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The Integration of a Dance/Movement Therapy Practice for Midwifery and Pregnant Women

Capstone Thesis

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Abstract

Dance/movement Therapy (D/MT) is a form of psychotherapy that utilizes the creativity in movement to express emotion, imagination, vulnerability, and identity. The non-verbal process that takes place within the context of D/MT appears within the activity of movement; a moment considered to be a rhythmic exploration and personal process with the body for mental and physical well-being. The integrative aspect of mind-body connectivity within D/MT has potential to be a supportive practice for pregnant women and their physiological changes of development. In recent years, researchers have turned to complementary and alternative medicines (CAM) such as dance/movement therapy, whether it is as a therapeutic technique of movement for pregnant women or a method of exercise that encourages positive mental health. Historically, the practice of midwifery and midwives themselves have followed a framework that recognizes the child-bearing women as active partners in the process of maternal care. This is to insure a healthy, positive, and safe development of relationship; also known as midwifery partnership. This literature review examines mind/body connectivity that is encouraged by D/MT, while also providing a subjective yet descriptive argument that integrates mind-body connection within the framework of midwifery partnership. Furthermore, this review highlights positive outcomes of using dance and movement with pregnant women and compiles important literature that should consider dance/movement therapy as a holistic approach in midwifery practice.

Keywords: dance/movement therapy, dance, movement, midwifery, maternal care, pregnancy, physiological development, mind/body intervention, integration
Dance/Movement Therapy as an Integrative Practice for Midwifery and Pregnant Women

Introduction

This literature review presented as a capstone thesis project will discuss a conceptualized yet subjective view of the potential for integration of dance/movement therapy (D/MT) into the practice of midwifery. The reviewed literature is related to my interest in the practice of midwifery in exploring how the theoretical frameworks of D/MT can foster a versatile use of traditional supports and/or therapies for pregnant women. Midwives have been known to help women become more knowledgeable about the physical, mental, emotional, and psychosocial expectations of pregnancy, while also providing supportive techniques and strategies for pain management and anxiety during childbirth (Handorf, 2017). The integration of D/MT could contribute to and serves as a therapeutic, adjunctive role of support during the overall physiological changes and developments within pregnancy.

Dance/movement therapy can be described as a form of expressive arts that utilizes movement to establish a sense of safety and trust in order to facilitate awareness of self, build interpersonal connection, reintegrate mind and body, and expand range of self-expression (Payne, 2006). Before my initial research of literature, I was interested in the educational format or structure of midwifery to understand what techniques or approaches they use to combat the physiological challenges of pregnancy. Literature that is specifically related to midwives utilizing dance and movement within the context and theoretical frameworks of D/MT is limited. Nonetheless, Handorf’s (2017) research suggests that dance and movement’s contribution to women’s overall experience of pregnancy and childbirth has proven to help midwife’s focus on the physical and mental well-being of the woman, while also stimulating self-confidence, strength, and resilience from fear of the “unknown” transition into motherhood.
Although I do not have a personal experience with being pregnant, I am sincerely invested and motivated by the work of D/MT that could help to initiate a deeper connection to mind, body, and soul. I am more-so fascinated by the human mind/body, specifically the woman’s body and out innate ability to create, carry, and deliver life into this world. Stemming from an original question of how D/MT can serve as an adjunctive midwifing role that creates a personal and empowering experience of movement during the early stages of childbirth, I became curious about how D/MT’s focus on mind and body may address the presumed physiological challenges that occur and effect a women’s pregnancy. As a clinician, I hope to explore working with this population in the future and continue advocating for D/MT and other movement-based approaches. In terms of clinical practice, I believe connecting the practice of midwifery and D/MT will challenge the way we, as movement therapist, create our own methodologies and strategies for applying expressive therapies in the field.

The first section of this literature review will briefly touch upon some of the physiological (physical, emotional, mental, and psychosocial) changes a woman endures during pregnancy. This section is meant to examine the psychological well-being and experiences that are out of a woman’s control, unprecedented, and make her vulnerable physically and mentally. As I believe pregnancy to be one of the most precious and pivotal life experiences a woman can go through, I do think it’s important to consider some of the major tensions that may be experienced during pregnancy. A short overview of key concepts and characteristics that describe the practice of midwifery, is necessary to analyze how different aspects of a woman’s pregnancy and changing body can all be included in the work of “laboring support systems” (Jones, 2010). The basic theoretical foundation of dance/movement therapy and a clear understanding of why movement is therapeutic, will contribute to the key concepts of midwifery and prove value of
integration to foster a positive, healthy, and safe experience of pregnancy. This section will also include qualitative research and case studies that expand upon the benefits of having both a laboring support person as well as an active movement component to stimulate positivity and strength.

The second section of the review will include a discussion that makes connection to other movement-based approaches such as Lamaze training or yoga classes; also known to midwives as supportive methods for physiological challenges in pregnant women. This discussion is necessary to support the basis of mind-body connection in D/MT, which I believe, is to target self-expression and foster a deeper connection to mind and body. It feels important to note, while the majority of this literature review may appear to solely speak to the physiological challenges of the pregnant woman, I acknowledge that the practice of midwifery along with the entire journey of pregnancy, may very well include partner(s), family, friends, or other sources of community supports. Pregnancy in terms of perspective from both woman and additional support systems are considered in the discussion. In the nature of curiosity and being a woman in my own identity, I am interested in how this literature review will inform my understanding of the significant physical, mental, emotional, and psychosocial changes a woman endures during pregnancy.

