‘Dance-Movement Therapy in a Wellness Program for mothers experiencing Post-Natal Depression and their children’

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Setting the scene

There are many different pressures that affect women as they journey through life, however it is the role of motherhood that most women attribute their greatest highs and lows. Modern living frequently means we no longer live close to family, and community connections can be limited. As a consequence, women are left to transition into their new role of motherhood, often with very limited support. This, combined with difficulties with baby’s feeding and sleeping, may push a woman to a point of deep despair. The combination of physical and mental exertion may allow “the ghost in the nursery” to rise up, adding to the significant emotional distress, and possibly resulting in Post Natal Depression (PND). Fraiberg (1980), first coined this expression when she wrote “In every nursery there are ghosts. They are the visitors from the unremembered past of parents, the uninvited guests at the christening”.

Loughlin (1999) explains this concept further, identifying motherhood as a time when the happy and unhappy past, including the mother’s own experience of being mothered, presents itself along with the birth of her baby. Other factors which are also thought to be possible precursors to PND include hormonal changes, lack of sleep, sudden social isolation, pre-disposition to depressive disorders, stressful life events coinciding with the birth and, less commonly, thyroid disorders and vitamin or mineral deficiencies.

Mellane (2009) explains post-natal mood disorders exist on a scale. At one end is the “baby blues”, experienced by up to 80 per cent of new mums and occurring in the first week after birth. The “baby blues” is generally mild and transient, disappearing within a week or two. At the other extreme is post-partum psychosis (PP), a rare but serious acute mental illness that almost always requires hospitalisation. Albiston (1992) reports approximately 1 in 600 births result in this disorder.

Somewhere in the middle is post-natal depression, generally characterised as a depressed mood or feelings of anxiety lasting more

than two weeks and occurring in the first year after having a baby. Common symptoms include tearfulness, anxiety, unexplained or irrational fears, lack of interest in the baby, listlessness, irritability, loss of confidence and inability to cope, memory problems, loss of appetite or marked increase in appetite, sleep disturbances and obsessive morbid thoughts (Mellane, 2009).

The exact number of women that experience PND is unknown, as many cases often do not come to the attention of psychiatrists or doctors. In 1987, Buist *et al*, suggested numbers ranged from 11-20%. More recent studies have refined this number and suggest 1 in 7 new mothers and 1 in 10 new fathers experience PND (PANDA, 2012).

These numbers often do not fully reflect the issues faced by mothers experiencing PND who have older toddlers and young children. These are mothers that may have been diagnosed with PND early during their mothering experience and continue to struggle with PND, facing different challenges as their child becomes more independent and develops his/her own personality and coping strategies.

Depending on the severity of their PND many women may recover without treatment if family and friendship support is available. However, other mothers require care through general practitioners and community health centres, while a number may require hospitalisation. Care may be recommended on a number of levels, one being through Dance-Movement Therapy (DMT) either in a community setting or clinical hospital environment.

The Wellness Program

This community based Wellness Program was conducted intermittently over a 4-year period (2008-2011). During the first year, 10 women and their infants/children participated in the program at Carolyn Springs, Victoria. The program based on the school terms, varied during the year and included therapeutic group work, DMT, and Sing and Grow (developed by Playgroups Australia). The program was coordinated by a PND group worker, who facilitated or co-facilitated aspects of the program and was available via telephone support for individual counselling and general support.

This paper only discusses the DMT component of the overall program, which during 2008 was conducted over a 10-week term. Five sessions of the DMT term were for the mothers by themselves, the other 5 sessions were facilitated for both the mothers and their children. Sessions were facilitated over a 2-hour period, once a week. Volunteer caretakers were available to care for the children while the mothers undertook their various sessions. As the children in the group ranged from 5 months to 5 years old, two separate DMT sessions were facilitated for the mother/child sessions. This ensured age appropriate experientials could be had, and also gave an opportunity for the mothers to have one-on-one time with their child (for mothers with multiple children), while the other child was cared for.

