, p.195). Supporting healing in attachment, as safety in the body is essential, working nonverbally with clients and with the body is key.

Social Justice in an Uncertain Time

With all of this understanding about bodies we inhabit in this political context, a phenomenological approach to questioning is recommended “an inquiry that addresses power differentials by asking verbally capable clients to speak about or move their own "lived experience" of their bodies...” (Caldwell, 2013, p. 185) and further, “phenomenological inquiry can be used to help validate each individual’s experience of their body as being theirs, as being a powerful source of embodied, authoritative knowledge, as being equal to others’ bodies even though their body is different, and as having autonomy and human rights” (Caldwell, 2013, p. 197). Caldwell (2013) suggests the opportunity that DMT professionals have to use DMT to engage and promote social justice with this practice in mind.

In a time when the future of the planet is uncertain and massive societal change could happen in the next twenty years based on climate change (Bendell, 2018) adds another question around felt safety in the body and our relationship to the planet. Doherty and Clayton (2011) emphasize the psychological impacts of global climate change. “Extreme weather events and environmental stressors associated with global climate change are likely to have immediate effects on the prevalence and severity of mental health issues in affected communities, significant implications for mental health services, and ongoing disruptions to the social, economic and environmental determinants that promote mental health in general” (Doherty & Clayton, 2011, p. 268). The importance of social justice issues is extremely relevant as disproportionately the effects of climate change fall on those with less economic privilege and social status (Doherty & Clayton, 2011).

Research has started to uncover distress, grief, guilt, despair, and “environmental anxiety” associated with the negative impacts of climate change (Doherty & Clayton, 2011). With an estimated 200 million environmental refugees mid-century (Myers, 2002) displacement and relocation are concerns that require more research. Doherty and Clayton (2011) address the question around “What is the effect of environmental disasters on sense of place and place attachment?” (p. 273). While more research is needed around the impact of climate change on attachment experience and felt safety in the body and nervous system, the impact of ongoing climate change is extremely relevant. There are also strong ethical implications for therapists to address these concerns to continually research climate change impacts to minimize psychological harm and contribute to interventions that support the wellbeing of those most affected.

Summary

The cornerstone for healing attachment requires therapist authenticity, attunement, and presence. The therapist must be willing to experience a spectrum of feelings to allow the client to experience them also in order for integration to occur (Schoore, 1994). When working with the body, there are key considerations to address in the therapeutic relationship. Safety must be felt in the body if secure attachments are to develop (Gray & Porges, 2017). This requires the therapist to be sensitive to socio-political factors of the body which impact accessibility to this felt sense of safety (Menakem, 2017; Cantrick, et al., 2018).

In times of an uncertain future for our planet, therapists play an important role in integrating social justice advocacy. While more research is needed, there is also a strong ethical call for therapists to address the impacts of climate change on the well-being of clients and their attachment to the land. As therapists hold their clients with unconditional positive regard, a

necessary part of the therapeutic process, requires self-compassion and unconditional positive regard for the therapists' experience as well, enabling wider attention and presence for the relationship. The next chapter will address how DMT attachment work is translated into practice.

CHAPTER 4: CLINICAL PRACTICE

As shared in previous chapters, Dance/Movement Therapy (DMT) and its nonverbal approach offer therapists and parents many interventions for the development of secure attachment bonds. Many DMT professionals (Doonan & Bräuninger, 2015; Tortora, 2006; Tortora, 2010; Loman, 2016) have shown support for DMT interventions to enhance secure attachment bonding, regulation, co-regulation, and child development as a whole. Understanding polyvagal theory also shows the important role DMT can play in building relationship and embodying a sense of belonging. This chapter will highlight DMT interventions and how this work is being applied in clinical practice.