**Pregnancy and Changes in the Body**

Pregnancy or *gestation* can be defined as “the development of unborn young within a woman’s uterus, accompanied by the physical, biochemical, and developmental changes that occur in both mother and child” (Jones, 2010, para. 2). This gestational journey is typical in length of 38-40 weeks (approx. 9 ½ months) as genetic material from each parent joins to create a unique and individual life. While pregnancy and childbirth are assumed to be the two most
pivotal events in a woman’s life, they are also assumed to be the most rigorous and demanding of experiences in terms of the physiological transition into motherhood. Heydarpour, Jalali, Salari, & Tohidinejad (2019) define pregnancy as a journey or “critical life experience that commands a great deal of strength, knowledge, and empowerment for dealing with a combination of physiological changes” (p. 2). In other words, Heydarpour et al. (2019) reflects that a woman’s physical, mental, emotional, and social health, along with their quality of life, undergo severe changes during pregnancy.

Jones (2010) states:

“Some of the most significant physical changes for the pregnant body include sensitivity and size of breast, changes to pigmentation in the face or stomach area, increased pressures on cardiovascular and gastrointestinal systems, frequency of nausea, food cravings or aversions, and an array of mixed emotions. Additionally, as both the fetus and the woman’s uterus and stomach continue to grow, the body naturally requires more space- resulting in shrinking of the bladder and frequent urination later into the pregnancy.” (para. 15)

Specifically related to changes that occur in the body’s bone/ skeletal structure during pregnancy, research (Sanders, 2008) suggest most affected areas include muscles in the abdomen, mid/lower back, and the bones and ligaments of the hips, pelvis, and wrist (para. 10). Sanders (2008) continues to write about the changes in bone structure, particularly the abdominus rectus, which can become separated from the midline of the stomach; decreasing the ability to find comfort in the pelvis area (para. 11). According to Sanders (2008) and Jones (2010), the most significant changes to the physical body during pregnancy are related to fluctuations in hormone levels.
They determine that hormonal imbalances affect the body’s temperature, heart rate, blood flow and nutrient availability or suppression (Sanders, 2008; Jones, 2010).

As far as mental health challenges, Heydarpour et al. (2019) suggest that the stress, anxiety, feelings of happiness, and moments of euphoria that may surface during pregnancy, should be categorized at the top of “intense mental-social stressors” (p.2). For the purpose of the following literature, mental stressors are understood to be personality variables such as a woman’s anxiety, avoidance, or irritation levels, that take major precedence over logical or realistic thought processes (Ryding, Wirfelt, Wangborg, Sjogren, 2010). These stressors are categorized under effects of mental health as I believe they relate to the way a woman is experiencing herself and her body as new entities in the world. According to Ryding et al. (2010), this is a type of stress that results in low socialization habits and increased development of anxieties or phobias. Similarly, Heydarpour et al. (2019) explains that mental stressors like ‘experiences of delayed memory, increased periods of fatigue, an imbalance from center of gravity, feeling uncomfortable and insecure about the growing body’ (p. 3); can impede a woman from going about her everyday life as she did pre-pregnancy.

Others’ perceptions can have an effect on pregnant women- viewing them as fragile or sensitive individuals. Jones (2010) acknowledges societal presumptions from family members, doctors/physicians, co-workers, foreign or unfamiliar persons, that commonly uphold the need to “protect” (para. 22) the women’s pregnant body. Examples include being overly aware or cautious, preventing her from participating in certain activities, eating certain food, or being in environments that could have an impact on the pregnancy. Jones (2010) further explains: “While certain predicaments could have a negative effect on mother or baby, the felt sense of over
protection or increased surveillance may actually cause a greater deal of stress and anxiety” (para. 22).

In reflection of the above quote, I believe this heightened level of caution comes out of concern for the mother and baby, wanting to help reduce the on-set of said mental stressors changes and avoid any activities that could be dangerous or a potential health risk. It has become evident through my review of literature, additional research, and informal conversations with pregnant and/or experienced mothers; that pregnancy demands some significant adjustments to what was known to be the body’s normal physiological function. However, within the realm of dignity and respect, I believe it’s important that the perception of others’ is reminded to encourage the woman’s strength and not make her feel as though she is incapable of taking care of her own body, despite uncertain and inconsistent experience of changes.

Although birthing practice has always been part of human history, it wasn’t until the late 20th century when the practice of midwifery introduced a philosophic shift in birthing practice that included putting the mother at the center of the pregnancy/birth experience (Tew, 1995). Written in Tew’s (1995) publication, Safer Childbirth, the shift in birthing practice and maternal care as whole, was put forth by European immigrant populations, the United States, and colonies of the British Commonwealth, Australia, Canada, New Zealand and South Africa; “all who shared common interest in the establishment of a medical profession that capitalizes on childbirth education for pregnant women” (p. 2). Historians (Tew, 1995) point to Eastern Europe and Britain’s acknowledgment of a “revolutionary” (p.2) concept that begins to consider the advantages of giving birth in medical institutions and receiving professional educational guidance though physician-patient interactions.
Jones (2010) identifies some specific and some broader areas of concern regarding physical, mental, and emotional challenges of pregnancy, while also signifying some of the unprecedented vulnerabilities that affect social and daily executive functioning. After reviewing the above literature (Ryding et al., 2010; Heydarpour et al., 2019; Jones, 2010; Tew, 1995), it feels important to note that many of the physiological symptoms and changes are presumed to be preconditioned in the nature of pregnancy and I acknowledge each individual, unique experience. Research conducted by Pugh (2014) considers that most symptoms and physiological changes in the pregnant body are experienced different and appear to be specific to the woman’s personal health and quality of life. Furthermore, the next section introduces the practice of midwifery through revolutionary and historical concepts of maternal care. The research depicts the importance of maternal care within the practice of midwifery, as it promotes health and well-being for every woman’s pregnancy journey.

