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**Dance/Movement Therapy: A Treatment Option for Postpartum Depression**

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## **Abstract**

Pregnancy and motherhood are associated with many expectations, guidelines and stressors. To some, these factors have no impact while to others these factors can contribute to symptoms of anxiety and depression. When discussing pregnancy, one may already have a history of depression while others may start to experience symptoms during their pregnancy journey. Unfortunately, many of these women will experience these symptoms (shortly) after delivery as well. These women will be diagnosed with Postpartum Depression (PPD).

Using these ideas, this literature review explores and addresses how Dance/Movement Therapy (DMT) can be beneficial to those who suffer from depression. Unfortunately, there is insufficient of research specifically discussing postpartum depression and the use of dance/movement therapy. By focusing on the depression diagnosis, I was able to discuss similarities of the diagnoses and how women could benefit from dance/movement therapy as a form of treatment for postpartum depression. Through this process, I was able to see comparisons in the diagnosis as well as how one could integrate the work of dance/movement therapy for postpartum depression clients.

*Key Words: pregnancy, postpartum depression, dance/movement therapy*

## **Introduction**

Pregnancy, from the moment one's test states positive to the day one prays to deliver a healthy child, there can be a rollercoaster of emotions. From the (possible) morning sickness and the aches and pains that come from one's body changing, pregnancy is not for the weak; as the saying goes, "strong as a mother!" But what if behind every strong mother was a woman fighting a daily battle to get through the day for their child, exhausted and overwhelmed? What if behind every strong mother was a woman holding in emotions that cripple them on a daily basis,

experiencing thoughts and feelings that strip them of the person they once knew and the mother they wish to be.

A recent study “found that 1 in 7 women may experience PPD (post-partum depression) in the year after giving birth. With approximately 4 million live births occurring each year in the United States, this equates to almost 600,000 postpartum depression diagnoses” (Carberg, 2019). The unfortunate reality of these numbers is that many of these cases go undiagnosed because the conversation around postpartum depression has not been normalized in our society. For those that do come forward to discuss their symptoms, medication can be a temporary fix for postpartum depression. As a women experience’s pregnancy, their body becomes flooded with new emotions, sensations and hormones. With all of these changes happening, I argue that adding medication to some women’s body during this time could possibly do more harm than good. Using dance/movement therapy, as well as research to support this argument, I believe that there is a more beneficial form of healing for women experiencing postpartum depression during their full pregnancy journey.

While compiling my research I was able to explore theoretical studies, such as Winnicott’s *good enough mother* theory. By incorporating this theory, I was able to explore the effects that external and internal pressures have on women during their pregnancy. For the purpose of this research, I specifically focused on the demands and social stressors experienced by the mother. With this, I was able to explore how symptoms of postpartum depression start to manifest at an early stage of pregnancy. Unfortunately, there is little research discussing dance/movement therapy and women experiencing pregnancy and/or postpartum depression. However, by incorporating research that discusses the benefits of dance/movement therapy with those diagnoses with depression, I have been able to dive deeper into how women can benefit

from dance/movement therapy during their pregnancy journey as a way to cope with their symptoms of postpartum depression.

## **Method**

When first starting this research in 2016 I was experiencing my own pregnancy. It was during this time that I was put on bedrest and personally felt *useless*. I started experimenting with movement in a way that would make me feel more *useful*.

When taking on a more professional form of exploration in regard to this topic, treatment options for postpartum depression, I had to look go down many avenues to gain research that would support this argument. I started with university browsers looking into theories that discuss motherhood as well as articles that discuss the stress factors of motherhood. From there, to get more specific with the topic, I started using keywords such as: pregnancy, postpartum depression, and dance/movement therapy. As I kept researching I came to realize that there is not much research out there and that I would have to look deeper into the topic from a different point of view. This is when I started looking into how movement therapy can benefit the diagnosis of depression, rather than, specifically, postpartum depression.

Although gaining information and finding specific research was difficult at times, I believe I was able to gather very supportive information that explains why postpartum depression is such an important, and serious, topic while integrating the benefits of dance/movement therapy as a treatment option.

## **Literature Review**

### **Societal Demands & Stressors**

Winnicott created his theory of the *good enough mother* as a way to explain how being a good enough, rather than a perfect, mother benefits both the mother and the baby. For the

purpose of this research, I will be specifically focusing on the needs and affects that this theory has on the mother. Although this phrase gives the idea that it is ok to be good enough instead of perfect, it may take women many tries to give herself the permission to be good enough. With this idea that adds expectation, whether from a personal lens or cultural lens, research is showing a heightened number in postpartum depression symptoms even before the delivery period of pregnancy.