Dance/Movement Therapy and Attachment

DMT is uniquely positioned at a crossroads with somatic psychotherapy and creative arts therapies that allow for flexibility and creative opportunity in clinical practice. Rooted in the idea that the body and mind are inseparable (Levy, 1992), the American Dance Therapy Association defines dance/movement therapy “as the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (“American Dance Therapy Association”, 2017). The ultimate goal of dance/movement therapy is to help individuals regain a sense of wholeness by experiencing the fundamental unity of body, mind, and spirit (Levy, 1992). The holistic approach of Dance/Movement Therapy (DMT) recognizes the powerful influence of nonverbal aspects of human development primary to our becoming fully developed and integrated.

Movement is the most basic language of humanity; our first ways of communicating and relating to the world and each other. Nonverbal embodied experience plays an essential role in

the development of early attachment relationship (Tortora, 2013). “Communication between infant and parent occurs through facial expressions, postures, tone of voice, and gestural exchanges, all of which manifest into a jointly created tempo” (Tortora, 2013, p. 146). Through this ongoing pattern, of infant nonverbal cues and reliable parent response, a “sense of self-efficacy evolves, supporting the development of positive symbolic forms of self and a secure relationship with the parent” (Tortora, 2013, p. 147). This dance of attunement, develops secure attachment base that sets up a blueprint for future relationships. “The attunement of synchronicity and shared joy in relationship feels good, and it feels good for a reason: it is essential to life and growth” (Homann, 2017, p. 41). Based on the premise of embodied experience and attachment, the deeply relational work of DMT offers the opportunity for engaging the whole brain and body, necessary for healing.

Polyvagal informed Dance/Movement Therapy and Attachment

The polyvagal theory illustrates the role of the nervous system in guiding our relationships to one another and the environment through neuroception, the process by which we scan the environment, determining risk and our level of safety (Porges, 2009). “This theory, and its ongoing discoveries and contributions to clinical practice elucidate that safety and human connection (and perhaps more broadly our capacity to love another) may be the most essential ingredients of a “successful” therapeutic relationship and process” (Gray & Porges, 2017, p. 104). In order to understand human attachment, we need to recognize how safety is felt in the body and how it impacts our relationships and capacity for growth.

Polyvagal-informed DMT “recognizes the safety-trust-relationship continuum as fundamental to humanity and to dignity. Trust is built on safety, and relationships are built on

trust. Safety begins in the body” (Gray, 2017, p. 44). Finding relative safety in the body is an imperative part of the healing process. In order to heal attachment wounds, part of the role of the therapist is to be in a present-centred, physiological state that supports feelings of safety.

According to Polyvagal theory, “when safety is communicated via expressed markers of social engagement (e.g., facial expressions, gestures, and prosodic vocalizations), defensiveness is down regulated” (Geller & Porges, 2014) and thus create conditions for growth and change. This work helps clients restore their capacity for social engagement and find a state of wholeness.

“This process of building relationships through active and reciprocal social engagement behaviours continues throughout the lifespan and is an important defining feature of being human” (Gray & Porges, 2017, p. 110). The polyvagal theory provides us with a deeper understanding of the power of movement and gives the possibility for clients to be more connected to themselves and the world. Polyvagal-informed DMT supports clients with their universal right to embody and belong.

Dance/Movement Therapy Interventions

Recognizing the relationship between nonverbal communication, attachment and psychobiological systems, Dance/Movement therapists are actively engaged in the work of healing attachment wounds and developing client capacity for bonding and relationship.

Illustrated below are some of the concepts and interventions DMT professionals integrate into their work. Highlighted are interventions that can be used with children and/or adults, as well as parent/child dyads.