**Midwifery Practice and Maternal Care.** “Although midwifery practice and nurse-midwifery practice have changed over time, the most basic component of a midwife and the practice of midwifery has never changed and that is to be with woman.”

(Thompson & Varney, 2016, xxii).

Thompson and Varney (2016) write about the strengths, weakness, threats, and opportunities for midwives and the practice of midwifery, detailing the characteristics that promote a positive, healthy experience of pregnancy, also preventing fear, anxieties, or illness in any they can. According to Thompson and Varney, the above quote demonstrates the midwife’s willingness to be “with woman”, wherever they are in their journey, no matter the sacrifice of the midwife. Thompson and Varney (2016) explain, that midwives work (approx. 9 ½ months) to build a relationship with the child-bearing woman in efforts to be an educator, mentor, or
informant about the physiological changes and experiences happening in the pregnant body. In that time, they are also actively engaging in different approaches to help ease the anxieties and fears regarding their own transition into motherhood. I believe the above quote supports an argument that would suggest midwives go above and beyond to take care of the woman and families’- putting their mental health and well-being before personal values and beliefs.

Thompson and Varney (2016) reflect that throughout history, the services of a midwife beyond the laboring and birth process would include post-natal care for the new mother and baby, either conducted through home or office visits to see how mother and baby are progressing. In lieu of the close relationship being built between midwives and women, I reflect on an approach to midwifery practice that is based on the concept of “art and science” (Thompson & Varney, 2016, p. 243). The authors explain that midwives always had a mutual respect and understanding for pregnant women and their processes. However, as the late 1900’s began seeing a rapid increase in new medical sciences and advancements (Thompson & Varney, 2016), the midwives were determined to keep up with new knowledge and developments, yet worked even harder to maintain their art [emphasis added] of respect and ensure the best maternal care (p. 245).

The following literature speaks to the practice of midwifery through historical and revolutionary movements that led to the acknowledgment of maternal care in general. For purpose of reviewing the following literature, the description of maternal care is necessary to describe all aspects of health care dimensions that are specifically related to the mother.

Maternal meaning: “of, relating to, belonging to, or characteristic of a mother” (“Maternal”, n. d). In this review of literature, it is evident how important it was for the practice of midwifery to see a major philosophic and innovative shift in the concept of maternal care in order to predict
medical advancements in the later 20th century. Bringing forth a new understanding of maternity care in the 1960’s, midwife pioneers, Mary Crawford and Betty Horsford (Thompson & Varney, 2016) worked to stand up for midwife’s rights to proper maternal education, techniques and methods of approach, or the necessary equipment in case of unforeseen circumstances (p. 248). This also included efforts to standardize different comfort techniques for back pain, oral care, birthing stools or balls used for movement, accessibility to water birth training, acupuncture, etc. (Thompson & Varney, 2016).

Stated by Gayle Reidmann, a Certified Nurse-Midwife (CNM), the practice of midwifery today is known as an ‘intimate’ and ‘trust-worthy’ (Reidmann, 2008, para. 2) component of maternal care that ensures the well-being of both mother and baby. I wanted to include a review of literature that addresses the socio-cultural and socio-economic difference experience for pregnant women, as Reidmann (2008) recognizes other possible vulnerabilities for pregnant women, specifically related to affordable and accessible maternal care. Her research suggests that women living in developing countries such as India, China, Indonesia, Malaysia, or South Africa, may be rejected proper maternal care or receive it from a community member that is only “familiar” (para. 3) with pregnancy and childbirth. Reidmann (2008) continues to note that many of the impoverished cities within these countries, experience a shortage of well-functioning medical facilities or practicing physicians to care for the women and babies; resulting in home births, surrounded by closest family, friends, or other community supports in place of a CNM (Reidmann, 2008).

By contract, women living in industrialized countries such as the US, may experience an overwhelming compilation of resources into all dimensions of maternal care. I say that in reflection of literature (Reidmann, 2008) that speaks to the frequent monitoring of maternal care
by a medical personnel or obstetrical gynecologist (OB/GYN) who specializes in pregnancy and childbirth. These professionals are typically trained to use *ultrasound* or medical imaging techniques to help measure the growth of the fetus- “making sure the mother’s uterus and surrounding organs are functioning appropriately in the progressive stages of pregnancy” (Reidmann, 2008, para. 4). Reidmann’s (2008) literature concludes that other aspects of maternal care provided by an OB/GYN may be less accessible for women living in impoverished or developing countries, making it difficult to monitor abrupt physiological changes such as nutritional or immune deficiencies. In efforts to decrease the possibility of maternal morbidity and lower mortality ratings due to poor maternal care, Reidmann (2008) proposes that maternal care should begin at preconception, ranging into prenatal and postnatal care, or family planning with a partner(s).

*Dance/Movement Therapy.* A basic definition of dance/movement (D/MT) as it is defined by the American Dance Therapy Association (ADTA), is “the psychotherapeutic use of movement as a process that furthers emotional, cognitive, and social and physical integration of the individual” (ADTA, n.d.). My own experience of D/MT is understood to be a therapeutic technique to movement to promote a deeper connection to mind, body and soul. I describe dance/movement therapy as a “technique” because of the way it uses movement to promote emotional, cognitive, social, and physical self-expression, as opposed to general verbal conversation. D/MT describes a form of communication that doesn’t necessarily have to be spelled out and analyzed due to a disconnect in verbal dialogue. Instead, movement can be interpreted to fit any context, experience, story, or emotion (ADTA, n.d). A quote by dance/movement therapist and pioneer, Helen Payne, reflects the role of movement in therapy:
“The movement activity in D/MT is a concrete medium through which conscious and unconscious expression can be motivated” (Payne, 2006, p. 9).