During 2009 the program was modified (based on the successful outcomes and participant feedback) to include only the group counselling and DMT components. This allowed the program to run for a shorter period of 2 terms, serving more women in a variety of locations including Melton, Werribee and Carolyn Springs. Group numbers varied between 3 and 7 mothers and their children. As the continuity of caretakers was not available, it was decided that all DMT sessions would include the children/infants. The 2-hr sessions were then varied depending on the age of the infants/children in the group.

Again during early 2011 the Wellness Program was undertaken at Carolyn Springs for a 10-week period, 2hrs/wk. During this program sessions were tailored to the individual needs of the client and included DMT based on mother & baby interaction, individual DMT for the mother, and PND education and discussions.

Section 1: Mothers & Babies / Children Sessions

1.1 Creating the Space and Session Framework

The sessions were based on my many hours of observation and assistance to Elizabeth Mackenzie and her Mother & Baby DMT program held in Ashburton, Vic. I am deeply grateful for her life wisdom and highly attuned DMT skills that she so selflessly shared.

The space was prepared to create a warm and inviting feeling, while ensuring that the needs of the mothers were met. Brightly coloured material was used to dress the walls, the blinds were closed to reduce distraction, seats and blankets were provided for mothers to feed or relax as required, and often ribbon was tied across the space to hang props for varying themes.

Each session was facilitated using the Leventhal 5 part session format, which includes warm-up and release, theme, centering and closure (Leventhal, 1993). The session began with the group being invited to join together on brightly coloured rugs on the floor. An object associated with a particular theme or interest was provided for the babies/children to engage with eg. balls or scarves for mothers to move over them. Each mother and baby/child was welcomed to the session and usually something related to the day or week, or perhaps changes in the baby's/child's development was discussed by way of relaxing into the space.

The group then 'warmed up', through the simple investigation of hanging props or through the use of nursery rhymes with actions. 'Release' (ie. becoming present and releasing the rest of life momentarily) may occur during these activities, however may not occur until later in the session. The 'theme' varied weekly (eg. Autumn or Water), and also included educational aspects eg. child development, stress management or self-nurturing. The theme was often incorporated within the 'warm-up' and 'release' right through to 'centering'.

The main body of the session included dance/movement to music, directed action songs, scarf play, peek-a-boo games, hoops as puddles and many more experientials that promoted a sense of play, well being and opportunities for bonding. The session and experientials varied depending on the age of the children present, their interests and the challenges that were currently being faced.

When young babies were present in the group, they were placed on rugs and the mother was given an opportunity to do yoga stretches and relaxation movements. Often the babies were then massaged, with different strokes introduced each week. In sessions with older children, mothers engaged in more complex experientials of 'shaping' through the use of props, and sharing movements inspired by different instruments. These experientials varied right through to the mothers being cared for by their child, as they exchanged gentle brushing on exposed skin using soft dusters.

Blanket slides or rocking for the babies were often incorporated later in the session as a way of 'centering' and calming the room ready for mother relaxation time. Mother relaxation was an important component of the sessions and provided an opportunity for integration of experiences and information offered during the session. In some cases this is when the 'release' can occur (pers com Mackenzie, 2008). Mothers are invited to lie on rugs in a relaxed yoga position or in whatever position is comfortable. If the infants are young they lie next to their mothers and are entertained by bubble blowing or scarf fanning etc. Older children are invited to play in an adjoining room/play ground with the group worker during this time. The mothers are then guided through a relaxation meditation, which finished with stretches and return to the standing position. Often a final free form dance was facilitated to ground mothers after their relaxation session and to provide an opportunity for reconnection with their child.

As part of the centering and closure, mothers and babies/children again gathered together as a group, shared a cup of tea and snack, and discussed their session. They were asked what their babies/children

enjoyed or didn't enjoy about the session, along with opening up the discussion for general feedback of feelings of what they may have noticed about themselves during the session and how this may reflect/play out in their day to day experience of mothering and PND.