Sense of the Body

In the Ways of Seeing program, a “multisensory psychotherapeutic treatment approach that supports the primary attachment relationship” (Tortora, 2010, p. 37) developed by Dance/Movement therapist, Suzi Tortora, she emphasizes the role of “sense of the body”. Tortora (2011) suggests that a sense of body highlights the primary stage of the baby’s developing sense of self and that it is from embodied experiencing that all other levels of knowing develop” (Doonan & Bräuninger, 2015, p. 228). The “sense of the body” concept “relates to the infant’s experience of her own body, interpersonal relationships and the emergence of individuality” (Tortora, 2010, p. 40). Through “sensing the infant’s own body during nonverbal communicative actions with others, the infant first begins the dance of relating” (Tortora 2010, p. 40). This interactional dance of relating and the body are continuously intertwined, informing and developing one another (Tortora, 2006). In addition, the sense of the body informs intersubjective knowledge. That is the “mental structure underlying perception and action” (Trevarthen 1980, p. 325) that motivates the infant to seek reciprocal communication and social engagement (Tortora, 2010). Rooted in embodied, nonverbal experiential ways of perceiving feelings of the self and other, intersubjectivity enables one to be in a shared psychological field (Stern, 2004).

Qualitative Nonverbal Observation

A significant part of the work in DMT is movement observation. In her work, Tortora (2010) notes the “infant’s unique nonverbal style is observed individually as well as within the context of the parent-child relationship to determine self-regulatory and dyadic co-regulatory patterns” (p.41). Through this observation, the therapist is able to get a look into the nature of the

developing attachment relationship. Tortora (2010) also “underscore[s] that these elements are not used to pass judgment on the child or parent’s style of behavior, but rather to ascertain what each person is experiencing through their body-based experience” (p. 41). As mentioned in chapter three, there is extreme importance in understanding the power dynamics involved in movement observation when it comes to the therapist and client power dynamic. The therapist needs to acknowledge their body and position and how it relates to power and how this impacts how the client responds to being “observed”.

Guiding the parent-child movement observations, Tortora (2010) uses the following categories: quality of eye gaze; facial expressivity; use of space; quality and frequency of touch/physical contact; body shapes; tempo of nonverbal movement style; vocal patterns; and nonverbal behaviour and patterns.

Self-observation through Embodiment

As Dion (2018) describes the importance of therapist authenticity and attunement to their bodily sensations in sessions with the client, Tortora (2010) also describes the same process as self-observation through embodiment. Meaning, the therapist, “attends to [their] inner thoughts, emotional responses and bodily reactions as a way to empathically resonate with the patient. This careful way of listening to inner sensations and reactions creates a coregulated container for the patient’s experience” (Tortora, 2010, p. 42). As such, “the therapist comes to understand the nonverbal indicators that reveal the infant and parent’s experience and feelings at the core of their attachment relationship” (Tortora, 2013, p. 149). Dance/movement therapists call this way of self-observation through embodiment, kinesthetic empathy, while Fogel (2009) uses the term embodied attunement to describe the process.

Mirroring

As shared in previous chapters, mirroring, attunement and kinesthetic empathy are all important concepts and practices in the development of relationship and a key part of the dance/movement therapeutic process. In the Ways of Seeing project (Tortora, 2010) the use of mirroring is used with movement, dance, and music. Paired with “the improvisational nature of these activities promote being in the moment, responding instantaneously and flexibly to sensations and nonverbal expressions that are felt and sensed” (Tortora, 2010, p. 48). Through the process of multisensory attunement in this improvisational play, the child and parent are able to learn more about their individual tolerance and needs, building a higher capacity for self-regulation and co-regulation (Tortora, 2010).

Laban Movement Analysis

The Laban Movement Analysis (LMA) system is often used by DMT professionals to analyze the nonverbal qualities of movement (Laban, 1976). There are five elements that are used to examine one’s quality of movement: effort, body, space, shape, and phrasing (Tortora, 2006). “These qualitative elements provide information about how (effort) and action is performed; what (body) body parts execute the action; and where (space) the action occurs in reference to others and the surrounding spatial environment” (Tortora, 2006). Dance/movement therapists “watch the dyadic dance of relating by paying detailed attention to the specific body actions and shapes made with the body, spatial aspects of the actions, and the rhythm, timing, and phrasing of the movements created individually and in relationship to each other” (Tortora, 2013, p.152).