Payne (2006) writes about D/MT pioneers alike, who paved the way to explore a form of expressive arts that utilizes dance and movement to establish a sense of safety and trust. She continues to explain that safety and trust are key components within the therapeutic relationship in order to facilitate awareness of self, build interpersonal connections, reintegrate mind and body, and expand upon a scale of self-expression (Payne, 2006). These efforts are also key in helping to build a relationship with both movement and the movement therapist; “allowing the mover’s inner world to become visible, accepted, and safely held within the space the relationship is being built” (Payne, 2006, p. 5). Payne’s acknowledgment of safety and trust could effortlessly be a key component for pregnant moms who may be going through their journey alone or are experiencing pregnancy for the first time. As I mentioned in my introduction that pregnancy is presumed to be a very intimate and precious experience, I believe this piece of literature highlights the important role dance/movement therapist play of first building of both a fundamental yet trusted relationship with the individual—similar to that of physician-patient interactions.

Currently literature speaks to similar key concepts of D/MT that encompass a deeper meaning of mind-body connection while exploring new perspectives of dance and movement. Scientific research supports what is known on an intuitive level seeing that the human body’s anatomy and its’ workings are understood to operate as a system and each system essentially relates to one another. According to neurophysiologist studying the mind-body connection, “when speaking of the body, not only are the functional aspects of movement included, how the psyche and emotions are affected relate to how movement itself effects change in both psyche
and emotions” (Chaiklin & Wengrower, 2016, p. 8). Chaiklin and Wengrower (2016) understood this to mean that the mind is a part of the body and the body affects the mind in various ways (p.5). Furthermore, to connect dance and therapy, the authors suggest that the individual needs to acquire a deeper understanding for the art form, stating, “Dancing is not merely an exercise to be accomplished but rather a statement of one’s feelings, energy, and desire to externalize something from within” (Chaiklin & Wengrower, 2016, p. 5). This quote is interpreted to reflect on what a deeper understanding of dance/movement would look like through a personal connection and individual perspective.

So, why is movement therapeutic? The following brief review of literature talks about movement being a reflection of the human body’s essential way of experiencing life. According to Sheets-Johnstone, 2010, it is first important to understand that movement is an ‘animate’ (p. 3) form of a life-long, kinesthetic/kinetic experience. In other words, the body, as it is built in its unique form, also has its’ unique way of moving through life. Movement is a reflection of being capable and effective agents of the world that do things, accomplish things, and makes things happen. Ironically, it is my personal belief that we, as humans, don’t always have conscious insight into specific movement patterns or behaviors that could be interpreted into a reflection of a past experience or a reflection of our current state of well-being. Similarly, Sheets-Johnstone (2010) describes how paying attention to kinesthetic dynamics of involuntary or impulsive movements can promote feelings of ‘aliveness’ (p.3); concluding that something is not just happening to you but moving you. Moreover, movement can be explored in the essence of therapy because of the way it gives validation and expression to “I” (Sheets-Johnstone, 2010, p. 5). Specifically meaning that movement is not only powerful in the sense of selflessness, but in
the sense of agency, capability, and understanding the kinesthetic reality of ‘being moved.’ (Sheets-Johnstone, 2010).

Based on personal experiences with D/MT education, dance/movement therapists work with the knowledge that movement and dance can help individuals access deep emotions and process them in a physical way. While many traditional therapy approaches rely on verbal communication between the client and therapist to promote change (Ogden, et al., 2006), the use of dance and movement with pregnant women offers a way of navigating through physiological challenges by means of non-verbal communication. Ogden et al. (2006) describes how many therapeutic approaches used in the treatment of trauma for example, rely solely on verbal communication and may “ignore or suppress body processes” (p.17). Instead, dance/movement therapist facilitate an individual’s awareness of the physical sensations, emotions, and memories through creative processes like mindfulness, movement, and use of breath (Tantia, 2014).

Although Ogden, et al., (2006) and Tantia (2014) provide literature that speaks to how D/MT may be used as an intervention for treating trauma, the authors include key concepts of D/MT that focus on accessing emotions and physical sensations on a body level. This can be thought of as a functional approach for midwifery that will address some of the physiological challenges discussed in previous literature (Sanders, 2008; Jones 2010).

**Research on Dance and Movement for Pregnant Women**

This section will discuss several research studies on dance and movement with pregnant women. The research outlined in this section incorporates a few case studies and qualitative methods of research. This literature review proved a lack of quantitative research detailing statistical data relevant to the work of D/MT with pregnant women. Only three authors (Doonan & Bräuninger, 2015; Loman, 2016) include a quantitative data of using D/MT in field, however,
it was found to be statistically insignificant to the basis of this literature review. I believe the lack of quantitative data reflects a larger gap in the field of D/MT research which will also be discussed further into the literature review. It is important to note that, while the majority of this research depicts a different language in which ‘dance and movement’ is conveyed, the research the specifically attached to the concept and theoretical foundation of D/MT is limited. Nonetheless, the following research reflects the use of dance and movement as either: a therapeutic practice for pregnant women or a beneficiary of movement-based practices in the form of healthy exercise during pregnancy.