In Angela Joyce's chapter of *The Winnicott Tradition*, Joyce brings forth four different experiences that mothers had during their perinatal period of their pregnancy. The perinatal period is the period of weeks immediately before and/or after giving birth. Joyce discusses each case individually while tying them all together by stating "pregnancy and the first year after the birth, is the time when women have increased risk of experiencing mental health illness... (these are) the most dangerous times for her mental health" (Joyce, 2018, p. 221-223). Joyce further discusses how mothers may have hesitations about their ability to mother a child given the personal experiences they had growing up. Unfortunately, this is very common in women and tends to become a rather large stressor for moms-to-be.

Joyce states that there are three (most) common ways in which women react to this concern of being the mother they had to their baby. One way some women cope is by not having children at all to remove the chance of being a "bad mother". For some this is not a hard decision, while others may feel resentment or sadness. The second way is by becoming what one may call the "helicopter parent" as a way to feel as though one is protecting their child as much as they can. "Helicopter parents" are known to hover, like a helicopter, around their children not giving them room to explore and grow on their own. The third way in which women react to the

idea of becoming their mother is actually becoming their own mother. Joyce (2018) references Daniel Stern's concept of the motherhood constellation,

“which highlights the intergenerational nature of the identifications: they are rooted in the mother's own history of having been a baby herself with her own mother, unconsciously held in her mind and now active in this very specific way when she becomes a mother herself” (p. 222).

Joyce (2018) continues this discussion by adding

“a mother who suffered severe abuse in her own childhood may find herself catapulted back in time in the form of flashbacks or dissociative states, terrified for herself as that child but also for her own child now that she has become her mother” (p. 224).

For some, Joyce's words are relevant to their experience, to others, these worries do not start until after delivery. These worries are discussed as symptoms of postpartum depression.

VeryWellFamily.com and Sherri Gordon published *35 Honest Postpartum Experiences Shared by Real Moms*, an article medically reviewed by Carly Snyder, MD. While this article discusses many topics, I find that the common theme is that most of the topics would be considered symptoms of postpartum depression. For example, one topic discussed the idea of resenting one's partner. Gordon says “... it is not uncommon for new moms to resent their partner, especially if they seem to have more freedom than you (the mother) do” (Gordon, 2020). Although this is a real feeling for some, Gordon also discusses the flip side of this conversation that some moms may struggle with loneliness because they “have the weight of caring for a newborn on your shoulders and you feel like it is solely your responsibility” (Gordon, 2020). Gordon and the many women interviewed cover more topics, such as loving your new body, finding support, dealing with fears and surviving on little sleep. No matter the topic, Gordon

(2020) states that when one starts to notice symptoms of or is diagnosed with postpartum depression, it “leaves women struggling with guilt and hopelessness leaving them feeling like they are failing at something”.

But why should mother’s feel that they are failing at something when they have just created this beautiful being? Dr. Fiona Joy Green, a professor of Women’s and Gender Studies at the University of Winnipeg, discusses how engaging in feminist practices could help re-articulate parenting which would then change how people look at the roles of motherhood. The use of Green’s research helps bring to light how society has an impact on women when thinking about and/or taking on motherhood.

In Green’s research from *Reconceptualizing motherhood: reaching back to move forward*, Green starts by discussing elements from Winnicott’s theory “the good enough mother.” Green (2015) states that society should “move away from the impossibility of patriarchal institutionalized motherhood ... beyond assumptions and expectations of what constitutes femininity and “good mothering”” (p. 197). With this idea, Green also dives deeper into who is described as a “good mother” versus a “bad mother”. Why is this relevant? Unfortunately, many women, when contemplating becoming a mother, concern themselves with the thoughts and possible expectations of others. Will people judge me for my parenting styles? Should I go back to work or stay at home? Who do I want raising my child, if not me? Will I be a good enough mother?

Due to these different stressors and societal demands, Green (2015) discusses the term “intensive mothering” which can be described as “child centered, expert guided, emotionally absorbing, labor intensive, and financially expensive” (p. 198). With this, a mother may see herself as the only caretaker capable to watch her child(ren) which can lead to disregarding one’s



partner as a successful caretaker. Studies have shown that intensive parenting is common and unfortunately causes those to struggle more with mental health than those who do not engage in intensive mothering.

Whether one practices intensive parenting or not, Green (2015) discusses the commonality in mothers that is the feeling to need to “do it all” due to “internalized motherhood’s unreasonable expectations... today’s mothers are characterized by anxiety, perfectionism and exhaustion caused by the cultural demands placed on women...” (p. 200). Within these expectations and cultural demands, mothers are forced to decide whether to work or stay at home.

