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**The Dynamic Intersections of Race and Gender in Treating Postpartum Depression: How  
Dance and Movement Connects to Support the Mother-Child Dyad**

Capstone Thesis

Stephanie Geneva Sinclair

Lesley University

May 5, 2021

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Dance Movement Therapy

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### Abstract

Part of the lived experience of being an African American mother means experiencing racism throughout life making one more vulnerable to developing postpartum depression and experiencing mental health problems in general. This review examines postpartum depression in African American women from an intersectional and embodied lens and considers the intergenerational impact that racism has on the mental health of African American mothers and children. Conventional options for treating postpartum depression in the mother-child dyad did not include a cultural lens and few studies explicitly considered race and culture or interventions which were culturally affirming. Dance Movement Therapy is uniquely positioned to address depression, identity, and culture in the African American mother-child dyad by engaging in the culturally affirming therapeutic practice of dance. Based on an African Diaspora view of ritualistic healing, dance has the potential to interact within the African American mother-child dyad to address the specific needs of these intersecting identities, provide relief from depression, and create a collective space for African American mothers to share in and embrace the challenges and beauty of motherhood.

The Dynamic Intersections of Race and Gender in Treating Postpartum Depression: How Dance and Movement Connects to Support the Mother-Child Dyad

**Introduction**

“There is a dynamic rhythmic dance between the mother and the baby that analytical thought can neither bring about nor repair.” (Røseth, et al., 2011, p. 189).

This quote describes a time in a woman’s life that is full of changes and new challenges. Simultaneously, this time is a key time for brain growth and development in baby’s life. Experiencing some degree of worry, fatigue, and sadness may be a part of this process of adapting to the responsibilities of a new baby, however, for many women these feelings do not lessen over time and instead become debilitating. According to Becker et al. (2016) about 70% of women experience depressive symptoms during pregnancy with 10-16% meeting the criteria for Major Depressive Disorder (MDD). While this rate for African American women has been estimated to be as high as 30-70% (Gaynes et al., 2005; Segre et al., 2007, as cited by Geller et al., 2018). During the postpartum period, 13-18% of women will experience depression within a year after giving birth (Garset-Zamani et al., 2020) and women with a history of depression are at greater risk for postpartum depression (Mackiewicz Seghete et al., 2020).

Depression during and after pregnancy has lifelong damaging effects for maternal health and for the healthy development of children (Norcross et al., 2020). Mothers who are depressed experience feelings of worthlessness, sadness, are withdrawn, struggle sleeping, have suppressed motor function and a more difficult time attuning, responding to, and caring for their children (Geller et al., 2018; Norcross et al., 2020). The symptoms of maternal mood disorders impair and restrict a mother’s behavior toward her child and their ability to form a healthy and attuned attachment is compromised. This negatively affects a child’s social, emotional, and cognitive

development (Geller et al., 2018) and has a lasting impact on children. Childhood mental disorders have been shown to be associated with maternal depression, as well as higher rates of behavioral disorders, lower math scores, and adolescent major depressive disorder (Geller et al., 2018). All of this is exacerbated in African American women who have already been marginalized and traumatized by racial oppression and lower socioeconomic status (SES), putting them and their children at greater risk for poor mental health outcomes (Sandoiu, 2020). This is how trauma is transferred generation after generation. Interventions designed to provide support and resources during this challenging time in a mother's life and critical time in a child's growth and development could begin to interrupt cycles of intergenerational mental illness including, depression.

The body plays an integral role in depression and in communication and regulation in the mother-child dyad. Nonverbally a mother sends messages to a child by how she moves through the space, body position, touch, embraces, closeness, breath, heartrate, cradling, rocking and more (Shuper Engelhard et al., 2021). Depression and anxiety not only effect how a mother moves and what is communicated nonverbally to a child, they also affect the mother's ability to interpret and respond to her child's body language.

Dance Movement Therapy (DMT) has been shown to reduce the symptoms of depression (Koch et al., 2014). A meta-analysis conducted by Koch et al. (2014) showed that overall DMT was effective for treating psychological symptoms associated with depression and anxiety. DMT was associated with improving overall feelings of wellness as well as improving specific psychological symptoms such as anxiety (Koch et al., 2014). A study done by Tortora (2010) described how DMT was employed to repair attachment between a mother who suffered from postpartum depression and her 16-month-old child. Another study showed how DMT reduced

mother's negative affect while positive affect was increased from the beginning to end of each session suggesting that dance/movement therapy group increases positive affect in mothers.

Mothers reported that interacting socially with other mothers and their babies and the fun nature of the group was a motivating factor to continue attending sessions. Additionally, mothers enjoyed the opportunity to bond and attune to their baby (Doonan & Brauninger, 2015).

