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**Embodied Parenting, Attentive Movement and the Kestenberg Movement Profile for
Improving Physical, Emotional and Mental Health Domains for Postpartum Parents:**

A Literature Review

Capstone Thesis

Lesley University

Date: May 3, 2024

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Specialization: Dance/Movement Therapy

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Abstract

Research has shown that dance/movement therapy (DMT) can improve the physical, mental, and emotional health of parents and DMT continues to be researched for parents going through postpartum. Postpartum is a phase of pregnancy that can affect the well-being of both birthing and non-birthing parents. DMT studies such as Kestenberg Movement Profiles (KMP), Embodied Parenting, and Attentive Movement offer techniques that can be used in all phases of the pregnancy. Phases include perinatal, delivery, postpartum, and family work. The review of dance/movement therapy literature and the impact it has on parents going through postpartum is just the beginning of some of the healing parents and families will gain through the experience.

Keywords: Postpartum, Dance/movement therapy, Kestenberg Movement Profiles (KMP), Birthing and Non-birthing Parents, Perinatal.

Author Identity Statement: The author identifies as a cis-gender, white female from the East Coast of the United States

Introduction

The postpartum period is a critical time for both the birthing and non-birthing parents as they adjust to the physical, emotional, and lifestyle changes that come with welcoming a new baby into their lives. While the focus is often on the birthing parent's recovery, it is equally important to acknowledge the non-birthing parent's experience during this time. According to Waller and Kleinman (2023), postpartum refers to either the period of the date of birth to one year or a full 12 months after birth. Waller and Kleinman further asserted that although the term 'postpartum' typically only applies to the birthing parent, it can apply to the non-birthing parent as well. For the birthing parent, the postpartum period involves physical recovery from childbirth. This may include healing from any tears or incisions, regaining strength, and managing any postpartum discomfort. Hormonal changes can also contribute to mood swings, fatigue, and other emotional challenges. Therefore, it is crucial for the birthing parent to receive support, rest, and adequate healthcare during this time to aid in their recovery and overall well-being (Waller & Kleinman, 2023). Similarly, the non-birthing parent may experience significant adjustments during the postpartum period. They may encounter emotional changes, such as feelings of joy, anxiety, or the need to bond with the baby. They may also face practical challenges, such as learning to care for the newborn, managing household responsibilities, and finding a balance between work and family life. The non-birthing parent's role in providing support and care may be considered crucial during this period (Waller & Kleinman, 2023). In recognizing that the term 'postpartum' applies to both parents, it becomes essential to foster an inclusive environment that supports and acknowledges the experiences of all parents, caregivers, and families.

Method

The method for this literature review consisted of several different steps to find materials needed for the review. When searching for articles, the Lesley Library databases were used. The search keywords used were postpartum, parents, family, dance/movement therapy, postnatal, perinatal, birth, embodied movement, Embodied Parenting, Attentive Movement, Kestenberg Movement Profiles (KMP), physical, emotional, and mental health domains, and art. Literature used were peer-reviewed and selected articles in this thesis were published between the years 1950 to 2024 to get a comprehensive sense of the topic in review. In addition to the articles, several books on dance/movement therapy and postpartum along with videos, journals, movement, and other arts-based means were used.

Moreover, I have utilized arts-based reflexivity with dance/movement to monitor and evaluate my responses to each section of the thesis. The images from the personal response are embedded throughout the paper to demonstrate embodied and Attentive Movements. Each image shows a thought, a movement, and expression through the body which I hope brings the research to life for readers.

Figure 1

Moving through the Method



Literature Review

Dance/Movement Therapy: A Brief Overview

According to the American Dance Therapy Association (n.d., para. 1), dance/movement therapy (DMT) is a field of psychotherapy that utilizes movement and dance as a form of expression and healing. Dance/movement therapy became a clinical practice starting in the 1950's with roots in Europe and America. As described by the Dance Therapy Association of Australasia (2017),

Dance/movement therapy evolved from this understanding early in the 1950s. The therapeutic potential of the creative process that occurs through dance and improvisation began to be formalized. Movement was no longer conceived as performance for an audience but rather was recognized as an expression of feelings and concerns. (Chaiklin and Wengrower, 2015, p. xv)