Through the Laban Movement Analysis lens, observing the interactional space between client and therapist or between caregiver and infant/child, the therapist may look for, “how each person occupies their personal private space (known as the “kinesphere”) and moves in the surrounding general space; the changing distances between the dyad, involving the mingling, merging, overlapping and separateness of individual kinespheric spaces; how frequently they move in proximity to each other; and “embraced space” (Tortora, 2011, p. 244). This “embraced space” defines the relational space when two people are intimately connected, deeply relating emotionally which can be in close proximity or across a larger space (Tortora, 2011).

Kossak (2009) describes the dynamic relationship between attunement where the “child begins to learn about relational space and safety” (p. 16). Dance/movement therapist, Christina Devereaux (2014) provides some examples of working with this system, such as “active exploration of the physical holding environment also allows a client to physically experience moving out and away into the movement space (widening the distance between therapist and client) or moving toward another (narrowing the distance between therapist and client)” (Devereaux, 2014, p. 90). Using interventions which explore actual physical space between self and other, parallel the development of the exploratory system (Bowlby, 1988).

Laban Movement Analysis involves an exploration of the three-dimensional planes of the body: horizontal, vertical, and sagittal (Laban, 1980). Exploring these dimensions of movement, help the client re-experience developmental movement patterns in a healthy sequence.

“Moving in the horizontal plane surrounding one’s body involves spreading to open and reveal the body and reach to the furthest rim of one’s kinesphere, or personal space... movement along this vertical plane is one of display: “Here I am!” Movements that explore advancing forward or

moving backward through space, on what is referred to as the sagittal plane, directly highlight the exploratory system" (Devereaux, 2014, p. 90) Bowlby (1988) talks about. The Laban analysis would state the exploration of the sagittal space would be related to fostering independence and a sense of agency (Tortora, 2011). "When a client begins to internalize a secure base within the therapeutic alliance, the client has a safe opportunity to re-experience moving away out into space in the sagittal plane from the attachment figure, and then coming back in closer proximity in a new spatial configuration" (Devereaux, 2014, p. 90). As the therapist works with client(s) to explore their own kinesphere and the space they inhabit, they are also supporting their development and capacity for complex relationships (Devereaux, 2014).

Use of Props and Tools for Connection

Often in dance/movement therapy practice, practitioners involve the use of props or externally stimulating tools such as scarves, balls, stretchy fabric, and music to create ways for connection and promote changes in movement repertoire (Devereaux, 2014; Gray & Porges, 2017). The use of these tools can be a good way to connect the one client to another client, client to therapist, client to others in a group, or client to imagination and exploration. Devereaux (2014) provides an example: "if the therapist initiates connection and joining to a client through the use of a scarf or a flexible piece of stretch fabric, the prop can create connection and provide a visual representation for the attachment relationship...client can experience pulling against the therapist, joining in a less threatening way, or feeling the self as separate by carving out his or her own kinesphere or personal space bubble" (p. 91). Offering physical props to engage in a dynamic play of resistance or desire for closeness or distance can help shift the attachment experience.

Music and rhythm

Music making and movement to music are activities that are central to ritual, identity, and human expression cross-culturally (Tarr, Launay, & Dunbar, 2014). Music and rhythm play an effective role in creating an affective environment. With or without music, rhythms can be made and provide a particular mood in the room (Tortora, 2006). In summarizing studies on how rhythm affects physiological states, Berrol (1992) writes: “Emotional perception of music has a significant effect on autonomic responses—e.g., changes in pulse rate, galvanic skin response, and blood pressure. Bodily rhythms and activities appear to regulate to external rhythmic stimuli, matching tempi, which can help regulate emotions” (p. 25). This has a significance on core rhythmicity and the biology of safety and regulation. Porges and Gray (2017) suggest playing music with clients in order to restore core rhythmicity.