### **Method**

A review of the literature concerning maternal mental health in African American women during pregnancy and after childbirth was conducted. Additionally, I investigated the potential for maternal mood disorders to be intensified in this population because of the impacts of societal and cultural stressors on the mental health of African American women due to the intersectionality of having two marginalized identities. From this lens I will explore how DMT, a body-based, movement and dance psychotherapeutic practice, may be uniquely positioned to address: 1) the needs of African American women, 2) depressive symptoms and the biopsychosocial pathways involved in depression, and 3) the needs of the mother-child dyad through supporting the processes of attunement and the development of a secure attachment style. Through accessing an African Diaspora practice of healing the mind, body and spirit through dance and community (Monteiro & Wall, 2011) DMT can be a culturally affirming approach to treat postpartum depression for African American women.

I have chosen to focus on cis-gender women's experiences with postpartum depression. However, depression and anxiety during this time is not exclusive to being a cis-gender woman nor is it exclusive to being a biological parent. This is a time of change and challenge for all parents and caregivers. Consideration should be given to how marginalized identities intersect

for all persons as well as considering how socio-cultural factors may increase the risk for the development of a postpartum mood disorder.

## **Literature Review**

### **Intersectional Framework**

The complex lived experiences of people which hold multiple oppressed identities was first discussed in the social activism of the Black Feminist movement during the 19<sup>th</sup> and 20<sup>th</sup> centuries (Grzanka et al., 2020). These ideas were originated by Black women fighting for social justice in political movements and can be seen in Sojourner Truth's writings of the 1830's in how she described the inseparable interconnectedness of race and gender for Black women (Peterson, 2019). The term intersectionality first appeared later in academic writing in 1989/1991 by critical race theorist Kimberlé Crenshaw in writing about how racist social structures have marginalized Black women through systematic methods of discrimination (Abrams et al., 2020). Both Crenshaw and other early Black Feminists argued that the effects of institutional racism harms African American women in ways which are different from "racism against African American men and sexist discrimination of White women" (Grzanka, 2020, p. 307).

Simultaneously, intersectionality exists as a method for expanding knowledge and as a source of social activism (Grzanka, 2020). As a theoretical framework it is defined as "how multiple marginalized or disadvantaged social statuses interact at the microlevel of individuals lived experiences to reflect interlocking systems of privilege and oppression at the macro social structural level" (Alvidrez et al., 2021, p. 95). This includes examining the complexity and dynamic qualities that multiple identities which hold oppression have on the pre-disposition, development, diagnosis, and treatment of mental illness. Race, gender, nation, sexuality, social class, ability, religion, and age are all systems of identifying which hold both oppression and

privilege. Experiencing discrimination in one or more of these identity systems has created oppressive spaces for people identifying with a marginalized group to navigate daily.

Little is known about how holding more than one converging marginalized identity affects the risk for developing mood disorders. The bulk of research which examines identity has chosen to investigate one marginalized identity while controlling for others. The small number of studies which have examined how multiple identities affect mental health have contradicting findings (Vargas et al., 2020). Vargas et al. (2020) conducted a meta-analysis which evaluated the impact of experiencing discrimination from multiple identities in relationship to depression and other mental illnesses. Their finding suggested that experiencing multiple discriminations increases the risk for developing depressive symptoms and for Major Depressive Disorder by 60-263% (Vargas et al., 2020). These numbers show that there is quite a lot of variability likely due to the variation in methods employed by researchers examining this issue. However, despite this, an effect was still shown which demonstrated an increased risk to mental health among people that identify with multiple marginalized groups.

Recently, the National Institutes of Health has called for more intersectional research into health disparities which included more stringent methods and complex models (Abrams et al., 2020). This directive calls on mental health professionals to embrace the complex interconnectedness of multiple identities, and rather than attempt to separate, to examine identity within the context of a whole person's lived experiences. This is a view of identity as embodied and embraces the dynamic qualities of how multiple identities move, connect and shape themselves within an individual. And, in turn how that individual then responds, reacts, and moves through a social structure shaped by discrimination.

### **Racism and the Strong Black Woman Schema**

Being African American/Black in the culture of the United States means enduring direct and indirect exposure to acts of racial discrimination through blatant racist words or actions, implicit racial bias, and microaggressions. Considering there is no biological foundation for the establishment of different racial categories, the concept of race can be viewed as a social construct created to disadvantage certain groups in society while preferencing others (Berger & Sarnyai, 2015). Racism has been defined as “the systematic oppression of a racial group to the social, economic, and political advantage of another” (Merriam-Webster, 2021). Exposure to racism often begins in childhood and persists throughout life taking a cumulative toll on the physical, psychosocial, and mental health of African Americans (Heldreth & Guardino, 2016).