1.2 Movement characteristics and links with emotional and personal history

(Names have been modified to protect privacy)

Within each group, the severity of PND varied from mother to mother and this then varied from week to week. As a consequence of this, the impact this had on the mother's ability to interact with her child also varied. In addition to this, within each of the groups there was a range of movement characteristics, that suggest variable levels of bonding and confidence when interacting with their baby/child and moving in general.

When considering this group we are working with two levels, the mother herself and all of her life experiences and the repercussions of this. Then layered upon this, is the interaction with her baby/child. The movement characteristics may be a reflection of how she moved prior to the birth of her child or may be as a result of it. For example, nearing the end of one session, Tina's child had fallen asleep and she was left to move the final section by herself. Afterwards she expressed that it was awful and like 'pulling teeth' and that she had never enjoyed dancing. Her movements were bound and she used heavy passive weight as she self-consciously shuffled around the room to the beat. She was able to use the space as directed and yet looked more like she would prefer to stand in the corner. On a different occasion, mother Sarah came and joined the group even though her child was sick at home. This was simply because she loved the fun of being playful with the other children and being 'child-like' herself. She used light weight, free flowing movements, appeared happy and open. During discussion, mother Sarah explained that she had always loved to dance and felt free and light when she joined the group, and loved the support that the group provided.

Often if a mother is self-conscious about dancing, moving with her baby or child provides a new level of permission for the mother to engage more freely and participate in all experientials. The various levels of self-confidence and confidence in handling their child also become apparent when moving. Often movements and holding styles are very bound e.g. keeping the child close to the body or in a rocking to sleep position, rather than lifting them away and up from the body as other mother and baby/child relationships may allow.

Sometimes as a result of PND the baby/child may have a very 'flat' affect, with little or no facial expressions. For example, there were very few signs of smiles and giggles of laughter from baby Jessica. Initially mother Rachel was quite defensive of this and said that she is just not a 'smiley baby' and seemed to protect both herself and her baby from the judgment of others through distancing herself from some interactions. However, during the course of the sessions, it became apparent that perhaps Rachel and Jessica's communication did not so much involve the use of visual signals, but was more audible with baby Jessica using her voice to verbalise and connect to the group. Perhaps this is a reflection of home life, where the busy family keeps in touch more effectively with words rather than face-to-face contact. In other cases when babies have presented with flat affects, work has been focused on facilitating experientials, which allow the mother to be a mirror for the child. In this way, not only does the baby learn about him/herself through his/her mother, but the mother often slows down, becoming fully present to the experience and to her child (see also Developmental Frameworks). These are just a couple of examples of the huge variations in movement characteristics and body affects observed during this program.

1.3 Investigating and Educating about Relationship Development

As mentioned, each mother comes with her own story of 'what' and 'how' she was prior to becoming a mother and then her own mothering experience (of being mothered and being a mother) layered upon this. The sessions provide an opportunity for the mother to explore this through movement and interactions with her child and then discuss this as a group. So not only were the sessions working on developing bonds, but also explored why they may not have fully developed in the first place. Some of the issued discussed included:

- Coming to terms with the grief of lost opportunities due to unexpected pregnancy
- Facing ongoing illness and possibly death and its impact on willingness to engage/bond
- The need to feel financially independent and the pressures of being 'the mother' – trying to be all things to everyone
- The impact of being in foster care as a child and the emotions that arise on becoming a mother
- Sexual abuse/rape and living with fear/anxiety, and its effect on a mother's relationships with her children
- Loss of another child and fear of re-engaging in relationships
- Fear of taking responsibility for another

Once these key issues were identified, sessions could be created and facilitated taking them into account. In addition, these issues were further investigated in the therapeutic group work, which followed the DMT term.