This is when dancers started to realize that the body could be used for more than just technique and performance purposes. The body could be activated in a way that was meant for certain emotions and feelings to be expressed through physical movement. Dance Therapy Association of Australasia (2020) stated that DMT is a “therapeutic use of dance and movement to further the physical, emotional, cognitive, social, and cultural functioning of a person” (para. 5). Dance/movement therapists believe the mind and body are unified, and that change occurs when both issues are addressed in one. Dance/movement therapists work with various theories such as psychodynamic, attachment, and behavioral, as well as adopt approaches including mindfulness, strengths-based, trauma-informed, and anti-oppressive practice. Federman et al. (2019) asserted that the dance/movement therapy offers different types of communication than

verbal language; it is to be distinguished from mere physical movement as it exemplifies non-verbal self-expressions that promotes connection of the social and emotional part of self.

Dance/movement therapy consists of several techniques that have been brought to parents going through postpartum. These techniques include kinesthetic empathy, mirroring, and grounding to name a few. According to Fischman (2009), kinesthetic empathy is a core concept that has been mentioned in DMT work and literature for some time. Mirroring in the context of DMT was developed by Marian Chace (1942) and is often described as dance for communication. The act of mirroring consists of a dance movement therapist carefully repeating movements of the client back to them to establish a sense of being seen and understood. For this reason, mirroring proves to be a powerful technique used to enhance trust, safety, and communication in relationship with others. Grounding in DMT endorses the interaction of body and mind while assessing the client's movement profile as indicated by Alexander Lowen (1910-2008). In other words, DMT demonstrates the ability to articulate and make sense out of both conscious and subconscious experiences embodied in an individual's body.

Artistic Inquiry on Embodied Experiences

Embodied experiences are not always observable and easily describable in words, particularly when it comes to a difficult phenomenon associated with hidden aspects of mental health illness. Therefore, the artistic expressions may best illuminate the person's first-hand experience and provide accurate indication to readers about the unique experience.

Dieterich-Hartwell (2023) employed an intentional and methodical use of artistic inquiry in expanding the hold of the mental health condition of depression suggesting different ways to engage with it. Dieterich-Hartwell spoke about herself as the only participant, she studied

Creative Arts Therapy at Drexel University. In this arts-based heuristic study, Dieterich-Hartwell conducted a nine-month study as part of her Ph.D. program.

Dieterich-Hartwell (2023) wrote that in part of the study, several types of artistic methods were utilized, including different art forms, collage making, watercolors, photography, sculpting, and dance/movement in order to better understand the phenomenon of depression and its elements. The element of emptiness was explored through improvisational movement stemming from sitting in darkness and noticing urges to move. Dieterich-Hartwell described an internal focus of movement that preceded physical movement that expanded into her space. This exploration of movement was then reflected through journaling and collage making. This iterative process further clarified the participants' understanding of her feelings and assisted her in assigning meaning to her experience. She concluded, “The engagement with art revealed that darkness promotes the germination of something new and valuable. Another discovery was that change is constant in life and this can be a comforting fact considering that depression may feel interminable” (p. 1). Her artistic reflections signified a crucial connection between her feelings and expression of the symptoms of depression. This is highlighted by her movement in the dark, as well as when she blended two colors together to create a bleak outlook on life. Dieterich-Hartwell engaged three different artistic inquiries which allowed the many elements of depression to be explored through different expressive arts. “Through my investigation I experienced the possibility of growth in void, awareness and acceptance of change, and the value and significance of connecting amidst uncertainty” (p. 6).

There were many limitations in this study such as using only certain artistic inquiries. Nevertheless, Dieterich-Hartwell’s personal account of the healing journey through arts may have implications to persons going through the postpartum journey. It stands to reason that

depression in the postpartum period can be investigated and processed effectively through expansive modes of artistic expressions such as music, drama, videography, and dance.

Kestenberg Movement Profile

The Kestenberg Movement Profile (KMP; Kestenberg, 1953) is a framework developed by Judith Kestenberg, a psychoanalyst and movement analyst. It is used in dance therapy and psychotherapy to understand and interpret nonverbal communication and movement patterns. KMP is a system of movement observation and analysis that therapists use to observe individuals beginning in utero. The KMP framework is structured as a psychological profile assessed through notating and graphing each individual's body movement. The KMP explores how psychological states manifest in bodily movements, gestures, and posture. It's based on Laban Movement Analysis, a system for describing and analyzing human movement.