Several studies have established a relationship between the experience of racism and symptoms of anxiety and depression in African Americans (Berger & Sarnyai, 2015; Heldreth et al., 2016; Hunn & Craig, 2009). Thus, racist attitudes and beliefs in the dominate White culture create a social circumstance which puts African Americans at a greater risk of developing depression and other mental health problems. At the same time, racism is responsible for creating the inequities in the institutions which treat mental illness. All this only adds to the chronic stress of being born into a culture of White supremacy and puts African Americans in a position to seek help from the very systems which caused the stress, depression, and anxiety.

The term “gendered racism” (Essed, 1991, as cited by Mehra et al., 2020) is a term used to describe the unique encounters with racist stereotypes and discrimination that Black women experience in the United States. Racist stereotypes of Black mothers including “mammy”, “jezebel”, “welfare queen”, and “matriarchs” result in African American mothers encountering discrimination in multiple spaces of their lives from daily interactions to healthcare systems

(Mehra et al., 2020). This higher level of psychosocial stress has been associated with poorer birth outcomes (Devindo et al., 2020; Mehra et al., 2020).

Heldreth et al. (2016) investigated the connections between postpartum depression, childhood experiences with racism, and current experiences with discrimination. They found that both direct and indirect racism experiences were associated with greater postpartum depressive symptoms. Direct experiences of racism were ones in which the person was the target of a racial slur or other racist experience, while indirect experiences were observing racist treatment of another person (peer or family member). The finding that even indirect exposure to racism is enough to increase the likelihood of experiencing postpartum depression demonstrates the impact of racism on a developing child. The child does not need to be a direct target of racism to have their mental health as an adult negatively impacted by the experience (Heldreth et al., 2016).

The social construct of the “good mother” has been described as meeting all the emotional, physical, social, financial, and developmental needs of a child while simultaneously putting one’s own needs, the mother’s needs, on hold (Keefe et al., 2018). Showing any struggle in fulfilling this expectation results in feelings of inadequacy, shame, and fear of social judgment which contribute to symptoms of depression (Amankwaa, 2003; Keefe et al., 2018; Røseth et al., 2011). This research has largely been based on the perspectives of White middle-class privileged women. Despite this, a study done by Keefe et al. (2018) with women of color (19 African American and 11 Hispanic women) showed agreement in this social cultural definition of a “good mother”. However, African American mothers face many more barriers to living up to this idealized view of motherhood. A study conducted by Amankwaa (2003), described how African American mothers feel pressure to “deal with it” (p. 26) in referring to postpartum depression

and felt pressure to live up to societal images of “Superwoman” and the “Strong Black Woman” (Amankwaa, 2003, p.26).

### **Postpartum Depression**

Depression and anxiety are commonly experienced during pregnancy and after childbirth for many women. As many as 70% of women report experiencing some symptoms of depression during pregnancy, with 10-16% meeting criteria for major depressive disorder (Becker et al., 2016; Mackiewicz et al., 2020). In addition, research has shown that having a prior diagnosis of major depressive disorder increases the risk for developing perinatal and postpartum depression (Becker et al., 2016) with 30-40% of women with a prior history of depression experiencing postpartum depression (Mackiewicz et al., 2020). Depressive symptoms might include persistent feelings of sadness and worthlessness, sleep disturbances, decrease in energy or no energy, and anxiety (Norcross et al., 2020). Some of these feelings associated with the “baby blues” may be considered adaptive to the new challenges of motherhood. However, when these symptoms begin to interfere with mother-infant bonding, partner relationships, community engagement and continue several weeks after childbirth, there is a negative impact on quality of life and a mother’s ability to bond and interact with her child.

An emerging perspective on depression focuses on the bodily experience of depression and uses the idea of embodiment to describe the experience. The internal bodily experience is called interoception and can be defined as “the internal sense of the condition of the body” (Harshaw, 2015, p. 312). The neural processes involved with interoception have been shown to play a role in emotional processing as well as self-regulation, and motivations for movement and behavior (Chodorow, 2016; Harshaw, 2015; Hindi, 2012). Connected to interoception are proprioception and exteroception. Exteroception refers to external stimuli received from the

environment and transmitted through our senses while proprioception refers to awareness of movement and orientation (Hindi, 2012). Together, these processes work to create context and regulate the body in relationship to the outside world and develop within the context of the body's motor neuron system (Chodrow, 2016; Harshaw, 2015). Thus, the neural processes for how a person perceives, makes sense of and responds to the world are inextricably connected to movement and emotion.

Depression can then be viewed as a “disturbance of embodiment” (Garset-Zamani et al., 2020). In other words, a disturbance in the process of interoception as it relates to the information being received from the external senses (eyes, ears, nose, skin) and internal senses (bodily functions, rhythms, orientation, emotions). This disturbance alters a person's perception of themselves and the outside world. Considering depression from this perspective includes the lived experiences of an individual and describes the development of depression from a biopsychosocial model. Mainly demonstrating how aspects of the social/cultural environment are experienced and made sense of and how disturbances in this process may lead to a person feeling the bodily symptoms described in depression (Harshaw, 2015). Harshaw (2015) also points out that biological changes during pregnancy and childbirth as well as the fatigue, stress, and sleep disruptions common following the birth of a new baby likely increase the risk for disrupting interoceptive processes and could contribute to developing postpartum depression.