Music is also a trigger for the vagus nerve, “middle ear muscles regulate a peripheral filter of sounds and influence our ability to detect sounds that signal safety or danger. Cranial nerves V and VII are both included in the five cranial nerves that comprise the social engagement system” (Gray & Porges, 2017, p. 128). In an example of this, dance/movement therapist, Amber Elizabeth Gray (2017) sets up play stations for working with children who exhibit being in fear based states. With the use of external stimuli such as music and rhythm making, they are able to restore their capacity for social engagement.

Not only does music and rhythm support the internal shift towards restoring core rhythmicity, but also, “as therapist and client dance together to same rhythm with music, there is an embodied sense of connection” (Devereaux, 2014, p. 91). Tarr, Launay, & Dunbar (2014) share the evidence for music and synchronous movement and the release of neurohormones,

specifically oxytocin. “When our own actions match those of another’s, it is possible that the intrinsic and extrinsic engagement of neural action-perception networks make it difficult to distinguish between self and perceived other, thus creating at least a transient bond between the two (Tarr, Launay, & Dunbar, 2014, p. 3). Given this evidence, music and synchronous movement play an effective role in attachment and bonding. Edwards (2011) shared examples of programs who have used music therapy as a way to work with parent-infant dyads to support attachment and results showed benefits in interpersonal engagement, quality of interaction and found support from parental challenges.

Drama and Storytelling

The use of movement, pantomime, and dramatic expression, can all be useful when working with children. Facilitating imagination and enabling the symbolic expression of feelings (Tortora, 2006). Healthy parent-child interactions can be thought of as an improvisational dance or drama. The use of drama and storytelling between child and parent offers a new way of looking at the relationship and allows for a shift in ways of being together.

Working with parents

Reviewing the articles about attachment healing through the use of DMT and other nonverbal therapy practices, particularly when working with children, a major component of the work revolves around work with parents. Some of the work by dance/movement therapists like Judith Kestenberg (1975) started supporting the parent-child relationship, even before birth. “Early attunement with the fetus provided the solid basis for empathic understanding between parent and unborn child...contributing to the foundation for attachment between mother and unborn child (Loman, 2016, p. 226). While many of the reviewed articles emphasize the

importance of creating a therapeutic space for child and caregiver together to allow therapist to observe movement qualities and patterns, many articles do not include clear outlines of what preparation is involved in integrating parents into sessions.

Tortora's (2010) work in the Ways of Seeing project, provides examples of how the therapist observes the parent and child dyad and offers invitations to move in particular ways together in order to practice the dance of attunement. Illustrated with case studies, Tortora uses a multisensory based approach, including activities involving song, dance/movement, play, breath awareness, and relaxation techniques (Tortora, 2010). In descriptions of sessions between therapist, parent and child, Tortora (2010) describes using kinesthetic empathy and movement observation to determine how to hold both the parent and child through actions, words, and activities that are created in the session. Some of what is presented is as simple as validating the child when being able to reach for her mother (Tortora, 2010). A mix of nondirective and directive activities such as playing a game of "coming and going" and working on co-regulating techniques are incorporated to promote relationship and social engagement (Tortora, 2010).

From a Synergetic Play Therapy perspective, Lisa Dion (2018) provides more information for therapists in how to prepare to invite parents into the playroom. Preparing the parent for a session requires psychoeducation training and time "for therapists to teach the parents what to expect in the playroom, practice some of the skills that they would want parents to use, and create a deeper sense of connection with parents so that the therapists can support the parents in the room when needed" (Dion, 2018, p. 194). Dion (2018) discusses the role of the therapist as the "external regulator" in the room. This means attending to where there is

dysregulation and encouraging the parent to regulate in ways they know for themselves. Dion (2018) writes:

“One of the most brilliant parts about working with parents like this is that children get to observe the parents taking care of themselves. You can liken this to a baby’s experience when it feels its parent begin to ground and get present in the midst of the intensity of the baby’s screams and dysregulation. The act of doing this allows the ventral vagus nerve to activate, bringing the feeling of safety into the moment (Bullard, 2015).” (p. 196)

A waterfall of regulation occurs when the therapist regulates the parent so that the parent can regulate the child. Even if parents are not brought into session with their child, there is much importance in working with parents in order to support modelling regulation, boundary setting, and providing support parents need in order for the entire family to heal and grow together (Dion, 2018).