The KMP identifies five movement categories: (1) *Space Harmony* which examines how individuals relate to the space around them. It includes aspects such as proximity, expansion, contraction, and orientation, (2) *Shape Flow* which focuses on the shapes and pathways of movement, including qualities like straightness, curves, and spirals, (3) *Effort Shape* which looks at the effort involved in movement, including qualities like weight, time, space, and flow, (4) *Rhythm-Style* which analyzes movement patterns in terms of rhythm, speed, and continuity. It explores how individuals organize their movements over time, and (5) *Relationship to Objects* which explores how individuals interact with objects in their environment, including how they manipulate, utilize, or avoid objects. Kestenberg (1953) states that by observing and analyzing movement patterns within these categories, therapists using the KMP can gain insights into a person's emotional state, personality dynamics, and interpersonal relationships. It's a tool that can

be particularly useful in therapy settings where verbal communication may be limited or difficult.

Kestenberg (1980) writes that the movement of the baby inside the mother strengthens the feeling of belonging between mothers and babies even after birth. In utero, movement then promotes the understanding through *Fetal Movement Notation*, a series of fetal movements such as flutters, kicks, twists, and presses that can be felt inside the mother and then later in the mother or father's hands. Movement is constant and continues to get stronger and more advanced as the pregnancy goes on. According to Loman (1994), “expectant mothers are first taught to perceive fetal movement through touch attunement exercises” (p. 3). Kestenberg (1999) asserts that the notation of each fetal movement supports the mothers' understanding of their babies' favorite positions and tension changes during the pregnancy. Examples of fetal movements would be “sucking, stretching, scratching, yawning, rubbing their hands and feet” (Piontelli, 2000, p. 30). Loman (1994) stated that when the fetal movement notation happens, mothers can respond to their babies by reproducing or mirroring what their baby did onto their bellies with their hands (p. 189). Using the fetal notation gives birthing parents a chance to become sensitive to the movement changes that they can feel but are unable to see. With the non-birthing parent's help, they are able to work with their partners to become kinesthetically oriented to the birthing parent and the fetus. Non-birthing parents can give the birthing parents a back massage using different tension-flow patterns, which provides sensations like flutters and pushes that the fetus creates. By duplicating the tension flow patterns with her hands on her belly, the parents can create this nonverbal connection with the growing fetus (Loman, 1994).

KMP may be an effective framework used along with dance movement therapy to understand and interpret non-verbal communication and movement patterns for parents moving

through the postpartum period. KMP also claims to provide interventions that explore the psychological and physiological states of parents during postpartum. This may include healing from any tears or incisions, regaining strength, and managing any postpartum discomfort.

Attentive Movement

Attentive Movement enables learning on how to expand movement repertoire, how to become flexible, how to adapt and discover the possibility of moving freely, and to be one with the self in the presence of others” (Federman et al., 2019, p. 21). When it comes to Attentive Movement, the development of body and mind awareness in the existing experience of an individual has been breached especially when in a state of depression (Federman, et al., 2019).

Figure 2

Attentive Movement from Head to Toe



Federman et al. (2019) mentioned that Attentive Movement coupled with mind-body connection can be effective interventions for treating depression which is the most common symptom of postpartum. Attentive Movement is an expansion of flexible and free movement while mind-body connection is based on how the mind influences the body and vice versa.

Federman et al. (2019) employed Attentive Movement with a variable of music for control and experiential group to explore embodied experience of participants' postpartum

journey. The experiential group had a component to listen to music while the control group did not. A total of 50 participants, ranging between the ages of twenty and seventy, were recruited for this study, following screening utilizing the Beck Depression Inventory (BDI). The criteria for the participants according to Federman et al. (2019) included many male and female subjects who received a BDI score of 10–29. These scores indicated mild to moderate depression which shows who is receiving pharmacotherapy during the three months preceding the study and continued for the duration of the time. There were twenty-five participants in each group, however, four participants did not complete the study. Attentive Movement sessions were implemented once a week for twelve weeks.

In the study (Federman et al., 2019), the participants in the experiential group were told to pay attention to when certain thoughts such as uncomfortable or embarrassing feelings would appear before returning back to listening to the music and to notice how their bodies would react. To conclude the session, participants shared their experience with group members and engaged in asking questions. Following the completion of 12 sessions, participants completed the BDI again. Federman et al. (2019) wrote, “The level of depression following treatment in the experimental group was significantly lower than in the control group” (p. 20). These findings demonstrated the effect of Attentive Movement on reducing the symptoms and intensity of depression and showcased evidence for the potential use of this approach with parents experiencing postpartum with both emotional and physiological disturbances. Accordingly, Attentive Movement may contribute to each parent’s journey through postpartum.