This disruption impacts how a mother senses self, other, and environment and how she then responds (or does not respond) through movement. From a phenomenological perspective, an individual experiencing depression might be experiencing bodily symptoms of heaviness or a disorganized, fidgety movement pattern as opposed to fluidity. This is important when considering how postpartum depression affects the intersubjective space between a mother and

baby because communication in these early stages of development relies on nonverbal interactions between mother and baby (Garset-Zamani et al., 2020). These nonverbal communications consist of facial expression, touch, body shaping, heart and breathing rhythms, responsiveness, closeness/separation, body movement, movement harmonization, being held, tone of voice, and rhythm of movement (Shuper Engelhard et al., 2021; Bowlby, 1969/1982, as cited by Tortora, 2010) and play a significant role in early infant and child biological and emotional developmental processes.

Considering the intersections of race, gender and motherhood is vital to understanding the experiences that contribute to perinatal and postpartum depression in African American mothers and the cognitive and emotional development of their children. There exists a “high level of psychosocial stressors for African American women associated with ethnic minority status which increases the risk for mood disorders (Hunn & Craig, 2009, p. 86). Therefore, it is important to acknowledge and consider as clinicians that African American women enter pregnancy at a higher risk for developing depressive symptoms due to their lived experiences with the intersections of holding two oppressed identities. Prior studies have estimated the prevalence of perinatal and postpartum mood disorders such as depression and anxiety to be between 30-70% in African American women (Gaynes et al., 2005; Segre et al., 2007, as cited by Geller et al., 2018). These studies noted that additional social factors such as class or low socio-economic status, place African American women in a high-risk group for maternal mood disorders. There is quite a range in this data, and it is important to note that these studies are often restricted by the choice to look at a specific sub-group within the African American community. Additionally, Harshaw (2015) noted that how a person experiences depression may

vary by culture, with African Americans being more likely to report body symptoms such as physical pain (Hunn & Craig, 2009).

### **Attachment, Attunement and the Dyadic Relationship**

Developing the ability to regulate emotions has been described as the foundation for social, emotional, psychological, and physical well-being throughout life (Broderick & Blewitt, 2015; Erickson et al., 2019). Emotional states drive much of human behavior. The ability to identify and adjust emotional states facilitates functions such as organizing and planning, goal-directed behavior, and self-soothing. Additionally, self-regulation has a strong connection with mental health (Broderick & Blewitt, 2015). Developing emotional regulation begins as infants within the context of the dyadic relationship with a primary caregiver (Broderick & Blewitt, 2015; Tortora, 2010). This process is experiential, embodied, kinesthetic, nonverbal, and co-created from moment to moment between a baby and caregiver.

Bowlby (1969/1982, as cited by Tortora, 2010) described the intersubjective space between a mother and infant as an “interdependent regulatory system” (p. 37). Suggesting that emotional regulation within the mother-child dyad is dependent on co-regulatory processes. Thus, creating bi-directional rhythms of interaction between two nervous systems with each regulating self and contributing to the regulation of one another. Both Bowlby and Ainsworth (1964/1982;1978, as cited by Tortora, 2010) emphasized that this interaction is nonverbal. These nonverbal interactions help shape an infant’s attachment style. An infant with a secure attachment style has a safe space to grow, explore, and develop. This safety is key to healthy development and co-created in the mother-child dyad through a series of nonverbal in the moment interactions. This safe space is created when early primary caregivers attune to baby through accurately interpreting and consistently responding to their nonverbal signals

(Ainsworth, 1978, as cited by Tortora, 2010). This coordination and “tuning in” can be described rhythmically as “synchrony” (Broderick & Blewitt, 2015, p. 131). However, secure attachment is not contingent upon constant synchrony in the dyadic relationship, rather, a process of disconnection and reconnection occurs (Broderick & Blewitt, 2015).

Through these nonverbal embodied interactions, an infant begins to create mentalized representations of self, other, and environment (Beebe & Lachmann, 2002, as cited by Tortora, 2010). These representations created from nonverbal emotion-based interactions with caregivers provide a baby with information about how to navigate relationships and new situations (Broderick & Blewitt, 2015) and become a part of implicit memory (Tortora, 2010; Wylie, 2004). Implicit memory encompasses the nonverbal to include body movement and sensation, emotions, and words (Stern, 2004, as cited by Tortora, 2010; Wylie, 2004). Siegel in his book “The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are” described how implicit memory is the foundation for the development of neural pathways related to emotion and behavior (Wylie, 2004). Further, Siegel emphasized that the brain develops in relationship to others and argues that self-regulation is really a co-regulatory process (Wylie, 2004).