As the mothers investigated new ways of interacting and playing with their children, they also had the opportunity to learn new skills. They explored further what their child likes/dislikes, thus learning how to engage with them more effectively, and in a way they began to remember 'how' to play. Often as we become adults we forget how to engage with age appropriate play, so the sessions provided the opportunity for the mothers to revisit this and relearn about having their own sense of play and fun. In addition to this the mothers gained a better understanding of the developmental stages of their children, and how these impact on her relationship with her child (see developmental frameworks).

1.4-6 Theoretical and Developmental Frameworks, Objectives & Interventions

My understanding of Theoretical & Developmental Frameworks, Objectives and Interventions has come from my reading of literature and is based on those amazing authors and therapists. I do not claim to have created anything new, my only wish is to share their knowledge and to identify the lineage of this work and how I use it today.

1.4 Theoretical Framework

When working with mothers and babies/children 'Humanistic Psychology' is employed, which acknowledges and honors the uniqueness and dignity of each individual vs. categorizing in diagnostic terms. Emphasis is on engagement with the client vs. distance and analysis of the patients. The 3 conditions essential for client-centred therapy include genuineness, unconditional, positive regard and empathetic understanding.

When working with mothers and babies/children, engaging them with total acceptance and a non-judgmental attitude is key in generating a safe and supportive environment. Maintaining a positive attitude and incorporating praising as part of the session can lift the self esteem of the individuals. In addition, this kind of positive praising opens the door to other clients to also engage in praising…. "Your baby really smiled then, or mine closed her eyes when…", which helps to develop a group consciousness and a sense of belonging.

1.5 Developmental Framework

Many of the experientials incorporated into mothers and babies/children DMT are designed in response to the work of D.W Winnicott, who observed mothers and babies and extended Freudian and Kleinian theory to show how the baby develops a sense of self through the environment of the 'ordinary devoted mothers' dependability and adaptation to her baby's needs (Loughlin, 1992).

Loughlin (1992) identified 2 parts of Winnicott's (1974) theoretical writings as being informative when working with the relationships that mothers and babies bring to a dance group.

- the notion that the mother becomes herself by identifying with her baby and that it is this identification that helps the baby to 'know' and to 'be' his or her own self; and
- the notion of a 'potential space' that develops between mother and baby, when the mothering has been 'good enough' to provide a place for playing and communicating creatively.

Winnicott proposed that a woman fulfills her own potential by becoming totally absorbed or identified with her new baby (Davis and Wallbridge, 1981).

"Winnicott explains the mother's identification with the baby means the mother's face becomes a mirror for the baby to see him or herself. An example of this is when the mother becomes engrossed in her baby discovering eg. a silk scarf or hole in a cylinder, and as she starts the game of discovery too, one can feel that the baby sees himself reflected in his mother's face" (Loughlin, 1992).

Loughlin (1992) quotes Winnicott (1974) as he describes that there are times when this identification through mirroring is too minimal, and the baby looks but does not see him/herself. The mother's face is not a mirror, rather something to study and predict whether it will approve of the baby's actions. Or it may be an unresponsive face and the baby will look to its surrounding to find its reflection of self.

DMT is directed at helping mothers to become present, observe their babies/children and enjoy them through active nursery rhymes, movements, props and singing etc. The key is to slow down, not be task orientated and to watch and enjoy the baby/child, learn how to play with them and become part of his or her world.

> "When the mother and baby really come to see one another they show a tremendous capacity to be enchanted by each other" (Loughlin, 1992).

Winnicott's concept of 'potential space' is also strongly incorporated into DMT sessions. The 'potential space' is a hypothetical space that can be observed through the connectedness that encircles the mothers and babies/children pair in a DMT session. The potential space can be observed where one sees the security of being autonomous, the overlap of partnership with another, and the sense of play. This space can provide a great opportunity for joyous dance and play (Loughlin, 1992).

Object Relations Theory (ORT) is a fundamental framework used in DMT and is particularly useful when working with older toddlers and children. ORT is an offshoot of psychoanalytic theory that emphasizes interpersonal relations, primarily in the family and especially between mother and child. "Object" actually means person, and especially the significant person that is the object or target of another's feelings or intentions. "Relations" refers to interpersonal relations and suggests the residues of past relationships that affect a person in the present.