Embodied Movement and Embodied Parenting

Embodiment is a term used in dance/movement therapy to describe an awareness of internal and external body processes. Embodiment is important to the understanding and felt

sense of self and can be accessed through movement. For this reason, the term embodied movement is used to describe movement stemming from a holistic understanding of the self. Cohen (2012) reported that embodied movement includes the application of motion, vocalization, tactile interaction, and cognition, drawing from principles rooted in anatomy, physiology, psychophysics, and developmental theory. Therefore, assisting parents in gaining embodied awareness through embodied movement may prove helpful in supporting the embodied parenting approach.

According to the National Centre for Dance Therapy (2022), *Embodied Parenting* involves being present and attuned to one's own body and the baby's needs and cues. It emphasizes the importance of self-care, self-awareness, and self-compassion for the parents. By nurturing their own physical and emotional needs, postpartum parents are reported to be able to better care for their baby and create a harmonious and nurturing environment (National Centre for Dance Therapy, 2022).

Tortora (2010) suggested using a multisensory embodied psychotherapeutic treatment that supports the primary attachment relationship between parents and babies. This parent-infant intervention greatly depends on observing nonverbal cues such as embodied movement, to understand the quality of the parent-infant attachment. Tortora (2010) called this approach 'Ways of Seeing' which is a therapeutic program that utilizes non-verbal movement analysis, embodied movement, dance, parent-child interactions and play as methods for both the assessment and the intervention for enhancing the parent-infant attachment.

Figure 3

Embodied Movement



First-Time Parents and Vulnerability

LeBeau and Webster (2020) employed an existential-phenomenological investigation to study the early embodied experiences of vulnerability among new caregivers who were recently welcomed into parenthood. The study's inclusion criteria consisted of couples and new parents over 18 years old, who wanted to explore their embodied experiences as first-time parents while experiencing a desired pregnancy.

According to LeBeau and Webster (2020), the research question was "How do new parent couples experience vulnerability related to first-time parenthood?" (p. 521). The study used an embodied style of inquiry where the couples were encouraged to describe 10 themes related to their early experiences of vulnerability. The participants consisted of five couples who received three 2-hour counseling sessions followed by interviews with the researchers. In a three-stage interview, each participant read aloud a personal experience of being a new parent that brought through a strong sense of vulnerability along with a description of the sense of feeling and processing of what the participants have embodied through the experience. The last part of the interview sessions was an open-ended conversation between the researchers and the participants about their experience, which then moved from an embodied experience to having the participants find specific language to express how they felt (LeBeau & Webster, 2020).

The results from the interviews yielded three themes of self, others, and the world (LeBeau & Webster, 2020). Specifically, the themes related to the *self* included 'Am I enough?' learning to trust in oneself as a parent, not feeling in control and loneliness; the next theme was *others* which included responsibility, interdependence in a relationship as a couple and call for a wider support from intimate/close family involvement; the final theme was the *world* which included balancing the needs of the baby and the pressures of the world, vulnerability as facing fear of the unknown, and eyes of the world (LeBeau & Webster, 2020). The researchers explored vulnerability which led to the different foundations such as trust and hope that are necessary parts of the physical and emotional healing process for the participants. The participants gained continued trust through the mind-body connection which gave hope to the recovery of the physical body. The participants were able to create the place for themselves to sustain the gains and the supportive community called the “healthy nest” (LeBeau & Webster, 2020, p. 538). The “healthy nest” denoted three-part intervention that allowed parents to have strong, emotional, and focused communication; it underscored crucial aspect of children’s healthy growth and parents’ identity development with an emphasis on early moments of attunement and attachment. Therefore, the participants of the study named themselves the “healthy nest” to stay connected to one another.