The processes of attachment and attunement contribute to an infant’s emotional regulation through “multisensory processing and multisensory regulation” (Tortora, 2010, p. 39). Tortora (2010) explains multisensory processing as the combining of external sensory information and internal sensations that an infant then expresses nonverbally. Although Tortora does not use the terms exteroceptive and interoceptive processes, she seems to be describing these neurobiological processes by which the body maintains homeostasis and makes sense of the surrounding environment. Within the context of the mother-child dyad, the mother’s sensory

processing system initially acts as regulatory for the dyadic relationship. A baby's emotional regulatory system is shaped by nonverbal cues from their mother's external and internal movement and rhythms. The struggle that postpartum depression creates for a mother to respond in an embodied attuned relationship with her child creates a conflict for women experiencing depression and between their lived experiences of motherhood and society's image of what it means to be a "good mother".

### **Treating Postpartum Depression in the Mother-Child Dyad**

Considering postpartum depression as disembodiment or disconnection, recommendations can be made to address the bodily experiences of depression as well as the social, and relational deficits. After interviewing four women using a phenomenological methodology that were diagnosed with postpartum depression, Røseth et al. (2011) recommended treatment address disconnection, promote attunement, involve touch with baby, promote social contact with other mothers, and consider pharmacological interventions to address biological symptoms.

Erickson et al. (2019) reviewed programs which have provided treatment in the dyadic relationship. These were comprehensive programs designed to address depression in the perinatal time period beginning in pregnancy with some offering therapy and psychoeducation for mother and child up to age five. All these programs targeted high risk moms (young, impoverished, history of trauma, incarcerated). Of importance to note, is that the review did not address the race or ethnicity of the participants in these studies. The types of therapeutic interventions offered varied, however all included group therapy and therapy for the mother-child dyad. Other programs additionally offered individual therapy. The locations for therapy varied as well to include home visits, in clinic, and community settings such as church or a community center.

The described interventions targeted social connections, parenting behavior, mental wellness, self-awareness, and a mother's mental representations of their baby (Erickson et al., 2019).

Overall, the authors found that for the mothers these programs decreased maternal depressive symptoms while improving positive affect, increased vocalizations toward their child, improved parenting self-efficacy, and increased social support (Erickson et al., 2019). For the children, these programs increased the likelihood of secure attachments, reduced childhood behavioral problems and attention problems, while improving children's language skills (Erickson et al., 2019).

Only two of the programs reviewed by Erickson et al. (2019) specifically included a mention of body-focused interventions. These were *Minding the Baby* (Sadler et al. 2013, as cited by Erickson et al., 2019), and *Mom Power* (LePlatte et al., 2012; Muzik et al., 2009/2014/2015, as cited by Erickson et al., 2019). Both these programs described therapeutic interventions that targeted maternal self-care and included breathing exercises and muscle relaxation techniques. Additionally, the *Mom Power* program utilized a Tree metaphor with the roots relating to building a foundation through connection and the branches representing exploring from the security of a strongly rooted foundation. Which leans toward an expressive arts perspective by use of metaphor and the creation of a narrative around the image of a tree.

A program introduced in Philadelphia called *Mother Baby Connections* included DMT as an intervention along with Art therapy, Yoga therapy, Cognitive behavioral therapy, Eye movement desensitization and reprocessing, infant massage, couples therapy, psychotherapy, mother-baby interaction therapy, and group therapy (Geller et al., 2018). Fifty-one percent of participants in the *Mother Baby Connections* program were African American, 9% were Hispanic, and 6 % were Asian. This program aimed to address the challenges of motherhood and

postpartum depression from a biopsychosocial and cultural perspective. The diverse types of therapy offered, the location of the program in a non-clinical wellness-type facility, and the effort to address issues of access such as childcare, transportation, and finances, are the elements which the authors identify as addressing biopsychosocial and cultural factors.

Mothers who attended the Mother Baby Connections program benefited and over a period of 13 weeks showed a decrease in stress and depressive symptoms, improved emotional regulation, and increased confidence and self-efficacy in parenting skills and ability (Geller et al., 2018). The Mother-baby interaction therapy focused on touch, rhythms, vocalization, used movement, and considered concepts of space and shape (Geller et al., 2018). The DMT intervention was not described nor were the other therapeutic interventions described in more detail. However, the mother-child dyad therapy which was described included many elements related to DMT.

