

The Shared Dance:

dance therapy with mothers and infants
in the hospital outpatient infant clinic

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The article describes significant aspects of dance therapy for mothers and infants who are experiencing difficulties in their relationship. It examines how the psychodynamic notions of "holding" (Winnicott) and "selective affect attunement" (Stern) direct the dance therapy intervention. It outlines how Bollas' transforming "aesthetic moment" may account for the emotional and the different physical patterns of relating that occur within the shared dance between mother and infant.

"There is no such thing as a baby...you are describing a baby and someone"
(D.W. Winnicott, 1947: 88).

"In every nursery there are ghosts. They are the visitors from the unremembered past of the parents, the uninvited guests at the christening" (Selma Fraiberg, 1980: 164).

Introduction

Motherhood is a time when the happy and unhappy past, including the mother's own experience of being mothered, presents itself along with the birth of her baby. For some mothers, caring for a new baby can be a distressing and even despairing time.

The Infant Clinic, an outpatient clinic in the Department of Clinical Psychology at the Austin-Repatriation Medical Centre in Melbourne, offers a counselling service for parents and infants. Families are referred to the Infant Clinic by the general practitioner or the maternal child health nurse if the infant cries persistently or does not sleep or feed adequately, or if the mother is very anxious or has post natal depression. Other families are referred as the birth of the baby has brought up emotional issues about separation, grief, problems in the marital relationship, or

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personal vulnerabilities that had been previously filed away.

After an initial family assessment with the psychologist, mother and infant are offered the dance therapy program when both the therapist and the family decide that interactional therapy could be helpful. The group dance therapy program with four mothers and infants runs for eight to ten weeks. Some sessions are videoed. Individual dyads of mother and infant and, at times, the whole family are also seen for dance therapy.

The Dance Therapy Program

The dance therapy group session, which lasts for over an hour, begins with unstructured movement-play with objects on the floor, then movement and dance through the room with the mother holding the infant. Simple classical or ethnic music and percussion often support the dance. There is a time for a group circle or line dance and then a quieter movement or play activity. In the individual dance therapy sessions the dance therapy work is directed by the movement flow exchange of the mother-infant dyad. At the end of each session, a short group discussion encourages the women to begin to remember and integrate the experiential movement work. I ask each mother: "What did you notice your baby liked...what felt comfortable and what was uncomfortable for you today?" When issues emerge that need further discussion, the mother and infant are seen for a verbal session by the other counselling staff in the clinic.

The first Infant Clinic dance therapy group in 1993 arose from studio expressive dance for parents, infants and toddlers, taught within a psychodynamic developmental framework (Loughlin, 1992a: 1992b). The non-verbal medium of dance offered the clinic patients, like

the community families, a place for enjoyment and relating, but it was soon clear that the "ghosts" in the nursery were very present. Issues from the past clearly impinged on the mother's experience in dance with her baby. The dance therapist and assistant learned to be aware of the many earlier significant events including loss from a previous miscarriage, fears from childhood abuse or unfulfilled expectations for a boy or a girl baby, that were complicating the interaction between mother and infant.

Previous accounts of dance movement with mother and infant or young child have focused on the interaction in terms of synchrony (Ostrov, 1981), adjustments in tension and shape flows (Kestenberg and Buelte, 1977a), spatial distancing, (Dulcai and Silberstein, 1984), and attachment behaviour (Meekums, 1992; Blau and Reicher, 1995).

In the dance therapy model described here, it is not only how the mother and infant behave in relationship to one another that is the target of the dance therapy, but also the experience within that they have of each other.

Two psychodynamic notions, "holding" (Winnicott, 1960: 44; Kestenberg and Buelte, 1977b: 370) and selective "affect attunement" (Stern, 1985: 138) have been helpful in clarifying the direction in dance therapy for mothers and their infants.

Holding

In the dance therapy work I look closely at the holding patterns, that is how the mother handles and holds her infant within the flow of her movement with her baby.

Judith Kestenberg, child psychoanalyst, followed the effects of rhythmical mismatch between mother and infant and noted its lasting influence on the child and the adult psychosomatic disposition (Kestenberg and Buelte, 1977a; 1977b). She describes how to use the infant's inborn reflexes to guide the holding pattern in both the nursing and the upright embrace and thereby maximise the opportunities for relationship and infant social development.