Across literature on dance and movement as a therapeutic practice for pregnant women, authors and dance/movement therapist report positive results (Demecs et al., 2010; Handorf, 2017; Payne, 2006; Loman, 2016; Celebi, 2006; Doonan & Bräuninger, 2015). The studies highlighted in this section are as follows: a qualitative study conducted by Demecs, et al. (2010), in which a group of 7 women participated in six, 2-hr pregnancy programs designed around the use of creative arts and movement, and a quantitative study presented by Loman (2016) based on a design that includes several applications of DMT. Created by dance/movement therapist, Judith Kestenberg, this quantitative research of the Kestenberg Movement Profile (KMP) includes exercises related to dance and movement that support the pregnant mother’s growing body during pregnancy as well as during labor and delivery. A case study by Celebi (2006) serves as arts-based research that details positive outcomes of D/MT such as a such as helping women strengthen their core muscles, synchronizing movements with breath, and learning floor exercises to aid with back pain. Finally, a meta-synthesis of qualitative research on the use of D/MT is included to explore how connecting movement and emotions can contribute to the
child-bearing women’s self-awareness, self-esteem, and resilience during significant physiological changes in pregnancy (Handorf, 2017).

**Goals and Themes of D/MT with Pregnant Women**

The main goal in Demecs et al. (2010) qualitative study was to improve health and wellness strategies that will benefit the pregnant woman’s transition into motherhood. The structure of the Creative Activities in Pregnancy Program (CAP-Program) included activities such as singing, dancing, story-telling and basket weaving, “designed for the participants to describe their own experiences, express thoughts, or describe what was important about being a part of the CAP-Program (Demecs et al, 2010, p.113). The program follows a pattern of objectives and aims to focus on bodily experiences, helping women respond to their growing bodies’ needs and understanding the benefits of breathing and relaxation techniques (ADTA, n.d), also fostered in the framework of D/MT. Themes that emerged during the program were labelled as: ‘Seeking Support’, ‘Connecting with Group, Self and Fetus’, ‘Finding a Place to Share, Learn, and Grow’, lastly ‘Finding Balance’ (Demecs et.al., 2010). These themes are identified to reflect the concept of creativity including dance and movement as a therapeutic measure for a healthy pregnancy or postpartum experience. Other qualitative and mixed methodologies cited goals such as exploring D/MT with larger mother/baby populations that investigate women’s perceptions childbirth (Handorf, 2017), assessing the structure of educational classes on pregnancy and childbirth (Payne, 2006), as well as connecting movement and emotions (Holbrook & Haselton, 2011).

Despite limited statistical data included in the review of quantitative research, the following literature discusses the complexity within a developmental approach to D/MT regarding larger mother/baby populations. The Kestenberg Movement Profile (KMP) was created as an approach to dismantle the anxiety, fears, and expectations of developmental issues
related to pregnancy (Loman, 2016). Included in the KMP format, fetal movement notation is inspired by applications of dance/movement therapy such as ‘kinesthetic attunement’ (Loman, 2016) used to abstract or empathize with movement patterns and behaviors. Fetal movement notation begins as a process of understanding movements as communication, “creating a somatic manifestation of empathy and early attachment between mother and unborn child” (Loman, 2016, p. 230). A pilot study conducted by Kestenberg herself, uses practical and creative solutions through non-verbal communication in D/MT. A larger group of 23 expectant mothers report learning how to pay attention to the unborn child’s movement preferences through applications of touch and kinesthetic attunement. According to Loman (2016), applications of D/MT like such, allowed the expectant mothers to get comfortable with their child’s movement style even before they are born. Further explanation of this concept is explained in the next paragraph, detailing the importance of perception within fetal movement notation. However, additional goals of the KMP are geared toward alleviating symptoms such as: shortness of breath, nausea, frequent urination, constipation, bloating, swelling and backaches; as well as “learn self-soothing mechanisms and develop a flexible body image” (Loman, 2016, p. 228).

Loman (2016) writes about Kestenberg’s perceptions of fetal movement that are taught to the mothers through touch attunement exercises in part of D/MT applications. Discovered in a second case study conducted by Kestenberg (2000) and her colleagues of prenatal caregivers, long before mothers could understand the concept of fetal movement/notation, babies could suck, stretch, yawn, and rub their hands and feet while in utero. The expectant mothers were asked to respond to such movement through use of touch; “using their hands to reenact or trace movement on their stomachs” (Kestenberg, 2000 as cited in Loman, 2016, p. 230). Kestenberg explains that the use of touch as an effort to respond to fetal movement is also taught to the mothers as “a way
to be sensitive to movement they can feel but cannot see” (Loman, 2016, p. 231). This second case study reports that expectant mothers can benefit from the KMP, stating that ‘having an understanding for fetal movement notation also helps to improve body image and encourages body empathy during a sensitive time where women may feel uncomfortable with their growing bodies’ (Loman, 2016, p. 234). Interestingly enough, Kestenberg (2000) presumed that today’s Western culture is not as much kinesthetically oriented to interpreting bodily sensations as it is visual and auditory. With this, she acknowledges that the overall use of fetal notation provides an opportunity to develop ways of relating to the unborn child as well as regaining a sense of self-support by means of non-verbal communication (Kestenberg, 2000 as cited in Loman, 2016).

In order to support the mothers’ physical body, exercises including lengthening, widening, and stretching of the hips, have been acknowledged as supportive measures for strengthening the pelvic floor muscles. Loman (2016) shares that lengthening, widening, and stretching of the lower abdominal area (i.e. pelvis, pelvic floor, or hips) help the mother make room for the growing baby, while also alleviating pressure from the pelvic floor or bladder (p. 231). These exercises, also known as “pelvic breathing” (Loman, 2016, p. 231), teach the mother how to breathe through painful areas of the body while also adjusting to the baby’s internal growth and the mother’s external weight gain. “This process of adjusting the expectant mother’s alignment to accommodate additional weight of pregnancy, helps to give her the feeling that she is actively carrying the baby instead of being pulled down by it” (Kestenberg, 2000 as cited in Loman, 2016, p. 232). Essentially, specific movement exercises in the form of D/MT can be used to combat the physical challenges of weight gain in pregnancy.