Mahler (1973) discussed ORT is terms of 4 stages of *separation-individuation states including:*

1. Differentiation and body image – (Hatching) – first months.
2. Practicing period - 9-about 16 months.
3. Rapprochement - 15-24 months.
4. Object constancy

A knowledge of ORT in mothers and babies/children in DMT sessions, is key to creating the space and experientials that are appropriate and supportive of each developmental phase. It provides

a framework for the therapist to assist relationships to unfold naturally (ie. bonding). A theoretical understanding also helps to normalise behaviour in the space eg. as the toddler begins to move into the 'practising sub-phase' a sense of ambivalence from the mother may arise, as the child wants to investigate/explore unconcerned to re-join the mother. The ability to explain this behaviour as a natural developmental stage can be very comforting to the mother.

In addition, the therapist becomes a role model for mothering techniques for the various developmental stages ie. holding/touch, attunement, mirroring (use of facial expression) for babies, and then with older children, the therapist role models the possibility of the mother as a playmate, supporting the mother in her development of her own playfulness and creativity. This ultimately assists the mother to 'hold the space' for her own child, and for development through the separation-individuation stages to unfold naturally.

1.6. DMT Objectives and Interventions

1.6.1 Psychodynamic Elements and Interventions.

There are two psychodynamic notions that help to define the objectives of a session; these include 'holding' (Winnicott, 1960, Kestenberg and Buelte, 1977b) and selective 'affect attunement' (Stern, 1985).

a) Holding

In this setting, holding describes the way in which the mother handles and holds her baby during the session. Kestenberg and Buelte (1977a) explain that holding is a dyadic flow interchange, that the baby 'holds' the mother as the mother holds the baby. Loughlin (1999) also highlights that the type of holding also reflects that amount of trust in the relationship.

During a session a therapist may directly or indirectly intervene to assist the mother to hold the child in a way that promotes mutual interaction and provides an opportunity to develop a 'potential space' for play and being seen. Albiston (1992) explains that activities such as massage and action songs, provide a stepping-stone to more mobile activities like flying the baby around the room.

b) Affect Attunement

Stern (1985) describes a type of rhythmical sharing that happens in the natural game between mother and infant, where the mother recognizes something of what her infant may be feeling and acts upon it. He describes the infant responding to the mother's action, while Loughlin (1999) describes that the response is on a feeling level. His study showed that mothers seemed to know when and what was needed without being necessarily aware of their actions eg. when to enlarge a game, when to let the child take the lead. He explains this kind of attunement is to do with emotional resonance, sensing and seeing the other as a feeling person. For mothers experiencing PND this natural attunement may be incomplete.

DMT experientials are utilised to stimulate the relationship, so that the mother may begin to see what the baby/child is enjoying and is inspired to encourage the baby/child. The baby/child sees the mother's enjoyment, responds in its own way. eg. banging louder or laughing etc. An example of this is when the participants play puddle jumping in and out of hoops. As time continues, less and less hoops are available and so multiple mothers have to be in the same hoop. There are many laughs from both mothers and babies/children, as they come together momentarily in the confined shared space, say hello and move on.

c) Aesthetic Moment

While the therapist's objectives are to foster 'affect attunement' and teach 'holding' physically, there is an additional type of 'holding the space' that a mother can intuitively undertake and thus can be learned. Loughlin (1999) captures this idea as the 'Aesthetic Moment'. She quotes "The mother provides a continuity of being, she 'holds' the infant in an environment of her making that facilitates

his growth" (Bollas, 1987). Loughlin (1999) explains this occurs in the moments when the mothers relax, release and play with greater vitality, providing an environment in which the baby wishes to join his mother, mutually shaping with her and finding his own way forward in that. She further explains that the DMT session offers the chance for the mother to embody her own individual expression of form and feeling. This then in turn offers a kind of template in which her infant can participate and experience the mother's aesthetic.