In the upright embrace, Kestenberg suggests a positioning where the infant can rest the head on the mother's shoulder or choose to lift it to look around. The infant's feet and legs can begin to curl around the mother's body and the infant's arms reach over or around the mothers shoulder (Kestenberg, 1994). She alerts us to the fact that holding is a dyadic flow interchange, that the baby "holds" the mother as well as the mother

holds the baby (Kestenberg and Buelte, 1977a: 361).

The holding pattern can show the type of touch that occurs between mother and infant and also reflects the amount of trust in the relationship. In the supportive dance therapy environment sometimes it may be the infant who responds first to the energy and ease in the group, and within the upright holding embrace, may nudge the mother into more positive ways of relating.

For D. W Winnicott, paediatrician and child psychoanalyst, the holding patterns are central to the infant's development (Winnicott, 1960; Davis and Wallbridge, 1983). In his notions of handling and holding Winnicott emphasises the role of the body more than do other psychodynamic theorists. The holding stage includes the way the mother physically handles her infant in bathing, feeding, changing and putting to sleep, and as seen in the dance therapy session, how the mother puts her baby down on the blanket and lifts her baby up in order to dance. But, according to Winnicott, it also includes the way the mother physically and emotionally contributes to, and secures a sense of the baby's ongoingness as a person. He terms this stage the "psyche indwelling in the soma" (Winnicott, 1960: 45), an important step in the infant's development of a body schema. He states that this stage is preliminary to relating to someone or something in the world.

In the dance therapy session, the dance therapist observes the holding pattern and may intervene directly in the way in which the mother holds her baby.

In an individual session with one mother-infant dyad, the face and body of nine month old Craig was pressed close to his mother's chest as if he was a comforter for his mother. In this position, Craig had no possibility of moving. I verbally encouraged the mother to lift her baby son higher so the infant could still sense his mother's front on his abdomen, have room to curl the arms and legs around her body and also see over her shoulder. He then had a chance to see his mother and engage with the dance therapist, the enlivened space in the room and the trees outside the window, all at the same time.

The dance therapist may watch and intervene in a more indirect manner to allow a re-experiencing within the holding pattern.

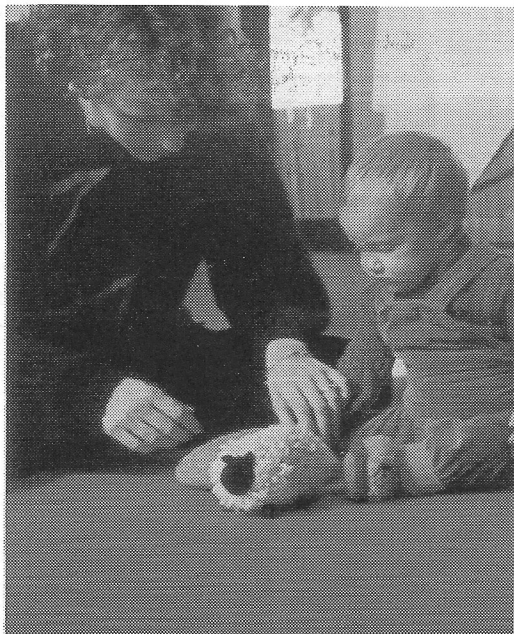
In the fourth session of the dance therapy group, Eileen enters early carrying her five-month-old daughter. She puts her baby down on the floor on the blanket and goes to sit on the settee at the side of the room with the dance therapy assistant. The baby is left alone on the

floor. While Eileen describes her week, it is the dance therapy assistant who looks over towards the infant, aware of her loneliness. When the other mothers come, we look and talk with the babies and then prepare to move around the space. Eileen stands behind her infant, bends to lift her up and then carries her firmly outwards. Several times the infant squirms around to try and see what her mother is doing. There is little interaction. Over the next six sessions the dances offer this mother practice in holding her infant in various ways. The dance therapist's own movement, and also her comments about how the baby likes being carried, supports the mother's practice over time, and also encourages a more mutually enjoyable holding pattern with her infant. The interaction between Eileen and her infant progresses from a holding pattern that showed the disconnectedness from each other, to one where they are looking and shaping towards each other in a shared dance in arms.

Winnicott sums up the mother's actions: "The holding includes especially the physical holding of the infant, which is a form of loving" (Winnicott, 1960: 49).

Affect Attunement

The action of attunement is described by Daniel Stern (1985) as a type of rhythmical sharing that happens in the natural game between mother and infant, where the mother recognises something of



Shared attention, Lieto Studios. Photo: Richard Hart

what her infant may be feeling, and acts upon it. The infant responds to the mother's action or contour (Stern, 1985) also in a feeling way. The process goes beyond bonding and mirroring to

what Stern calls selective affect attunement.