### **Culture & Identity**

Although it is thought that the mother stays home with the child, Green shares the importance of a mother’s identity being more than a mother. Having hobbies and work that one is able to participate in allows a mother to keep her independence and identity which allows her to be more energized and attentive when with her family.

Unfortunately, not all moms have the luxury of choosing to go back to work or stay home, as well as the privilege to have a hobby that allow them alone time to regain their identity and sense of independence. Mother.ly released a brief article discussing the importance gaining support through maternity leave policies for caregivers, specifically moms. This article focuses especially on the year of 2020 because of the COVID-19 pandemic remote working and schooling. I bring this piece to my research to support the argument of how societal factors impact the role of the mother, physically and mentally. Mother.ly (2020) states “we are not superheroes, we need support... we have human bodies that need time to heal and time to rest”. Mother.ly discusses that women would feel less of a worry staying home with their child to care

for while also healing themselves if they knew that they had support financially through their work. However, this article does not just speak to working moms. Mother.ly (2020) states “(mothers) are doing way more than our fair share of unpaid care work”. This argument can, and does, go further into discussing how motherhood is a full-time job no matter what one’s employment status is and that it is a position that should be acknowledged as such. Knowing that one is supported financially while raising a child in a world where childcare payments are much more than most household incomes can cover is the reason parents, specifically moms are staying home with their children. Mother.ly is advocating for these mothers and families in order to give them the support they deserve.

To continue the conversation around pay and identity, three female authors collaborated to conduct a qualitative study “to gain a better understanding of marginalized women’s experiences of PPD (postpartum depression) through synthesizing experiences of African American/Black women, Latinx women, first Nations/Indigenous/Aboriginal women, recent immigrant women and low-income women” (Maxwell, Robinson, Rogers, 2018, p. e24). Although this article discusses specific cultural groups, the authors state that postpartum depression does not favor any specific socioeconomic background and/or race.

This study discusses the impact of environmental stressors such as affordable healthcare and pay inequality, specifically, prenatal care and maternity leave. This article contains 12 published qualitative studies between the years of 2008 and 2018. A shared topic, that has shown up in previous articles I have referenced, is the idea of intersections of poverty and postpartum depression. For example, Maxwell, Robinson and Rogers (2018) state that mothers struggle with “the choice between staying home with their children and losing wages or continuing working

and paying for childcare” (p. e28). They continue to say that having to struggle to make this decision can factor into postpartum depression symptoms.

As the authors continue their research, they discuss the theme of culture and postpartum depression which is followed by a subtheme “*I keep it to myself.*” This subtheme discusses how women, in specific cultures, have an inability to articulate their symptoms. One woman that the authors interviewed stated

“We might not accept that we have depression and say, ‘No, I’m fine.’ It is different from other diseases. Depression is very silent. This cannot be easily accepted. (Callister et al., 2011, p.444). This difference in the conceptualization of depression can be stigmatizing as well, prompting women not to discuss their postpartum depression symptoms. While the authors bring up the idea of stigmas, they dive deeper and discuss a reoccurring stigma that “mothering should be a part of (a women’s) identity... (However,) this friction between societal pressure and an internal dialogue was contributing to their PPD” (Maxwell, Robinson, Rogers, 2018, p. e32).

Naming just a few of the personal and societal stressors that are impacting mothers(to-be), one gets a deeper understanding of the pressure that women and/or mothers face every day. Diving deeper into my research I have applied these factors to those who may have been diagnosed with depression. These experiences may seem like everyday worries to some, however, a woman experiencing these stressors and symptoms is at a higher risk of developing postpartum depression. Not only because she is at a transitional part of her life mentally and physically, but because she is also experiencing unseen hormonal changes due to her pregnancy.

Although my research is speaking to women without specifying a sexual preference, I do think it is worth noting, within this section, stressors that can be relevant to the LGBTQ+

population. In Elizabeth Silva's writings in *Good Enough Mothering: Feminist Perspectives on Lone Motherhood*, discussed in *Gender and Society*, Silva states that the experience of mothering, marriage and family are "primary site for heterosexual privilege" (1998, p. 234). Although this reference is not within the past 10 years, the information discussed is still relevant in today's society. Silva touches upon the process of bearing a child as a member of the LGBTQ+ community. This process tends to leave one of the partners without a biological connection to the child. This may lead to the idea that one parent will have a more difficult time creating powerful bonds due to the "particular, specific, unique, and most important, irreversible connections" (Silva, 1998, p. 235) that are made through biological traits passed through sperm and egg. It is understood that many heterosexual couples also have trouble becoming pregnant due to personal and health concerns, however this situation is more common within the LGBTQ+ community. With this information, we are able to further understand another stressor that one may experience when starting the family building process, as well as someone that may already be in the childbearing process.