Another review focused on studies with arts-based interventions during pregnancy to support well-being (Crane et al., 2019). It is important to note that these studies were not conducted in the United States. The studies included in this review included a primary visual art component and one study included singing and dancing. The inclusion of art therapy addressed identity directly through artistic self-expression and the reviewers identified several themes which included feeling a sense of belonging and greater resourcefulness. In the study which included dance, mothers described having a deep trust with other group members and associated this feeling with singing and dancing (Demecs et al., 2011, as cited by Crane et al., 2019). The authors concluded that engaging in a nonverbal kinesthetic and sensorial artistic process provided an opportunity for a deeper expression of emotion and created a way to engage

expressively in the transition to motherhood supporting the process of re-forming a sense of identity to include this identity shift (Crane et al., 2019).

According to the American Dance Therapy Association (ADTA), Dance/Movement Therapy is “the psychotherapeutic use of movement and dance to promote emotional, cognitive and physical integration of the individual.” (ADTA, 2021). This describes an integrated and holistic approach to mental health and an approach that includes the body as integral to the healing process. One foundational element thought to promote healing in DMT is kinesthetic empathy (Fischman, 2016). Kinesthetic empathy is associated with mirroring in DMT within the context of the intersubjective space.

Mirroring has been described as a “keystone of the therapeutic process of D/MT” by Berrol (2006, p. 303). Mirroring encompasses more than imitating the motor behavior or movement of another person. Mirroring describes the process of creating a shared experience between separate bodies and includes matching qualities of rhythm, shape, weight, and direction (Berrol, 2006). Mirroring can be associated with creating kinesthetic empathy, a concept which connects to neuroscience via the discovery of the mirror neuron system (Berrol, 2006). Mirror neurons are found in many different brain structures. Mirror neurons are active when humans witness facial expressions, movement, social behavior, and emotions of another person. Functional magnetic resonance imaging has shown the same brain area functioning to produce the behavior in one person, is activated when the behavior is witnessed by another (Berrol, 2006). This supports the role mirror neurons play in shared experiences and describes one way in which the body plays a role at the cellular level in connecting empathically.

There have been a limited number of studies which investigated the efficacy of DMT in treating perinatal and postpartum mood disorders. However, studies that have examined the

application of DMT in depression have shown the positive impact that a body-focused, expressive therapy can have on relieving the symptoms of depression and anxiety (Koch et al., 2014). One study by Doonan and Bräuninger (2015) concluded that DMT “enhances” the mother-child attachment relationship. Their study included mother-child dyads in a group therapy setting. Quantitative data from this study showed that DMT increased positive affect in the mothers while decreasing negative affect. Mothers in this study reported the positive impact the embodied group experience held for them and valued the social nature of the groups (Doonan & Bräuninger, 2015). The article identified many of the elements of a mother-child interaction which are associated with an attuned and securely attached relationship and described using touch in the dyad, mirroring techniques, and varying rhythm and tempo in movement to support co-regulatory processes.

Tortora (2010) described her Ways of Seeing approach in the context of a mother-child dyad where the mother had been diagnosed with postpartum depression. The Ways of Seeing approach is based on early childhood development and rooted in the attachment theory of Bowlby and Ainsworth (Tortora, 2010). By accessing nonverbal and kinesthetic processes that support the development of an attuned relational experience, Tortora supported the (re)establishment of a co-regulatory relationship between mother and child. The movement used in the session was described as improvisational and sessions used music, props, play, breathe, relaxation, song, movement and dance to create space and opportunity for moments of attuned interactions to occur between mother and child. Touch, facial expression, vocalization, shaping, mirroring movements, eye gaze, rhythm, and space were elements Tortora described as observing as well as engaging with to promote a positive outcome for the mother-child dyad (Tortora, 2010).

There were many common elements in the nonverbal interactions of the interventions described in all the preceding studies. DMT accesses these nonverbal elements and the underlying neurological processes which support embodiment and emotional regulation, improve affect, and creates community and shared experiences. All identified as important components to alleviate depression and support a healthy attachment relationship.

Overall, these studies show support of therapeutic interventions for postpartum depression within the context of the mother-child dyad and using DMT. Demonstrating that by focusing on the nonverbal qualities of the relationship between a mother and child the quality of interactions can be improved, depressive symptoms and stress can be reduced, and positive beliefs about parenting ability can be increased. Although, many studies included individual therapy options for mothers and some included couples therapy, the dyadic therapies offered a compelling element by including baby as this addressed the risk factors for generational transmission of mental illness and trauma while addressing postpartum depression. Working with the mother-child dyad increased the likelihood of secure attachments and supported the embodiment of self and of a new identity. It is important to consider, that most of these reviews did not address the race and ethnicity of participants or address other intersectional identities other than low socioeconomic status. While some studies addressed barriers to treatment created by socioeconomic status, not one study addressed cultural differences or institutional racism as a barrier.