LeBeau and Webster (2020) pointed out one specific limitation which relates to a lack of diverse population. Examining whether the main constituents of responsibility, vulnerability, and love are applicable for the couples throughout the Embodied Parenting experience can impact the result. It is crucial to acknowledge that all the couples involved in their study had planned their pregnancies, were married, resided in financially stable conditions and able to afford basic necessities in the Seattle region, were either employed or pursuing education, did not encounter

any major pregnancy complications, had not experienced recent traumas at least at the study's outset, and recognized their vulnerability primarily as future parents during the final trimester of pregnancy. These couples also expressed a specific interest in investigating the research question within the context of their relationship. Given the level of privilege that these couples had, the research findings might show some biases in spite of effort to isolate the factor examined, which is a sense of vulnerability associated with the first time pregnancy.

In a similar study related to understanding the experiences of first-time parents, Schobinger et al. (2022) had first-time parents describe their social support needs during the earliest postpartum period. The researchers included participants who met certain criteria for the study, which were women over the age of eighteen who gave birth to a healthy full-term newborn, and that their partner is also over the age of eighteen, is a first-time parent, and was present during birth and stayed in the postpartum wing. Schobinger et al (2020) explained that this study was conducted by semi-structured interviews done as individuals with each first-time parent. Due to COVID-19 pandemic, these interviews were still being conducted but the participants had a choice of being interviewed at home versus an online platform such as Zoom. Schobinger et al. (2020) stated that throughout the research, thematic analysis was used to identify certain themes and sub-themes. The result for mothers' themes were experiencing postpartum changes, creation of a family unit, emotional needs, difficulty in communicating, and the postpartum stay; the fathers' themes were being included in the postpartum ward, and considering their [parents'] needs as a non-priority (Schobinger et al., 2020). Both parental parties did agree on the themes of going home and taking care of their newborn. Although mothers' and fathers' needs have differed, both parental parties agreed they are each other's main support system.

Schobinger et al. (2020) identified limitations that were created by exclusion of samples such as single-parent families and newborns in the neonatal intensive care unit (NICU).

Vulnerable periods were also not considered in the transition time of parenthood. Vulnerable periods such as postpartum were something that was hard to consider for both parents when it came to couples transitioning into parenthood. Postpartum for parents comes with a journey filled with mental, physical and emotional struggles. Therefore, a transitioning period of parenthood is a neglected area of study with important implications for preventative care of postpartum depression in parents which could have significant impacts on the mental health of infants as well as their families.

Parents and their Relationship to Birth, After-Birth, Miscarriages and Stillborn

Postpartum struggles for mothers and families may be intensified by elements of hopelessness, emptiness, loneliness, and uncertainty, which are all precipitating factors of depression. These periods are even harder for parents who experience miscarriages and stillborn births. Researchers have investigated the embodied experiences of women with a history of miscarriages and stillbirths. One such study has been published by Kruz (2020) who employed a phenomenological study to feel, understand, and describe these women's embodied experiences. Kruz (2020) used specific criteria of participants. The women involved in the study self-identified as someone who has had a miscarriage and or a stillbirth prior to the year of 2017. Inclusionary criteria required the participants to volunteer along with other women and that they were over the age of twenty one. With these specifics in place three women met the criteria; two women identified as Caucasian and one woman identified as African American, all were between the ages of thirty and forty-one.

Kruz (2020) employed a set of protocols such as Movement Elicitation Protocol and Verbal Interview Protocol, which sought out the understanding of the women's embodied experiences of miscarriage and stillbirth. Therefore, the participants engaged individually in the movement elicitation protocol which was then followed up by a verbal interview. Kruz (2020) underscored four overarching themes for the overall embodied experience of the women: (1) an individual's sense of time and its passage, (2) their unique reproductive history, (3) their relationship with themselves, the deceased, and others, and (4) how they experience their body and the body of their child. The qualitative findings revealed the essence of a widely personal experience (Kruz, 2020). The study would have been more robust to include all ages of women and by including non-birthing partner who went through miscarriages and stillbirths.

Before and After Birth: Perinatal Work

Kleinman and Waller (2023) described perinatal as a term that refers to a period of time in which a patient is either going through the pregnancy journey or in the first year of the postpartum journey. “In the medical field, a patient is typically recognized as perinatal from the 20th to 28th weeks of pregnancy up until the first four weeks postpartum” (Kleinman & Waller, 2023, p. 4). Perinatal can not only affect the mother but will also affect the partner, other children or family members and the fetus. Kleinman and Waller (2023) emphasized the importance of centering mental health care and intervening within certain windows of time that may make parents vulnerable to certain symptoms during pregnancy and or postpartum.