### **Experiencing Postpartum Depression (PPD)**

According to the Diagnostic and Statistical Manual of Mental Health, "postpartum mental health disorders are mood or dissociative disorders that disrupt daily functioning for women who give birth and meet clinical criteria... clinical features following a birth (could be) lack of interest in the new baby, lack of bonding with the baby or feeling very anxious about the baby, lack of appetite, feelings of being a bad mother, fear of harming oneself or the baby, crying for "no reason", and feeling hopeless, worthless or sad" (Maxwell, Robinson, Rogers, 2018, p. e23).

As stated in the introduction of this research, 1 in 7 women experience postpartum depression symptoms which makes an average of 600,000 women in the United States, alone, suffering from postpartum depression. Unfortunately, not all women speak up about their symptoms and go forward with their life undiagnosed.

Susanne Brummelte and Liisa Galea bring light to the severity of postpartum depression in their article *Postpartum depression: Etiology, treatment and consequences for maternal care*. The authors open their research with a chilling fact that “Women are twice as likely to develop depression... depression is greatest during the reproductive years, suggesting that sex hormones and reproductive events play some role in etiology of depression... with the highest prevalence in the last two trimesters” (Brummelte & Galea, 2016, p. 153).

But how does one know what signs to look for when wondering if they could be experiencing postpartum depression? Using research from the Asian Journal of Psychiatry, two authors summarized the risk factors of postpartum depression using published systematic reviews and meta-analysis to provide a large scale of evidence-based risk factors of postpartum depression. The risk factors discussed have been shown to impact the mother, while also impacting the mother/child relationship during the newborn stage. While compiling their research, the authors identify some of the most common risk factors that lead to postpartum depression. Sleep disturbance is one of the risk factors and also one of the most commonly experienced by women and mothers. The authors discuss how stress can cause lack of sleep and stress is a symptom of depression which is why sleep disturbances can be a risk factor to postpartum depression. Two other risk factors that are more common than one may think is experiencing multiple births and women who have delivered preterm babies. These two risk factors are believed to be because of the regulation of birth hormones and how the hormones are

released during and after deliveries. Although these are only a few of the risk factors, they are the most relatable to women experiencing pregnancy or who have experienced pregnancy.

Another article discussing postpartum depression experiences, *20 Moms Get Real About Their Post-Baby Body*, written by Marissa Brown and published by heathline.com, brought together twenty moms to discuss their post-baby bodies. This article discusses how these women, who represent so many others, brought little ones into the world while taking on “a variety pack of postpartum challenges” (Brown, 2019). While the article has quotes from the twenty women, Brown gives “pro-tips” for each quote that back up the women’s thoughts with research. For example, one woman discusses her increased night sweats while another discusses her hair loss. Brown backs up these statements with research that supports these experiences by discussing the lowered estrogen levels women have after giving birth.

Another article states,

“For about a month postpartum, whenever I would look in the mirror, I would hysterically start crying. For some reason I felt like I had lost my baby. – I didn’t – because I was no longer carrying her in my belly” (Brown, 2019).

Another woman shared “My postpartum depression looked nothing like traditional PPD that everyone talks about. I didn’t hate my baby. In fact, I wanted nothing more than to take my baby and hide and never go back to work” (Brown, 2019). Brown discusses the importance of discussing postpartum depression symptoms and/or feelings with a doctor or even therapist. It is not uncommon for women to feel ashamed when having these feelings. The truth is that these feelings are much more common than our culture feels comfortable discussing. It is also important to note that postpartum depression shows up very different in different women and that these symptoms should be respected and not misunderstood or judged.

## Hormone Changes

Without diving too deep into science, I do wish to touch on the hormone changes that happen in the body during and after pregnancy. Using the scholarly journal *Steroid Hormones in the Development of Postpartum depression*, multiple authors collaborated to discuss the changes in steroid hormone levels throughout pregnancy. With help from the Department of Obstetrics and Gynecology of the First Faculty of Medicine and General Teaching Hospital in Prague, the authors examined and collected samples of 44 different women that identify with some level of depression.

The authors state,

“There is no currently generally accepted theory about the causes and mechanisms of postpartum mental disorders. The principal hypothesis concerns the association with sudden changes in the production of hormones affecting the nervous system of the mother and, on the other hand, with the ability of receptor systems to adapt to these changes” (Parizek, Mikesova, Jirak, Hill & Koucky, 2014).