### **Barriers to Seeking Treatment for African American Women**

Issues affecting trust are barriers to seeking treatment within the African American community. Many residential treatment facilities require separation from family. Such separation may act as a reminder of the family separations of enslaved African families. Additionally,

factors such as group identity and social support may moderate the impact of racial discrimination for African Americans (Yip et al., 2019). Making residential treatment in White institutions potentially harmful. Also, there is a history of abuses perpetrated on African American women by the medical community and healthcare system through restricting access to care and resources, unethical gynecological experimentation and research, forced sterilization, and other unethical practices (Hunn & Craig, 2009; Taylor, 2020). The abuses done to Black bodies by systems meant to dehumanize, control, and oppress are important considerations when choosing an approach to treat depression and mood disorders in African American mothers. Care should be taken that the treatment does not replicate the circumstances which created feelings of helplessness, sadness, and despair. Considering this, how can DMT be applied in a culturally affirming way that creates safety and supports healing for African American women and their children.

### **Intersections of Dance Movement Therapy, Race, Gender, Motherhood, and Depression**

Throughout the African Diaspora, dance has been used for generations to heal individuals and communities. In fact, one traditional use of dance in African cultures has been to heal psychological ailments (Monteiro & Wall, 2011). For Africans and for those of African descent, dance integrates the body, mind, and spirit, and this integration of an individual plays a central role in the healing process (Monteiro & Wall, 2011). The African worldview of integration heals by reconnecting individuals to all elements of their humanity, both internal and external, as well as ancestral. Monteiro & Wall (2011) described the African worldview as dynamic, holistic, with no “dichotomous, either/or thinking” (p.235), where the parts of an individual operate in harmony with self, social structures, nature, and the supernatural.

Additionally, within African societies, mental illness and emotional problems are treated as social and spiritual disconnections or imbalances. The causes are externalized rather than internalized and thus can be treated through ritual processes of reconnection to community and to the spirit realm (Monteiro & Wall, 2011). An empathic connection to others fuels the healing process and dance is a catalyst to this process in African ritual healing practices (Monteiro & Wall, 2011). This speaks to the healing potential of empathic connections in the intersubjective space between a mother and child, between mothers to mothers, and between therapist and clients.

In contrast, Western psychology has its roots in a Euro-centric worldview with methods and theories which are consistent with themes of “universalism, individualism, logical positivism, rationalism, Cartesian assumptions of body-mind dualisms, nativistic concepts, social Darwinism, analytical knowledge, and prediction and control of behavior.” (Sutherland, 2011). Essentially, Western psychological practices have adopted a practice of eliminating culture, elevating the individual over community, focused on reducing and quantifying experiences, valued reason over other ways of knowing (feelings and intuition), separated the mind from the body, and focused on genetic traits over environmental influences on emotions and behavior.

Dance Movement therapy at its foundation heals through re-connecting mind, body, and emotions (ADTA, 2021). Hérard-Marshall and Rivera wrote that Dance Movement therapists because of their “awareness and understanding that the body holds in it all its history and collective memory” are uniquely positioned to care for communities of color and create therapeutic techniques which embrace an African Diasporic worldview when working in this population (Hérard-Marshall & Rivera, 2019). By accessing movement qualities and aesthetics

based on the worldview of the African Diaspora, a therapeutic space can be co-created that places intersectionality and identity as instrumental to the healing process.

Hérard-Marshall & Rivera (2019) defined four elements of Afro-Caribbean dance that can be used to inform DMT and create a culturally affirming therapeutic approach to treating postpartum depression in Black mothers. Those elements are self-body power, collective power, sociopolitical power, and spiritual power. Self-body power speaks to the intentional use of dance with imagery to promote resilience, celebrate the body, and establish body pride. Collective power relates to the therapeutic group experience of creating safety, a communal shared experience, and a sense of belonging. It incorporates improvisation, polyrhythms, call and response, the circle formation and relates to nonverbal elements in the mother-child dyad such as rhythm, improvisation, shaping, vocalizations, facial expressions, and mirroring. Kumar (1994, as cited by Amankwaa, 2003), hypothesized that “the family and social organization play an important role in shielding infants from the adverse effects of postpartum depression” (p.25). Afro-Caribbean dances have historically been used to stand in opposition of oppression and return agency to individuals and communities from institutions that have disenfranchised African people. In keeping with the tradition of using dance to generate self-body power and sociopolitical power, dance can be accessed to create feelings of community empowerment and encourage self-efficacy in African American mothers with postpartum depression.

Spirituality and religion are an important part of the African American community (Hunn & Craig, 2009). Spiritual power in Afro-Caribbean dance allows for a connection between spirituality and healing through the ritualistic practice of dance. Most cultures have ritual practices surrounding important life events such as birth and death (Amankwaa, 2003) and in Africa postpartum rituals are practiced. These rituals are thought to decrease stress, boost self-

esteem, and offer relational support (Amankwaa, 2003). Amankwaa goes on to suggest that spirituality and ritual practices around childbirth serve as protective against the development of postpartum depression (Amankwaa, 2003). Accessing DMT to support reconnecting to community, mind, body, and spirit is supportive of an African Diasporic view of psychological distress and how to heal individuals, families, and community.