Summary

While there are many dance/movement therapists doing work to restore attachment wounds in children and adults, in review of the articles presented, there is opportunity to provide more empirical evidence and long term studies. Based on research and understanding of the Polyvagal Theory and psychobiology, creative based therapists are able to practice and use a variety of interventions that support synchrony and attunement that foster a felt sense of belonging. Dance/movement therapy supports clients with their universal right to embody and inhabit their bodies in the way they choose (Gray, 2017). Polyvagal informed DMT emphasizes the importance of a felt sense of safety in the body; fundamental to our humanity and dignity.

This deeply relational work offers space to support the individual and the greater family system. Understanding the power of movement, music, and shapes of the body provides opportunity and hope for engaging clients in their birthright and capacity for relationship and growth.

CHAPTER 5: CONCLUSION

Based on the literature reviewed for this thesis, it is clear movement, dance, music, and rhythm play an important role in development and supporting human capacity for connection. Integrating the body and movement in therapy offers support and opportunity to allow healing in attachment differences that can make it challenging for many people who didn't have access to developing essential bonds in early infant and caregiver relationships. Supporting core needs for belonging, connection, and our capacity to love, dancing in attunement offers a way to embody and be in relationship. This final chapter will provide concluding thoughts on this topic and offer suggestions for further research.

With rapid changes in our world related to climate, politics, and technology, more and more, it is essential to stay connected to one another. Dance/movement therapy offers one way of being in relationship where the needs for being seen and heard can be felt. As Chaiklin (2009) writes:

“Dance/movement therapy is based on the fundamental realization that, through the dance, individuals both relate to the community they are part of, on a large or smaller scale, and are simultaneously able to express their own impulses and needs within that group. There is a shared energy and strength when being with others. It enables us to go beyond our personal limitations or concerns. Within the joy of moving together, we also appreciate validation of our own worth and recognition of our personal struggles” (p. 5).

Being in this way with each other, in a dance of attunement, we are able to grow and develop our capacity to be with one another in an embodied way. My goal for this thesis is to acknowledge

the opportunity that exists in creative somatic based practice to encourage therapists to integrate into their practice.

It has been established that attachment is sensed and occurs nonverbally (Bowlby, 1977; Schore, 2003). A series of nonverbal interactions get encoded into a developing child's implicit memory and thus allow them to feel safe and secure (Siegel, 2007). Dance/movement therapy works with the body in preverbal states and allows therapists to re-pattern interactions that got missed or were not integrated (Tortora, 2006). DMT not only works on the implicit body-based levels but also explicit verbal processing. DMT can be modelled to parents to find a new implicit nonverbal way of relating to children that offers establishment of secure relationship (Tortora, 2010).

Essential to supporting others in doing this work of healing attachment differences is a capacity for the therapist to move towards feelings of discomfort (Schore, 1994; Dion & Gray, 2014). As described in chapter three, therapist attunement requires authenticity, congruence within one's self, and openness to one's own bodily states. Through this stance and presence, deepened participation from each individual can occur in the relationship. Through a review of literature for this thesis, many point to the importance of the therapist having strong attunement to self. The brilliance of our neurobiology is that by knowing ourselves, we have the ability to know another (Bromberg, 1991; Schore, 1994). As Lisa Dion (2018) often shares in her teachings and writing, "the therapist is the most important toy in the playroom". In addition, the ability to have compassion and unconditional positive regard for one's self opens up space for presence and a way of being with the client that allows for greater availability to be with the client.