Using this hypothesis, the research examines three samples of blood from different periods of one’s pregnancy. The first sample is collected at four weeks prior to childbirth, the second is after the onset of uterine contractions and the third sample is collected immediately after childbirth and mixed in with umbilical cord blood.

With this type of testing, the authors were able to see that there were changes within the first and third sample. However, the third sample, the sample taken immediately after delivery, shows the most hormone change including both testosterone and estrogen.

“Estrogens affect the mental state and memory ... and low estrogen levels are associated with PPD. In addition, estrogens stimulate growth in the number of dopamine receptors

... controlling mood, mental state, cognitive characteristics, emotions and behavior (Fink et al. 1996)” (Parizek, Mikesova, Jirak, Hill & Koucky, 2014).

With these results, the authors suggest that changes in both the maternal and fetal steroids, estrogen and testosterone, may be involved in the development of mental changes in the postpartum period

### **Benefits of Dance/Movement Therapy with Depression**

It can be said that depression is the largest cause to mental illness. Some would also describe depression as a “global burden or global crisis” (Karkou, Aithal, Subala, Meekums, 2019). According to the American psychiatric association (APA, 2000),

“for a diagnosis of major depression, five or more of the following symptoms are needed in the same 2-week period, causing significant distress or impairment of functioning: low mood, loss of interest or pleasure in most activities, sleep disturbances, changes in appetite or unintentional changes of weight, decreased energy, either slowed or agitated movement, decreased concentration and in some cases, feeling of guilt, worthlessness and thoughts of suicide” (Karkou, Aithal, Subala, Meekums, 2019).

While sorting through research I came across an article in the Washington Post, written by Vivian Burt and Sonya Rasminsky, *the “Good Enough” Mother Begins in Pregnancy*. As reproductive psychiatrists, Burt and Rasminsky discuss the difficult decisions women make during their pregnancy’s while battling with their mental health. Within this article, the two use their knowledge to introduce this research to a term from behavioral economics, introduced by Herman Simon and refined by Yakov Ben-Haim, “satisficing”. This word mash-up is a combination of satisfy and suffice. The pair state that “Satisficing doesn’t ask “What decision will make everyone the happiest, now and forever?” It asks, “What decision will suffice, producing a



satisfactory outcome under the widest range of possible conditions?”” (Burt & Rasminsky, 2017). When answering this question, most of the patients are discussing with the reproductive psychiatrist about the pros and cons of taking, or continuing to take, an anxiety and/or depression medication during their pregnancy. Most often, Burt and Rasminsky discuss how the medication can be useful as well as the concerns that may present themselves as one gets further along in their pregnancy. “About 15 percent of women suffer from depression while pregnant, typically complicated by serious anxiety” (Burt & Rasminsky, 2017). For some, these diagnoses have been addressed before pregnancy and for others the symptoms surface during the pregnancy journey. With this information, and the mindset of satisficing one’s experiences, I further my research to explore movement as medicine. If one is open to explore healing through movement rather than prescribed medication, would one then be making a decision that they can feel more confident about?

In a qualitative narrative synthesis, the authors of *Effectiveness of Dance Movement Therapy in the Treatment of Adults with Depression: A systematic Review with Meta-Analyses*, discuss the effectiveness of dance/movement therapy as an effective intervention as treatment for adults with depression. Dance/Movement therapy allows clients to

“work through issues that are located in the non- and pre-verbal level... Movement material can therefore, act as a form of story-telling, a movement and embodied narrative of key moments in the therapeutic journey (Karkou, 2015) ... the formation of links between body” (Karkou, Aithal, Subala, Meekums, 2019).

However, dance/movement therapy has struggled to gain a reputation as an effective treatment for depression due to what has been perceived as insufficient research evidence. The authors of this journal bring dance/movement therapy to the frontline due to (one major) concern that medication

may not always be the best route for coping with and/or dealing with depression clients. Although medication was not successfully reported within this specific journal, concerns about adverse effects were indicated leading the authors to explore diverse treatment options.

Within this journal, Karkou, Aithal, Subala and Meekums conclude a 10-week study consisting of two dance/movement therapy sessions weekly. Within this study the authors find that women were more receptive to the use of dance/movement therapy. Within this study, 81 percent of the candidates were women. The authors conclude that because dance is seen as an art form, this may be what attracts women to preferring the intervention. The research also showed that dance/movement therapy was an effective intervention and that there was a shift in clients that carried a severe diagnosis of depression that shifted to a moderate diagnosis. Of course, these patients continued on with their weekly therapy after the research ended. In relating this journal to this literature review, the authors found that psychological and psychosocial interventions

“were more effective than usual care for women with postnatal depression... Further arguments can be made regarding dance participation due to psychological responses associated with exercise such as excretion of endorphins, the enhancement of chemical neurotransmitters (Jola and Calmeiro, 2017) and the active engagement of almost every part of the brain” (Karkou, Aithal, Subala, Meekums, 2019).