1.6.2 Additional Objectives and Interventions

Albiston (1992) outlined the main objectives in her work as follows;

- To facilitated the bonding process between mother and baby
- To improve mothers confidence and skill in handling their babies
- To improve mothers knowledge of appropriate movement and play activities
- To improve sense of wellbeing of both mothers and babies
- To educate the mothers about child development
- To encourage interaction and support between the mothers

These objectives were adapted and applied to the PND Wellness Program for the mothers and babies/children sessions. Objectives of bonding, self-confidence, knowledge and mothering skills, and interactions with other mothers are detailed below.

a) Bonding

Hurt (1985) describes the term bonding as the process that occurs gradually through reciprocal interactions. He explains that it cannot take place when depression or psychosis renders the mother unavailable. This again ties in with Winnicott's concept of the mother's face as a mirror for the child. Abliston (1992) suggests that to assist this occurring, it is important to incorporate many face-to-face activities, to ensure good eye contact can take place. She also promotes singing as this requires changes in facial expression. Most importantly the activities must be fun for both mother and child to support a sense of wellbeing and thus further develop the relationship.

b) Self Confidence

Albiston (1992) explains that for most mothers being admitted to hospital (or being diagnosed with depression) can be a blow to the self-esteem. Therefore activities are focused on helping mothers to re-learn ways of interacting and helping them to have successful experiences in relating with their infant eg. activities to calm, play and delight (Cecil, 1982).

Key Points include:

- Choosing activities appropriate to the abilities of the mothers, so they may achieve a sense of achievement
- Using a skill already acquired can build self esteem
- Use relaxation techniques to release anxiety
- Promote dance activities as a 'no fail' environment

c) Knowledge and Mother Skills

Albiston (1992) explains that in an informal way, DMT sessions can provide the opportunities to educate mothers in child development and child care. These activities can work on two levels, as they can also create an opportunity for mothers to observe their own babies developmental changes and thus assist in getting to know their babies and promote attachment.

d) Interactions with other Mothers

There is something quite comforting when you know you are not alone, and not the only one feeling a certain way. DMT can be a way of reducing tension and promoting interactions that can assist in both verbal and non-verbal communication between participants. The course of sessions may supply the environment for friendships to develop between participants and thus provide a potential support once the sessions are complete.

1.7 Evaluation and Participant Feedback

1.7.1 Evaluation and Feedback Process

On becoming part of the Wellness Program, each mother was assessed using the Edinburgh scale. The PND Group Work Coordinator carried out these initial discussions and assessments. In addition, at the beginning of each DMT term, a pre-program DMT questionnaire was filled in. Over time the questionnaire was modified and eventually refined to included questions that queried motivation/energy levels, mood, ability to relax, support, confidence etc. on a 1 to 10 scale. Questions asking the likes of the child, knowledge of age appropriate play etc. were also included.

The modified questionnaire allowed a number of these questions to be repeated in the final evaluation and feedback form, and a direct comparison to be made. In addition, general questions on what the women and children enjoyed in the program, and how the program has made a difference in their life, etc. were included.

1.7.2 Participant Feedback Results

Below are some comments received to the questions asking 'In what ways do you feel that these sessions have made a difference to you?' & 'what did you enjoy?'

"Made me more aware of the things I can do with my daughter"
"Showed me that everything can be turned into a fun experience"
"To be more relaxed, meet new people"
"I've realized how important the simple things are and how much we can derive pleasure from the things around us"
"I feel re-invigorated and things are put back into perspective"
"My son seemed to enjoy it all!"
"Even if I was unhappy when we started I left with a smile"
"I loved being a child again"
"I loved watching my daughter really enjoy the dancing"
"I got to relax and enjoy myself with my child and the other Mums and their children"

It is recognised that the DMT program was carried out, often in conjunction with the participants own individual counselling, and in the presence of their own family/friends support received at home so to make any grand statements regarding the success or otherwise of the program would be inappropriate. However, as seen above the general feedback from the participants was very positive.