According to Noonan et al. (2021) during the perinatal period, parents require new roles, knowledge, responsibilities and have to learn to respond to changes within themselves, their personal identities, relationships, and the functioning of the family. Noonan et al. asserted that during the transition, parents can experience a spectrum of perinatal mental health symptoms

ranging from adjustment difficulties to serious mental health conditions. Perinatal depression and anxiety are considered the most common mental health conditions experienced by both birthing and non-birthing parent. According to the researchers (Noonan et al., 2021) experiences of perinatal mental health conditions can influence the long-term health, social, emotional, cognitive, and behavioral development of children and can impact family relationships and well-being. Depression and anxiety vary across the postpartum period, and it depends on several differences such as population, assessment criteria, type of screening materials used and the timing of the assessment (Noonan et al., 2021).

Noonan et al. (2021) conducted a meta-analysis and found that perinatal depression affected 12.9% of mothers and 2.6% to 39% mothers reported to have perinatal anxiety. Women simultaneously experienced perinatal depression and anxiety during COVID-19 which increased the rates of maternal perinatal depression and anxiety during that time. A mother's mental health is not the only one being affected during the perinatal period, but a family's mental health is also significantly affected. There are also several increased demands on the fathers' psychological resources, such as supporting a partner who is experiencing the perinatal period which heightens their own stress, anxiety, and depression (Noonan et al., 2021). Another meta-analysis documented the paternal perinatal depression prevalence rates of 10.4% among several fathers (Noonan et al., 2021). This rate increases by 24% to 50% among fathers whose partners are experiencing perinatal depression. The reported perinatal depression and anxiety ranges from 3.4% to 25% during the antenatal period and continues to range from 2.4% to 51% during the postnatal period. The interrelationship between a woman's perinatal mental health, her partner's mental health, and her children's overall well-being warrants reconceptualization of certain perinatal mental health considerations of the family.

Noonan et al. (2021) and Kleinman and Waller (2023) posited that perinatal depression and anxiety are heavily linked to certain relationship characteristics including being with an intimate partner and having family support; emotional support received from family and partners during the recovery could act as protective factors to prevent and support perinatal mental health conditions. On the other hand, conflicts, poor communication, and lack of family and partner support exacerbate perinatal depression and anxiety (Noonan et al., 2021).

Figure 4

Leaning into Perinatal Work



Experiencing these challenges for a longer period of time impedes recovery, develops additional perinatal mental health symptoms and increases the risk of perinatal depression and anxiety relapse (Noonan et al., 2021). The distress on the relationship may be an outcome of perinatal mental health symptoms. Therefore, during the perinatal period, especially during the COVID-19, birthing parent had increased dependance on relationships with their partners, along with family support as they continue to experience reduced social interactions within the workplace, community, and with other health care professionals and support networks (Noonan et al., 2021).

There is significant importance to identifying mothers who may be at risk of or experiencing perinatal mental health symptoms, therefore support, treatment and prevention interventions can be offered to potential mothers to avert effects of maternal psychological distress on partners and family's well-being and development (Noonan et al., 2021). Adverse child outcomes can be associated with conditions of untreated perinatal depression and anxiety symptoms. Therefore, treatment interventions that include mothers, partners and or a significant support person who appears to be within the family unit may optimize positive outcomes.

Limitations in the study by Noonan et al. (2021) include a lack of diversity in samples. Contemporary families across diverse cultures may have different relationship dynamics. For instance, mothers might not have a partner, and might depend more on family members support such as their parents, siblings, friends, etc. Therefore, addressing the partners' and family's knowledge of perinatal mental health and encouraging them to participate in prevention and treatment interventions may facilitate maternal help seeking, optimize intervention engagement and improve family functioning outcomes during the perinatal period. Prevention and treatment interventions are an important public health strategy which needs to be accessible for families as it can reduce the impact of perinatal mental health symptoms for children and parental outcomes (Noonan et al., 2021).