Although there is little to no research discussing the benefits of dance/movement therapy with women experiencing pregnancy, many authors collaborated to write *Water Exercises and Quality of Life During Pregnancy*. This article was published in 2011 and states that “the purpose of this study was to evaluate the effects of a psychical exercise program of water aerobics on the quality of life of sedentary pregnant women” (Reproductive Health, 2011). This article is beneficial to this literature review because it is highlighting the importance of physical

and psychological changes that occur when adding movement to a woman's routine when pregnant. Furthermore, this article states that those who participated in water aerobics had reduced symptoms of postpartum depression than those who did not participate. Not only is movement of some sort beneficial to the mind and body, but movement also makes for a smoother delivery experience.

When working with depression, there is more to the diagnosis than the feeling of sadness and lack of motivation. In a recent study, Katriina Hyvonen and Joonas Muotka explore *The Profiles of Body Image Associate with Changes in Depression Among Participants in Dance/Movement Therapy Group*. Specifically, for this research, "body image is defined as the lived and experiential perception of the body, and the psychological significance the body has for the individual" (Hyvonen & Muotka, 2020). This study relied on self-assessment by the participants as well as verbal inquiry. Participants engaged 20, 75-minute sessions throughout a 10-week time frame. These sessions consisted of "group goals, movement options and boundaries, body awareness and resources, symbols, safety and regulation, expression emotions, body narrative, playfulness, needs, being and doing, agency, and processing through movement..." (Hyvonen & Muotka, 2020). All participants fell between 18-64 years of age and have had at least three months of appropriate treatment. All participants identified with lowered mood, reduced energy, and decreased activity. Some also identified having reduced capacity for enjoyment, interest, and concentration. This research also discusses and identifies with body memories which are "the embodied information stored in the body" (Hyvonen & Muotka, 2020). The participants from this study identified with having a moderate case, full recovery case or a difficult case in which the individual did not necessarily sense their bodies or the experienced "agony and discomfort" (Hyvonen & Muotka, 2020). Although this article does not discuss

postpartum depression, participants did share that their “body memories of suffering were linked to physical illness and hospital experiences, often in relation to giving birth” (Hyvonen & Muotka, 2020). Many of the memories that the individuals discussed linked their depression symptoms to suffering and trauma. With this, the authors further their research identifying the experienced trauma as a “factor contributing to the poor connection with the body sensations and the wish, or practical habit of avoiding them” (Hyvonen & Muotka, 2020).

Dance/Movement therapy “is classified as a creative arts therapy... defined as the therapeutic use of movement to further the emotional, cognitive, physical, spiritual, and social integration of the individual (European Association of Dance Movement Therapy, 2020)” (Hyvonen & Muotka, 2020). Throughout these sessions the trained dance/movement therapists incorporated dance and movement improvisation, use of props, and mindfulness practices. The clinicians also integrated art therapy using writing, drawing and reflection practices. By using these dance/movement therapy practices to identify the body images and body memories, participants describe having “a better connection with their bodies, had greater tolerance to sensation, were more settled in their bodies, and found pleasure and meaningfulness in bodily experiences” when concluding treatment (Hyvonen & Muotka, 2020).

Going further into body awareness and diving deeper into oneself, the practice of authentic movement may be beneficial when working with those diagnosed with depression. Authentic movement, originally “movement in depth”, was introduced to dance/movement therapy in the 1950’s by Mary Whitehouse. Whitehouse developed this theory from Jung’s Active Imagination Theory. Although Federman, Shimoni and Turjeman do not include women who identify as pregnant or diagnosed with postpartum depression, in their journal ‘*Attentive Movement’ as a Method for Treating depression*, the authors explore authentic movement and

mindfulness as a therapeutic tool to treat depression. Using the “three main components (of authentic movement): attention, listening to the here and now, and lack of judgement” (Federman, Shimoni & Turjeman, 2019). The participants are challenged to use nonverbal, symbolic, self-expressive, emotional, and sensory exploration. By integrating these practices into the treatment of depression, the participants are able to better understand their “emotional, physical, social and cognitive self (AMPD UK, 1997)” (Federman, Shimoni & Turjeman, 2019).

As well as the attentive movement aspect, the journal also discussed the importance of integrating mindfulness through Mindfulness-Based Cognitive Therapy (MBCT) which “aims to break the downhill cycle which can cause anxiety or depression and lead to avoiding certain situations or to recurring thoughts” (Federman, Shimoni & Turjeman, 2019). In this journal the authors use the term mindfulness to refer to “a conscious state of directing attention with an intention to the present moment, without judgement” (Federman, Shimoni & Turjeman, 2019). This allows the participants to challenge themselves to stay in the moment and not let their minds wander into their thoughts of “what-if”.