It is *selective* as the mother intuitively selects what to attune to in the relating with her infant, what to enlarge in the game and when to let the infant take the lead. It is a give and take, a type of sensitive dyadic movement improvisation. Stern (1985) reports from his research that mothers seem to know when to do what is needed without being necessarily aware of their actions.

Stern (1985) also describes this process as *affect* attunement as the attuning is to do with emotional resonance. He finds it is about communion rather than communication - sensing and seeing the other as a feeling person

In the mother-infant clinical population, this attunement process can be incomplete. Something interferes; the natural attunement falters.

In an individual dance therapy session with Maria, age 21 and her 12-month old son, the infant crawled away from his mother, looked back, looked at me and literally turned his back on his young mother. As a result Maria stopped her involvement with her baby. I was concerned on two counts. What was the infant feeling so badly about that he must turn away so adamantly from his mother. What could I do or say or ask the baby so that his mother's self esteem and confidence did not sink further. While the infant was moving and exploring around the room, I worked with Maria in movement with her sensation of heaviness and feeling of dejection which had emerged from the let down of her expectations of marriage and motherhood. After some time I suggested the polarity of lightness which she found related to the brief year after she left school and before she was married, when in her words, she was single and free. She practiced the lightness and danced the lightness with her infant, seeking his attention, trying to enlarge his response to her, and with some suggestions, taking the lead in the dance exchange, and even looking for the moment when her baby needed a change of activity. Several weeks later in the final session, Maria's movement pattern had changed significantly to a lighter tone, and her infant was now looking and moving towards her so that she was able to continue with her movement overtures to him. Although she still interrupted with sharp "don'ts" their interaction lasted longer.

In this instance, I was not primarily teaching mother to attune nor trying to improve what seemed to be an ambivalent attachment behaviour on the part of the infant but rather a step before attunement, namely to address the mother's own issues in movement, in the presence of her infant. In this case, at the same time, the relatively

healthy baby noticed the changes in his mother's movement quality as well as her tentative steps to find out what he needed, and feeling more validated, he began to venture towards his mother.

As the dance sessions continue, there is generally a shift in perception and relating. What may have looked like an extremely set behaviour appears to soften and the mother and baby begin to see something more of the experience of the other.

The next vignette is taken from the second and third sessions of a dance therapy group. It suggests the speed in which changes in attunement can occur.

Anna and her infant have been referred to the clinic as there are feeding difficulties. They and the other mothers and babies are playing on the floor with the balls in what is a small dance. Anna is sitting in bound flow with almost no directional shaping towards her eight month old baby girl. When the infant crawls away the mother says sadly that her baby is not interested in her. In the next session the mother and infant are playing with a short wide cylinder. There has been a significant shift - an increase in the flow of movement between the pair and more reciprocity in body shaping. The mother is seeing something of what the child is enjoying and is inspired to encourage her further. The infant begins to bang excitedly on the side of the cylinder and looks through the confined space to the mother's face. The infant too is seeing something of the mother's enjoyment and responding to it. There is a sense of mutual discovery with enthusiasm. The mother selects what to enlarge, tuning in to the feeling of her infant rather than the skill in the play. Attunement is beginning, and is supported by the other dance activities. The psychologist's counselling interviews and home visit available through the clinic offers further means of reflecting on and integrating the new experiences in the dance (Coulter and Loughlin, 1999). Before the end of the group series the infant's eating problem that brought the family to the clinic has gone.

However, when a mother is vulnerable, the ghosts in the nursery can get in the way of the game of attunement. Anna, the mother in this vignette, had been stressed by an older sibling's medical condition as an infant. She repeatedly said that she felt she did not have enough to offer her second baby as a person and as a mother. Her baby responded to her feeling by not really wanting to interact with her, even for food. Anna's experience of giving to her baby in the movement games and the baby's recognition of her gift helped Anna to feel more of a positive

nurturing mother, which led to a rapid change in the meaning of their interaction. Gradually, through the flow of movement and play and with accompanying discussion, Anna began to see her baby in her own right, no longer representing her anxieties. The infant was then somewhat freer to continue to develop her own infant self.