Noonan et al. (2021) further suggested two approaches to psychosocial interventions for working with perinatal depression and anxiety. The first approach centers around a preventive program started during pregnancy or early in the postnatal period for mothers at an elevated risk of perinatal depression and anxiety. The second approach consists of an intervention designed to reduce the perinatal symptoms of depression and anxiety which are experienced by the mothers during this period. In their meta-analysis, Noonan et al. found that online perinatal mental health

interventions with guidance from a therapist or a coach represent an upcoming viable option to work with mothers experiencing perinatal symptoms. They postulated adaptability of online interventions, their non-intrusive nature, and the global access to online platforms can extend the reach of perinatal interventions for mothers and families all over the world. Another effective perinatal mental health intervention identified by Noonan et al. is using therapeutic benefits of support from peers who share similar experiences through participation in interpersonal group psychotherapy. The group sessions could lead to reduced feelings of isolation and loneliness, while normalizing the symptoms of perinatal mental health issues, which underscores the potential use of an intervention such as Embodied Parenting in group therapy.

Supporting Postpartum on Parents and Families

Postpartum is a phase that can come in small waves or a full force of energy. According to Waller and Kleiman (2023), “the term postpartum refers to the period of time from birth through one full year, or 12 months after giving birth. While this term typically applies to the birthing parents, it is important to note that this term can apply to non-birthing parents as well” (p. 5). Cowan and Cowan (1992) expressed that the transition to parenthood can be celebrated and joyful along with difficulty and stress. This could be the time for partners and families to make this transition unique and special.

In their Meaning-making and parenting study, Corner et al. (2023) examined the effects of meaning making around the experience of a birth on the quality of relationships and parenting stress for first-time parents going through the postpartum adjustment period. Meaning-making alludes to how individuals integrate and understand the difficulties, challenges, and important events they experience in their life. Meaning making process could suggest healthier postpartum adjustment for first-time parents as well.

Participants in the study by Corner et al. (2023) engaged in a three-part visit which included a prenatal, perinatal, and a postpartum visit where couples filled out and completed questionnaires during each visit. They were also asked to provide a detailed birth story during the perinatal visit. Corner et al. found many types of meaning making after birth, one of which was *benefit finding* in their experience. The researchers reported that perceived benefits predicted a healthier functioning of relationships while also lowering parental stress as early as 6-months postpartum. Findings revealed that mothers have shown a heightened sense of benefit from talking about their experience around the birth of their children, despite the perceived decline in quality of interpersonal relationships during pregnancy and postpartum periods. Additionally, fathers showed heightened levels of benefit finding following the birth of the child which led to lower parental stress. “However, unexpectedly, mothers’ sense making and benefit finding also predicted higher levels of parenting stress in fathers” (Corner et al., 2023, p. 674). This implies the importance of attending to mother’s sense of wellbeing which could have impact on the level of stress on partners and other family members. The study underscores the strength of meaning making process inherent in DMT, Embodied Movement, and Attentive Movement, which may prove beneficial to first-time parents in embodying the unique experience of having a child.

In the context of family support, Noonan et al. (2021) noted that women from several ethnic minority groups may not seek family or professional support due to cultural stigma attached to mental and emotional struggles associated with pregnancy. This reluctance could stem from cultural beliefs within their communities that do not prioritize perinatal mental health or have access to establishment of perinatal-specific support systems. Additionally, family members themselves may feel uncertain about participating in treatment, revealing a sense of ambivalence and a lack of trust with the current system and power dynamics that exist in place.

Therefore, it is crucial for intervention developers to avoid making any assumptions about what could benefit these families the most and how interventions should be tailored to effectively support them.

Figure 5

Postpartum Effects on Me



Discussion

This literature review examined how practices within dance movement therapy, Embodied Parenting (National Centre for Dance Therapy, 2022), Attentive Movement (Federman et al., 2019), and Kestenberg Movement Profile (KMP; Kestenberg, 1953) have the potential to present and assist parents with an experience of embodiment during the postpartum period. This was achieved through acknowledging the physical, emotional, and mental health changes that parents and families undergo in this critical phase of life. In the context of postpartum parenting, the application of movement-based approaches like Embodied Parenting and the KMP may offer holistic support for the family as a whole instead of only focusing on the maternal experience.

Practices such as mindfulness, deep breathing, and gentle movement may help parents cultivate a sense of grounding, relaxation, and connection with themselves and their baby. Attentive Movement involves conscious and intentional movement practices that support physical healing, strength, and alignment. Gentle exercises, such as yoga or Pilates, may help support postpartum parents in regaining strength and flexibility, releasing tension, and improving posture. For birthing parents, these movements could potentially promote body awareness and may be beneficial for alleviating common postpartum discomforts, like lower back pain or pelvic floor issues which continues to create an embodied feeling. It is reasonable to recommend that postpartum parents listen to their bodies and engage in movement practices that feel safe and comfortable for them.