Overall, this journal resulted in finding that attentive movement can be an effective treatment for depression. Through this research the participants who suffer from depression where able to

“meet their anxieties, embarrassment, discomfort, disquieting voices and despite them, have the freedom to make new choices and to learn to react in a flexible and non-automatic manner... Such a situation empowers the internal experience and restores their belief in their own abilities and strength” (Federman, Shimoni & Turjeman, 2019).

Similar to the transition from pregnancy into motherhood, one hopes to bring forth empowerment and strength during a time that can be uncomfortable and challenging.

Diving deeper into the concepts of empowerment and finding strength, working in a group therapy setting may be very beneficial to women experiencing postpartum depression. “Group therapy enables expansion of the self, develops interpersonal control, making it possible for the patient to react using a broader, more flexible, supportive and adaptive behavioral repertoire and to exchange negative vicious cycles for positive and constructive ones” (Federman, Shimoni & Turjeman, 2019). Remembering some of the many stressors linked to postpartum depression which were discussed in the beginning of this literature review, having the ability to call on one’s supports during and after the birth experience is very important.

As an example of DMT in a group therapy setting, multiple authors collaborated to publish an article *The Effects of Dance Movement Therapy in the Treatment of Depression*. This was a multicenter, randomized controlled trial specifically in Finland. According to the authors, 6.5% of Finland’s population experiences depressive states throughout the year. Like the other articles and journals used for this literature review, these author’s research excludes the use of women that were experiencing pregnancy or had been diagnosed with postpartum depression. However, the majority of participants were female. The participants were split into two groups. One group engaged in 10 weeks of dance/movement therapy sessions twice a week while also receiving their treatment as usual while the other group received only their treatment as usual. To know the level of depression the participants were experiencing they filled out an electronic survey prior to participation. Most of the group identified with severe and/or psychotic depressive symptoms.

“In severe and psychotic depression, the combination of treatment modalities is emphasized. The aim of psychotherapy is typically to promote recovery and functioning. Psychotherapies can include various evidence-based, short-or-long-term applications of

cognitive, behavioral, psychodynamic, interpersonal, acceptance and commitment, and resource- and solution-focused therapies.” (Hyvonen, Pylvanainen, Muotka & Lappalainen, 2020).

For the sake of this journals research, dance/movement therapy can be an alternative treatment option for clients who would like to process experiences through, not only verbal articulation, but also bodily experiences.

“In dmt, the participants can tune their awareness to these embodied experiences of their own self in a group therapy setting with others. This can support and strengthen therapeutic alliances, when experiencing symptoms are reflected and communicated in words” (Pylvanainen, 2018).

The benefits to working with dance/movement therapy in a group setting is that participants are able to explore their own experiences while learning to feel supported and give support to the other group members. A previous article used in this literature review, to support these author’s work, states that working within a group can

“challenge and force them (the participants) to encounter their intensified self-judgement; it trains them to set the judgement aside and makes it possible to move freely in the presence of others, without restraint or barriers” (Federman, Shimoni & Turjeman, 2019).

By using dance/movement therapy in a group setting while also receiving treatment as usual, 43% of the participants stated that they felt a change, a sense of recovery and/or improved within their depression diagnosis. The participants state that they saw a decline in psychological and physical symptoms related to their depression. Using breath, movement and expression, and feeling and/or sensing feelings that participants cannot always verbalize while experiencing symptoms of their depression can be beneficial to healing.

## Application

When creating an example of what this work may look like in a group setting, I was able to put together a session with the idea that clients have been attending for about a month. The clients that attend group are mothers and are asked to come without children. Clients have also been prompted to have a journal with them at every session to take notes and reflect on what they have experienced during group.

Starting the group with a *Verbal Check-In* the clients are able to discuss any feelings or thoughts that have continued over from last weeks session. Check-in is also a time for emotional check-in's and how the body may be responding to the experienced emotions. As the group works their way into the *Warmup* the leader guides the clients to focus on their breath. This is a time for one to try and become more present and aware of what they need to feel supported in group. This also allows a space to share what is coming up for people, if needed. As the group works their way into the *Theme/Development* part of group, the leader breaks the group into pairs. The hope is that smaller groups will give a more intimate level of work and support throughout the sessions moving forward. During this session the group will be introduced to mirroring. While working with their partners, and with subtle prompts from the leader, the clients are able to be, both, the leader and the follower. This also gives the opportunity for the clients to feel, both, supported and the one supporting. The hope is that through this work there is a deeper connection and understanding of those within the group. As the group comes to the *Reflection/Discussion* section, the clients are asked to reflect in their journals. After, the group opens up to an open discussion one what each person experienced as an individual as well as a partner. For the *Closing* of this group, the group will end in a circle, preferably holding hands, where the leader will start passing a squeeze throughout the circle. As the squeeze makes its way



back to the leader, the leader will ask that everyone puts their hands to their hearts and take a deep breath in and out together. This will be a sign of community, support, appreciation and understanding.