What does it mean to the mother and infant when there is more mutuality and when there appears to be some recognition of each other's experience? Winnicott (1967) describes the mirror role of the mother's face that reflects back what she sees of her baby. For the baby, the process of being seen is crucial: "When I look I am seen so I exist" (Winnicott 1967: 134). Stern (1985) describes the *seeing* of each other as an intersubjective process in which the sharing of joint attention or feeling states gives the infant a new sense of a "subjective self" (Stern 1985: 11).

Attunement processes according to Stern (1985) are the foremost way for the infant to learn that he or she is not alone but part of a sharable universe, that experiences can be shared, that inner feelings can be recognised by another. Furthermore, Stern proposes that "vitality is ideally situated to be the subject of attunements" (Stern, 1985: 157).

Dance in particular offers a place for this state of vitality and enthusiasm in which attunements can be tried out and practised.

Aesthetic moment

How may the dance arts contribute to the shift in perception and the change in relating illustrated here? Langer (1953) argues that significant form in the arts provides for a pattern of feeling. She finds there is a 'just rightness' about an art form that holds the feeling, as in the dots of a Fred Williams painting or the shape and glaze of a Raku pottery bowl. Langer (1953) also refers to the unencumberedness of art, the way it simplifies.

The dance arts not only simplify but also focus the work for the mother and infant. In the medieval music stomp there seems to be an element of the ancient female circle dance where each mother finds her own supportive rhythm. A hoop filled with cellophane carries an image of seeing differently. In the touch of the silk sari an action of nurture seems to occur. The sentience of the Dvorak music encourages an expansion of the heart that was waiting to be expressed.

The following vignette shows how the forms and processes of dance coalesce with the

emotional shifts that occur in the mother-infant interaction.

In the first group session, the mother, Alana and her eighteen month son, Ethen appear quite separate, while the other mothers and children interact and talk and gesture with each other. I intervene with this walking infant when I see him standing immobile and isolated from his mother, who remains on her spot, quiet and still. She could not rescue him from his position in the centre of the room. Several other mothers smile at him but he cannot respond. After a long and frustrating two minutes when Ethen's mother does not move, I lead him back to her. His mother greets him with a smile and takes the jacket off his passive figure. There is little initiative in movement in either mother or son.

During the next weeks, mother and son are involved in the experience of close intimate moments in the movement-play, the meeting and separating dances through space and the energetic group dances. By the seventh session, the mother has become embodied (Loughlin, 1997). In one of her dances in this session she expresses her own



Participating in the mother's form and rhythm,
Mangala Studios. Photo: Michaela Rost

sense of weight and presence in the way she shapes her movements to the rhythm and pace of the music. Her child, Ethen begins to participate in her vitality. He follows her in a rush, and then initiates a movement to bring her across the space to him. Then as she jumps into a strong movement form, he momentarily stretches out his arms towards her in a mutual shaping. He has more courage and is beginning to use his mother's new found dynamic and shaping as a way forward for himself.

What has happened to this older infant in the dance movement experience? Psychoanalytic writer Christopher Bollas (1987) expands Winnicott's notion of secure holding to consider the process which occurs to the infant when there is an intersubjective sharing of the mother's dynamic forms.

The mother provides a continuity of being, she 'holds' the infant in an environment of her making that facilitates his growth. And yet, against this reciprocally enhanced stillness, mother and child continuously negotiate intersubjective experience that coheres around the rituals of psychosomatic need (Bollas, 1987: 13).

Bollas finds "the mother is less significant as an object than as a process" and refers to the "rhythms of the process" (Bollas, 1987: 14). He sees the process as possessing what he terms experiential moments or "aesthetic moments" (Bollas, 1985: 31) that transform or alter the experience of the infant self. The infant develops emotionally through a series of such transforming aesthetic moments, whereby the infant is participating in the aesthetic or in Langer's (1953) terms the significant form of the mother.

In the dance therapy, the dance offers a chance for the mother to embody her own aesthetic, that is her own individual expression of form and feeling. Alana's embodiment in dance, a moment of really being there, offered a type of template in which her infant participated and experienced the mother's aesthetic. In this way, such non-verbal ongoing aesthetic moments with the mother in the dance continuously transform and develop the infant's self.

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The mother-infant experiences in dance encourage comfortable holding patterns and give opportunities for practising attunement. The mother's embodiment offers a form, a physical contour and process in which her infant can physically and emotionally participate. In these ways, the shared dance movement experiences not only contribute to the mother and infant's developing movement dialogue, but also lead to a new recognition of each other that opens the way to a happier and healthier relationship.

Note

All names are fictitious. Photos from the educational creative dance studio setting were chosen to illustrate processes described in the dance therapy.

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