**Versatility in Dance and Movement for Pregnant Women.** This section of the literature review focuses on the research of dance and movement in different forms of its’
creative nature. Dance and movement as therapy, dance and movement as a form of exercise, or dance and movement as a supportive practice for birth preparation; the following literature highlights the essential aspects of dance that are both physiologically therapeutic and essential to the maternal health of pregnant women.

According to Celebi (2006), dance/movement therapist are in a unique position to contribute towards prenatal education in helping childbirth educators (i.e, midwives, obstetricians, nurses-alike) think about the most effective ways to translate information. In a case study presented by Celebi (2006) cited in a chapter of Payne’s (2006) publication, the theoretical frameworks of dance/movement therapy were influential to the concept of holistic birth preparation (HBP) (Payne, 2006, p. 149). A holistic approach is adapted from author and journalist, Arthur Koestler’s concept of holon, or an entity that is both part of a larger system and itself is made up of those parts (“holon”, n.d). This approach to birth preparation considers all aspects of the individual including the mind, body, and spirit. Celebi recognizes that physical/emotional well-being, values and beliefs, relationships, and spirituality all affect the women’s experience of pregnancy and childbirth (Celebi, 2006, as cited in Payne, 2006).

Applications of D/MT that are included in Celebi’s (2006) case study include: movement sequences or phrases, guided mediation techniques, the influence of music, and visual representation through pictures or imagination (Celebi, 2006, p. 150). Used to promote non-verbal attunement and stimulate sensations in the body, Celebi explains that applications of D/MT not only increases emotional well-being but “can be adapted within the realm of holistic practice to foster body awareness and address the changes happening with the pregnant body” (Celebi, 2006, as cited in Payne, 2006, p.152). Cited in the results of this case study, women report the structure of holistic birth classes as ‘effective’ in helping them respond to their body’s
needs and gaining a sense of emotional support from meeting other pregnant women (Celebi, 2006, p.153). This case study proves that active, intentional recognition of bodily experiences and sensations has a positive effect on raising women’s determination and self-confidence to give birth (Payne, 2006), as opposed to a passive or indirect educational experience.

The versatile language and context of dance and movement also recognizes personal experiences with the activity as a healthy source of exercise and flow of energy. Dance and movement are also referred to as the “kale of exercise”, according to a dance/movement therapist who shares her experience working with the child-bearing population. Hornthal describes her understanding of dance/movement that is not only a great way to release endorphins and generate a positive flow of energy, but “is beneficial for enhancing neuronal connections, regulating emotions and stress hormones, and allowing for an alternative form of experience to encourage positive mental health” (para.6). Hornthal (2016) reflects on her experience of incorporating techniques of breath work and mind-body connectivity related to dance/movement therapy, as a way to relieve back and pelvic pain, as well as help mothers manage their anxieties about the birthing process. Hornthal states: “dance and movement have the ability to help child-bearing women recognize their own mind-body connection, such as being present to mood and behavior and managing fluctuations in stress due to an imbalance in hormones” (Hornthal, 2016, para.8). This quote reflects Hornthal’s advocacy for the recognition of body-centered practices like dance/movement that can be essential for the advancement of prenatal care.

**Connecting Dance/Movement Therapy and Midwifery.** As stated in the introduction of this literature review, I intended to promote a framework of dance/movement therapy as an integrative practice for midwives and the practice of midwifery. Unfortunately, there is a lack of literature that details the current use of D/MT within midwifery practice. In fact, it would be
integral to the expansion of this particular research for current dance/movement therapist to engage with the structure and frameworks of midwifery. Further research in this field of study should also focus on midwives’ perspectives of what techniques or methods of approach work best for providing significant health care in pregnancy and childbirth. Nonetheless, the research gathered below provides sufficient evidence that helps make the connection between mind-body connectivity in D/MT and a theoretical framework known as midwifery partnership. This review of literature highlights a framework known to the practice of midwifery in the United Kingdom, as I believe it makes similar inference to the framework of mind-body connection in D/MT that has been adapted by dance/movement therapist around the world.

Two theoretical frameworks referred to as midwifery partnership and cultural safety, were developed in the to provide midwives with a source of guidance and formality within the practice (Pairman et al., 2015, p. 385). Specifically focusing on the development of midwifery partnership, I’d like to make note that both frameworks speak to an important political narrative. The political imperative behind midwifery partnership according to Pairmen et al. (2015), challenges professional power structures and medical dominance by recognizing women as “active partners” (p.385) who share an equal role in the experience of maternal care. This narrative is important to consider throughout Pairmen’s research as it actively explores how women and midwives can work together in executing the best maternal care. Midwifery partnership can be described as, “a relationship of ‘sharing’ between the woman and the midwife, involving trust, shared control and responsibility and shared meaning through mutual understanding” (Guilliland & Pairman, 1995, p. 7 as cited in Pairman et al., 2015, p. 393). According to the New Zealand Centre of Midwifery (NZCOM), midwives’ understanding of partnership has expanded and they are more aware of the personal attributes they should acquire
in order to work in these types of intimate partnerships/environments. Furthermore, the establishment of this framework in terms of education has become a key principle in understanding the cultural, spiritual, emotional, and social values that take precedence in some women’s pregnancy experience.