## **Discussion**

As a mother of two I have experienced not one but two preterm labors. It is said that women that give birth to preterm babies are more likely to develop depressive symptoms and higher levels of stress. However, these symptoms are very similar to the symptoms a full-term mom may experience after giving birth.

Since starting my exploration around the topic in 2016 I have been motivated to create a more natural option for women as they go through their pre- and post-natal journey. The idea is that all women and families will have access to treatment. Many women face multiple obstacles when trying to find treatment options. A long-term goal for this work is to make dance/movement therapy treatment for postpartum depression accessible to all those that need the services. However, finding the right treatment option also opens up the conversation of giving access to proper education regarding signs and symptoms women should look for to determine signs of postpartum depression.

The basic premise of dance/movement therapy “is that the body movement reflects inner emotional state and that changes to movement behavior can lead to changes in the psyche, thus promoting health and growth” (Levy, 2005). Using this definition and the research put together throughout this literature review, it is somewhat easy to call out reoccurring themes that women experience during their pregnancy that can then lead to symptoms of postpartum depression. Themes such as confidence, or lack thereof, body awareness, and the need for support.

Confidence can be broken down at the very beginning of one's pregnancy. Lack of support, feeling alone or that one has to take on this journey alone, body changes, doubting one's ability to mother, etc. With lack of confidence comes feelings of doubt, hesitation, and sometimes guilt. These are words and feelings that can be concerning to the mother as well as specialist working with the mother.

Sometimes having a lack of confidence mixed with the body changes that happen throughout pregnancy can lead to changes in body awareness. Specifically, with moms, any triggers or new opinions about one's own body can be difficult to discuss. Although these thoughts may not lead to symptoms of body dysmorphia or unhealthy eating habits, I do want to address that those types of symptoms are medically concerning and will need further evaluation. When discussing body awareness in this context, I am discussing the changes that one goes through during pregnancy as well as the changes that one continues to experience after delivery. When one does not feel confident in their own skin, one may find a lack of confidence in other areas in their life.

Lastly, one may need more support. While previously discussing the social and cultural stressors that one experiences during pregnancy, as well as the expectations that one puts on themselves, support is a "must have" when going through the pregnancy journey. With this I lead into the importance that group work can have on the population of postpartum depression.

The benefits to working with dance/movement therapy in a group setting is that participants are able to explore their own experiences while learning to feel supported and give support to the other group members.

"In dmt, the participants can tune their awareness to these embodied experiences of their own self in a group therapy setting with others. This can support and strengthen therapeutic

alliances, when experiencing symptoms are reflected and communicated in words” (Pylvanainen, 2018).

Within group work, participants are able to share and express feelings, such as lack of confidence and body awareness. By sharing, or relating, one no longer feels alone in this journey whether it be during or after delivery. Further, as group work continues, participants could break into smaller groups or pairs to make room for more personal support and exploration using DMT. This will then bring a sense of intimacy and more trust into sessions.

### *Personal Note*

Although the topic of preterm labor was not discussed in detail, I would like to make note that working with women using dance/movement therapy would also be beneficial. As stated previously, I have experienced preterm pregnancy personally. Using dance/movement therapy while in this situation was a liberating feeling. While being on bedrest I would sometimes “useless” but with the use of exploration through movement I was able to feel “useful”. I was in less pain and found a sense of connection to my body during a time where I realistically had no control. With the use of movement exploration and supportive research, my goal is to go even further to create and suggest more treatment options that I believe could be beneficial to those diagnosed with postpartum depression. I would like to give women another, beneficial, treatment option other than medication. I understand that not all women will be able to heal without some help from medication. However, by incorporating dance/movement therapy practices, my hope is that women will not feel reliant on a medication. Furthermore, I hope to normalize conversation around postpartum depression so that women feel more supported. I believe that having a more natural outlet for healing can leave women feeling in control and empowered.

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**THESIS APPROVAL FORM**

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**Student's Name:** \_\_\_\_\_ **Olivia Mandracchia** \_\_\_\_\_ **Type of Project:** Thesis

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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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