Along with Embodied Parenting and Attentive Movement, the work of KMP create an understanding of the relationship between movement and psychological processes while engaging in exercises such as yoga. By examining movement patterns within the five categories offered by KMP which are Space Harmony, Shape Flow, Effort Shape, Rhythm-Style, and Relationship to Objects, therapists can gain insights into an individual's emotional expression, interpersonal dynamics, and overall well-being. In summary, Embodied Parenting, Attentive Movement and KMP are considered practices that recognize the interconnectedness of the body, mind, and emotions and offer tools and techniques to support overall well-being during the postpartum period.

The study by Noonan et al. (2021) shed light on benefit-finding practice, grounded in Positive Psychology, as a helpful factor in aiding parents in the time of difficult transitions. While acknowledging the potential benefits associated with postpartum, the interrelated nature of maternal and whole family mental health and wellbeing requires additional research. Noonan et

al. suggested that perinatal mental health, related to mothers and partners, are interrelated; therefore, they call for the re-conceptualization of perinatal mental health for the family as a whole. Preventative Care through the Embodied Movement approach implemented in DMT is the gap in such research. More research in this area could benefit the field of DMT to be more accessible for this specific population. While their study was limited in its sampling, LeBeau and Webster (2020) continued to expand on benefits of acknowledging early and diverse parental experiences, specifically about vulnerability with the use of an embodiment approach. This framework could contribute to a dialogue that explores ideas such as love, responsibility, and finitude which continue to impact new parenthood, its developmental trajectory and transformation.

By integrating the practices of Embodied Parenting and the KMP into their postpartum journey, parents may experience numerous benefits. They may find increased physical strength, reduced pain, or discomfort, improved emotional well-being, enhanced bonding with their baby, and a greater sense of self-empowerment and confidence in their parenting abilities. These practices can also foster a positive and nurturing environment for the entire family, promoting healthy relationships and overall family well-being. The hope is to gather more research, information, and understand the topic of postpartum and how it is handled with each member of the family, especially the parents.

Extant research on the topic of perinatal care and DMT lacks diversity of participants and does not focus on needs of different populations. For example, the literature reviewed only considered heterosexual couples and did not include queer couples. The studies also did not consider foster care, open and closed adoptions, and surrogacies. Most of the studies reviewed included participants aged 18 to 40 and did not include younger or older parents. Additionally,

most of the studies reviewed included primarily white participants, therefore, the review cannot have implications for other ethnicities and racial groups. Even though dance/movement therapy has been proven to work with people of all ages, ethnicities, genders, racial groups, etc., and has roots in multiple cultures all around the world (American Dance Therapy Association. n.d.). It is also important to note that this current literature review did not expand on cultures and populations outside of The United States.

The research on this topic should expand on a few different outlooks. Further research should involve queer couples, couples and families going through the surrogacy process, the surrogate who is carrying the fetus for said couple and family, and couples who plan to foster and or adopt babies and how each population could be better supported by DMT and KMP interventions through embodied movement. Future research should include information on how DMT can help all types of parents, couples, families, etc. during the postpartum period. Other research that should be expanded on in the future is the KMP framework and how it provides information and studies for couples and families during the prenatal, perinatal, and postnatal period. In each of these stages, parents can go through many physical, emotional, and mental changes. Therefore, more research needs to be done in the hopes of gathering information around this literature review topic.

The expectation of having a baby is one of a kind experience, filled with lots of emotional, physical, and mental changes along with continual adjustments to the connection between parents and their baby. Postpartum is a difficult time for birthing, and non-birthing parents and it is defined by many long-lasting negative emotions of hopelessness, emptiness, loneliness and depressive states (Dieterich-Hartwell, 2023). It is crucial for the birthing parent to receive support, rest, and adequate healthcare during this time to aid in their recovery and overall

well-being (Waller & Kleinman, 2023). By embracing an inclusive understanding of 'postpartum,' we can create a more supportive and nurturing environment for all parents as they navigate the beautiful yet challenging journey of welcoming a new life into their family (Kestenberg, Loman, Lewis & Sossin, 1999).

Figure 6

The One of a Kind Experience



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Dedication

This capstone thesis is dedicated to

Ariana K. Sutton

A dance teacher, mentor and friend

You are truly missed!

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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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