The mind/body connectivity that is worked through in dance/movement therapy can be described as a pathway to identifying physical symptoms that are expressions of emotional distress. The mental connections made to the physical expression of distress, help to explore alternative coping mechanisms such as mind-body interventions, that can be used in a variety of modalities. Generally speaking, mind-body interventions can take place in the form of individual counseling sessions, social groups/interactions, prayer or bibliotherapy, imagery or different styles of meditation (Tokumoto & Abrams, 2008; Sobel, 2000). In the foundation of yoga for example (Vijay et al., 2008), mind-body interventions focus on helping the individual achieve a sense of relaxation and full-body awareness. According to Vijay et al (2008), this may be done through repetitive focus on a word or sound and the “adoption of a passive attitude towards intrusive thoughts” (para. 1). The development of mind-body interventions is known to medical practices and traditional approaches of psychotherapy as complementary and alternative medicine (CAM) or a form of therapeutic modality that is ‘non-conventional’ (Tokumoto & Abrams, 2008, para. 2). In D/MT, mind-body connection is understood to be neither abstract nor theoretical (Acolin, 2016). It is in fact, one aspect of mental health that holds accountable real experiences of the individual and puts their bodily reactions or expressions at the center of conflict and resolution. With this interpretation, dance/movement therapist have used movement to further the emotional, cognitive, physical, and social integration of the individual, working from the premise that “body, mind and spirit are interconnected” (ADTA, n.d.). As D/MT falls
under the category of CAM, the focus on mind-body connection can be effective for reducing chronic pain in the body, managing anxiety associated with stressful experiences, insomnia, panic disorders, etc. (Tokumoto, 2008).

**Midwifery Partnership and Mind-Body Connection.** I believe the framework of midwifery partnership represents a divergence approach to the experience of maternal care, similar to that of mind-body connectivity as a method of D/MT. I’d like to reflect on the review of literature (Payne, 2006; Acolin, 2016) that speaks to D/MT’s concept of having a deeper understanding for mind-body connection. The literature Payne (2006) contributes to this research acknowledges that dance/movement therapist have the ability to translate a person’s inner world—“widening the scope of their realities, creating tangible, relatable, and symbolic expression of emotions” (p. 5). The literature also highlights that the movement activity provided in the therapeutic realm of D/MT, focuses on conscious and unconscious expression. Meaning, movement can be the element of language that represents a past memory or communicates the individual’s depiction of the world. Payne (2006) writes about movement that can become influential in therapeutic process to help the therapist build upon interpersonal connectivity with both self and participant. For the purpose of making this connection, I reflect on Payne’s acknowledgment of the movement’s role in the process of mind-body connection and conquer that a similar role in midwifery partnership will support the goals and objectives related to fostering a positive, healthy experience of pregnancy.

Both concepts invite creativity in the expressive component of non-verbal communication. In midwifery partnership, Pairmen’s (2015) research reflects that the midwife and expectant mothers work together through touch attunement exercises, similar to those used in the KMP experiment (Loman, 2016), to ensure early attachment behaviors between mother
and baby. Within mind-body connection, dance and movement helps to facilitate a safe, trusted relationship with both therapist and the individual’s physically growing and mentally expanding body. According to Payne’s research, trust in the relationship with self and the growing body is important for reassuring the mother’s anxieties and fears about the body’s natural and innate ability to bring life into the world. In my opinion, the elements of safety and trust are essential to mothers’ perspectives of being open to explore different methods of movement that can address some of the mental stressors they may be going through. I believe the framework of midwifery partnership and the framework of mind-body connectivity in D/MT brings forth a holistic rendition of person-centered approaches. By this, I interpret that both frameworks allow for the mother to be vulnerable in her pregnancy experience but also gives a chance to improve physical and mental well-being.

The connection between midwifery partnership and the framework of mind-body connection is also integrated by the work ethic possessed from both forms of practice. In recent research, literature highlights that dance/movement therapist can be well established on their own, in departments, on hospital wards, or as part of multidisciplinary teams. Additionally, Payne (2006) confirms that dance/movement therapist can work one-on-one or with groups using various approaches and techniques. However, similar to the work ethic of midwifery partnership, circumstances of providing a group experience may differ depending on location/environment, theoretical views, philosophical beliefs, client/ group dynamics, or staff availability (Pairmen, et al., 2015). This similarity is based on literature (Pairmen et al., 2015; Payne, 2006; Handorf, 2017) that explores collaborative practices in terms of community and primary health care. The midwife and therapist work within similar dynamics of community but are interfaced with hospitals and specialist that could be necessary to meet the needs of the individual pregnancy. In
comparison of characteristics, both frameworks can be adaptable for the therapist or midwife to work with individualized preferences and values. Whether mind/body connectivity as a form of DMT is offered through midwifery or midwifery partnership is integrated into the work of DMT; I believe the above research of literature supports these concepts as a way of building structure to the work ethic of both professions.

**Discussion**

Overall, the current literature on the use of dance and movement with pregnant women suggest the potential for positive outcomes. The results include creative art in pregnancy programs, fetal movement awareness and notation, sense of safety and trust, methods of pain management, integration of mind and body, increased self-confidence and self-expression, which are all potential goals of D/MT supporting the physical and emotional challenges endured with this population. Similar themes arose in the results of each case study, suggesting that D/MT can be an effective form of treatment for pregnant women seeking both physical and emotional well-being. The research outcomes demonstrate that dance/movement therapist have the ability to successfully utilize the pregnant body to counteract the inevitable, physiological changes that are actively challenging the woman’s mental and well-being. These outcomes also show that D/MT can be used as a way to connect with unborn child, including touch attunement exercises to foster early attachment mechanisms and stimulate mind/body connections.