What this thesis provides is the importance of the role of the body in relationships and connection. The undeniable relevance of the body in oppression and trauma, means integration of somatic practices like dance/movement therapy offer healing experiences that support our capacity to gain a felt sense of safety and belonging. With ongoing injustice of oppression on “defined bodies” who are other than in the dominant culture, it is important that “dance/movement therapists continue to work towards anti-oppression by working directly with their own experience. This includes recognizing the clinician’s affinities for movement and acknowledging bias, as well as, expanding embodiment practices specifically attuning to privilege” (Cantrick, et al., 2018, p. 197). Being in this awareness, dance/movement therapists have the opportunity to work towards a social justice focused body-based approach.

As working with healing attachment differences and relationship, the therapist is required to understand “the role of the body and nonverbal displays of power are critical aspects to assess in relationship to the fostering of the mutuality and empathy in the therapeutic relationship” (Cantrick, et al., 2018, p. 198). Therapists working with clients must be aware and curious about centering the client’s experience in their cultural context and highlighting the aspects that might prevent mutuality through barriers based on power, oppression and privilege. Addressing these aspects might highlight areas where belonging is not felt.

Supporting our sense of belonging, becomes a place where healing and transformation occur. American author and black activist, adrienne maree brown recently shared in an episode of the Healing Justice podcast:

“When I see a group where people all feel belonging, the pleasure of that is unparalleled. And then transformation becomes really easy to access, because

there's enough support and the kind of care and connection that actually yields healing" (2019).

Through the work of movement and creating a sense of safety in our bodies, we foster a sense of belonging, thus creating spaces for supporting each other to heal.

Limitations and Areas for Further Research

For the purposes of this thesis, there are a number of limitations that are important to note, however, offer opportunities for further research. Because there were no human subjects used in this research, implications can only be made based on other research and material that has been published. There is an acknowledgement that there is a variance of attachment differences that can occur in anyone who didn't have the opportunity to develop secure relationship with a caregiver. Attachment styles can also vary depending on the relationship and context. Researching specific types of attachment differences within particular contexts would have produced a significant amount of information that would be out of the scope for the purpose of writing this piece of work. Further research will provide more nuance in the approaches for specific attachment diversity based on the context.

Based on what is presented, an assumption that a sense of belonging is also a sign of secure attachment bonds. Further research could be conducted to take a closer look at the relationship between attachment and belonging. Additionally in attachment research, "secure attachment" is viewed as "successful". This is also a Westernized view of relationship and attachment and further research could be reviewed to look at differences amongst various cultures. For example, determining what belonging and attachment mean for different cultures in various contexts could be researched further.

This thesis implies the usefulness of integrating movement, specifically dance/movement therapy into practice for supporting attachment bonds and a sense of belonging. However, it is important to note that it is not a requirement for a healthy relationship between infants/children and their caregivers. DMT offers one way for an experiential embodied way of strengthening intimacy in relationship and bonding. There are a number of ways parents and their infants and children develop relationship and attachment bonds intuitively and seek out resources that are supportive of their needs.

Parenting is a deeply intimate experience and this thesis is limited to the research that exists for therapists working with parents. Research related to working with parents with specifically, DMT practices in mind, was limited. Further research could be done to determine the outcome of modelling DMT practices in relationship with parents and their infants and children. Further studies could determine whether the use and sharing of dance/movement therapy practice is supportive of parent needs such as attunement to self as a way to increase confidence and/or competence.

Concluding Thoughts

This thesis supports the idea of using creative expression through dance, movement, music and rhythm in supporting healing attachment differences. Through the dance of attunement, our universal needs for being seen and heard are felt. One's sense of belonging and capacity for love can grow in these spaces. While there are many ways in therapeutic relationship to shift attachment patterns, DMT offers an embodied approach that can be sensed. In an age when we can feel increasingly disconnected, perhaps through dance, music, rhythm, and movement, we can open ourselves up to more safety, more softness, and more compassion.

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