Viewing depression as an interruption in sensory processes where an individual relies on environmental cues to maintain balance or homeostasis considers the many ways in which external sources contribute to the development of depression (Harshaw, 2015). Here there is recognition of depression as a disconnection of mind, body, and spirit as well as linking the causes of depression to society and environment. This externalizes the cause of depression and describes how the imbalance created in the body's sensory processing plays a key role in the lived experiences of people with depression. This is a mind-body-psychosocial model of depression which finds connections to an African Diaspora worldview by attributing the cause for psychological distress and mental illness to external influences on internal processes.

Engaging in a culturally affirming therapeutic method with DMT, interacts within the African American mother-child dyad to address the specific needs of these intersecting identities in treating postpartum depression. By engaging in a body-based healing practice in the spaces of self-power, collective power, socio-political power, and spiritual power, DMT dynamically interacts with the multiple intersecting identities of a lived and embodied experience. DMT conceptualized as an African Diasporic healing practice supports reinhabiting the body in a way that recreates connections to self, to community, to spirituality and focuses on empowerment and the collective power of being an African American mother.

## **Discussion**

The purpose of this literature review was to examine the current literature concerning postpartum depression in African American women within an intersectional framework. Additionally, how DMT could be accessed therapeutically to connect to the lived experiences of African American mothers with postpartum depression was considered as well as what aspects of DMT are culturally affirming and address the complexity of intersectionality. The specific intersections of identity examined in this review were race, gender, motherhood, and how these marginalized and oppressed identities converge to exacerbate the symptoms of depression after childbirth. This review examined postpartum depression from a biopsychosocial perspective and demonstrated how that relates to an embodied model for depression and how systematic oppression creates and perpetuates poor mental health outcomes for African American women and their children.

Further research should be done which continues to explore DMT within the complex matrix of identity and the dynamic ways in which multiple intersecting identities impact what aspects of DMT are therapeutic and supportive based on how one identifies and where one experiences privilege and oppression within these intersections. Cantrick et al. (2018) discussed how DMT because of its nonverbal body focus as a psychotherapy is uniquely positioned to address oppression because oppression is a “form of trauma on the body” (p. 195). However, Cantrick et al. (2018) also points out that current DMT movement observation and assessment frameworks are limited by the privileged sociocultural locations of those who created them. Caldwell (2019) in describing how DMT started as a practice not theory stated that “when the time came for theory, we primarily mapped modern, Western psychotherapy onto what we were already doing...” (p. 161). This suggests that DMT needs movement frameworks inclusive of culture to be on the forefront of social justice movements and avoid further traumatizing African

Americans and all those who hold an oppressed identity. Movement observation and assessment frameworks based on an African Diaspora worldview and an African movement aesthetic are one such framework. Dance movement therapists have begun this work of deconstructing and reconstructing the practice of DMT to be inclusive of culture to consider how identity and intersectionality shape a person's movement and experiences (Kawano & Chang, 2019; Nichols, 2019).

The ability for DMT to be used in treating postpartum depression within the context of the mother-child dyad, makes DMT uniquely poised to address the needs of mother, child and the relationship simultaneously. Because Dance Movement therapists can offer therapeutic strategies which incorporate the body and work in a nonverbal and preverbal space, DMT is able to support attunement and attachment in a way that is directly shaping the interactions between mother and child, while addressing the symptoms of depression in a bottom-up model. By expanding body awareness, a mother may access interoceptive processes in a manner which supports reinhabiting her body. Therefore, reconnecting, attuning, and regulating emotions and bodily processes (interoceptive and proprioceptive processes) within the context of the environment (exteroceptive sensory processes) and with her baby.

Additionally, treating postpartum depression within the context of the mother-child dyad should be strongly considered as therapeutic for both relieving mothers of depressive symptoms and for the healthy development of children. Considering the underlying neurobiological mechanisms of depression, mainly interoceptive processes, could add support to many of the underpinning theoretical perspectives associated with dance as healing through the connection of the mind, body and emotions as connecting mother and child experientially and nonverbally. Including mothers and their babies in therapy may also help address the fear of family separation

as a barrier to treatment for African American mothers. Working outside of traditional clinical settings such as the home, church, or community center should also be strongly considered.

Addressing the impact on mental health of racism intergenerationally through interventions aimed to deconstruct systems of oppression is key to interrupting the transmission of trauma and mental illness to subsequent generations. When accessed in a culturally affirming and empowering style, Dance Movement Therapy connects and includes the intersections of identity supporting the holistic African Diaspora worldview of mind, body, spirit connection and the collective healing power of dance. In this way, Dance Movement Therapy can play an essential role in reconnecting African American women to the dance of motherhood.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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