Despite positive outcomes cited by the authors, many gaps exist within the research and the broader sense of D/MT interventions that have been integrated into the practice of midwifery. Though many authors included in this literature review outline the goals of the D/MT, interventions of mind/body connection, or reported effects of D/MT on participants, few authors go into explicit detail about what actually occurs during a session. Nor do authors go into detail
about what approaches, specific to D/MT, are used in the practice of midwifery and the results of those sessions. It is understood through current literature and personal studies within the field that every D/MT experience can be different and subjective depending on theoretical preferences of the therapist as well as the needs of the client. It is also understood that each individual experience of pregnancy is unique and may not require any adjustments or additional support around the physical and emotional changes happening in the body. With that said, I acknowledge my bias shadowed throughout this literature review, as an advocate for further research that focuses on the importance of mind/body connectivity for each, individual pregnancy.

There is a need within D/MT research for more consistency because, the lack of palpable descriptions of individual D/MT sessions makes it impossible for studies to be experimented with the child-bearing population. While versatility will always exist between each dance/movement therapist’s theoretical framework of approach, it is important for authors to clarify how movement is introduced and navigated through means of physical limitations for this population. While the framework of D/MT considers interventions that are focused on mind and body, the field also needs clarification of its’ own theory in relation to mind-body connection. Because of this, the literature presented in this review might be interpreted as a sub-section of existing D/MT theory turned into descriptive yet subjective statements that summarize empirical data from cognitive and behavioral neurosciences, instead of results from D/MT related studies.

Furthermore, few D/MT- specific research studies presented in this literature review contained a quantitative component. Though qualitative research has proven to be informative and relays a large amount of creativity within expressive therapies, the lack of empirical data on the use of D/MT in midwifery practice reduces the ability of research to be replicated. Although
quantitative research on D/MT is hard to gather due to the versatility within the activity of dance and movement, it is a necessary form of research for the reliability and growth of the field.

My initial research began directed toward the physical, emotional, social, and socio-economic challenges, which all make up a larger sum of how and what a woman experiences during pregnancy. Though my interest is focused on the individual and personal experience of pregnancy from a woman’s perspective, a few authors included evidenced-based research involving both applications of D/MT and midwifery with couples and/or family members. Further into Riedmann’s (2008) online publication regarding different styles of childbirth education, the research informs childbirth education is designed for assisting “mothers and their families” (para. 2) through pregnancy. Additionally, Riedmann offers research into the effects of having a ‘labor support’ within clinical labor and delivery settings. While these laboring supports do not necessarily have to be childbirth educators, scientific evidence suggests women who are in the presence of a support person report “less pain, receive less medication during labor, have shorter labors, and see a decrease of maternal mortality rates” (Riedmann, 2008, para. 25).

In a chapter of Thompson and Varney’s (2016) book, Midwives With Women and Childbearing Families, the authors speak to the revolutionary shift to alternative birth practices in US beginning in the early 1970’s. Opening with a quote in the beginning of this chapter, the authors reflect that families of pregnant women have supported midwifery (and vice versa) throughout challenges from traditional 20th century medicine, nursing guidelines, health and legal systems, and media confrontations (Thompson & Varney, 2016). “Those changes, involving midwives, home births, birth centers, and a new appreciation and awareness of the social and emotional aspects of birth, were fueled by a generation of women who wanted more from their
childbirth experience than traditional physicians and hospitals were able to provide.” – Diony Young, *Nurse-Midwifery in America* (1986, p.47)

As cited in Thompson and Varney (2016) this specific piece of literature speaks to the partnership and contribution of family that is recognized by the practice of midwifery (p. 373). The research component included in midwifery reveals that women, families and midwives are a “natural” team (Thompson & Varney, 2016, p. 373). This team is considered to be an important element in overall development of maternal care, working together to contribute significant changes to the way American society views women’s need for more humanistic approaches. I reflect on the efforts that midwifery makes on incorporating women and families as a “team” as I believe this points to DMT’s effort of establishing safety and trust. I imagine this notion of team effort resembles the feeling of safety and trust for the expectant mother to be reliant on- hence the recognition of historical shifts in education that are important for ensuring a positive experience of pregnancy and childbirth.

To conclude, I came across several evidenced-based research studies that includes midwifery and couples, midwifery for special needs such as struggles with infertility, or midwifery in specific populations of psychiatry for pregnant women experiencing severe postpartum depression. I found little D/MT-specific research related to ethnicity and socioeconomic status of pregnant women seeking alternative resources of pregnancy education or maternal care/planning. These elements are not outlined in great detail in specific studies of DMT, other than to identify the country or language in which research occurred. However, the practice of midwifery considers other demographics of the expectant mother including religion and spiritual values. One author (Riedmann, 2008) briefly refers to socio economics as it is related to the access of maternal care for industrialized and developing countries. It would be
beneficial to the growth of my research to consider literature that speaks to the potential risks and/or benefits related to receiving maternal care in both industrialized or developing countries, as I am mindful that this review of literature has assumed women to have access to midwifery care or other sources of therapeutic support. If D/MT-specific research included factors of ethnicity, religion, or socioeconomic status of pregnant women, the results gathered throughout this literature review may alter the generalized consists for a larger population of childbearing women.

In reference to my concluding statements regarding the integration of mind-body interventions of D/MT into the framework of midwifery partnership, I hope current research on positive outcomes of D/MT lead to similar ideas of innovative practice. A practice that brings fresh, engaging, and thought-provoking structure to traditional aspects of mental health or primary health care in general. Through supportive interventions that aim to address physical and emotional challenges of pregnancy, establish a sense of safety and trust, expand self-awareness and level of confidence; dance/movement therapist can help expectant mothers process their experience of transition into motherhood.
References


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