Section 2. Mothers-Only Sessions

2.1 Creating the Space and Session Framework

The mothers-only sessions were also facilitated over a 2-hr period, utilising the Leventhal 5 part format including a warm-up & release, theme, centering and closure. The women were invited to start each session with either a gentle walking meditation or lying meditation, which was verbally guided to assist the women in separating from their hectic mothering life. This was a crucial quiet time to allow the women to tune in as individuals, making space for their own DMT experience to unfold. On one occasion, one of the mothers provided her own guided meditation written by her mother, which was incorporated into the session.

The theme of the sessions varied weekly, starting with 'body awareness' helping the women to get in touch with their body again and its potential to move. Each session then built upon this, providing opportunities for the women to explore their own creativity and develop a relationship back to themselves. This was a fundamental goal of the work, ie. acquiring a sense of 'self' once again. Themes ranged from 'tension and surrender', 'coming out & going in' (to oneself), 'opening up to voice etc. Each theme was developed based on what the group enjoyed, or was challenged by from the previous week. The themes were support by varying music (classical, tribal drumming, Irish jig, disco etc) and props (ribbons, material, instruments etc.). For example, when exploring the concept of 'tension and release', large pieces of stretch material were used in pairs, in a pull and wrap style experiential, utilising Russian Dervish music from the Irish Riverdance sound track. While on another occasion, ribbons were used to explore going 'into one-self' and how

we may 'come out' of that and join with another, this was supported by classical music by Vivaldi.

Within each theme, the style and tempo of movement varied to allow the women to experience different ways of using their bodies, and usually included a component of high energy/tempo movement, assisting the women to become fully present (hopefully letting go of the worries for the past or future for a time). This was then followed by quieter experientials to allow centering and a sense of peacefulness to be integrated. To assist in the centering and closure of the session, each participant was invited to create a 'movement expression' of their journey, which perhaps represented a particular aspect of the session ie. a feeling or movement. Each participant then drew a picture/image that represented their movement journey. The movement expression and drawing/image then became the focus for discussion initially in a pair, and then as part of the group.

2.2 Underlying DMT Principles

It is beyond the scope of this paper to fully outline the theoretical and developmental frameworks, and psychodynamic elements and interventions utilised in the Mothers-Only sessions. However, I have outlined below the underlying DMT principles (Leventhal, 1995) employed during the development and facilitation of the Mothers-Only sessions.

1. The body, the mind and the spiritual aspects of our personalities are in constant and continual connection and interaction; insight gleaned in one modality will impact or affect experience, perception, and or movement expression in each other modality.
2. Our expressive movement expresses aspects of our personality, our collective unconscious and our own personal developmental history; thus by letting the body work through and find themes, - traumas, patterns, and blocks can be accessed and healed.
3. The non-verbal realms of communication hold keys to understanding the impact and power of relationships without and before words.
4. Expressive movement can be open to interpretation as a message from the unconscious. It's only by making what's unconscious conscious can changes occur.
5. In-relearning how to move expressively we are able to expand as well as become aware of maladaptive patterns.
6. Re-learning to move expressively helps us re-establish contact with our inner most being, causing an integration of our personality at the deepest level.
7. In moving expressively we learn that there are many levels of accessing information and expressing perceptions simultaneously.
8. Range of motion is correlated to range of options, choices and largesse of life vision.

2.3 Participant Feedback

2.3.2 Participant Feedback Process

An initial questionnaire was not created for the Mothers-Only sessions. A final feedback form was created to assess the overall intention of the sessions, which was;

> 'to bring the women into the present moment, leaving the past behind and future to its own accord'.

2.3.1 Feedback Results

The questionnaire included two scaled questions and then asked for written feedback on the program, and the impact the DMT has made on their life.

For the question scaled on 0 to 10 "To what extent were sessions successful at bringing you to the present moment?" Equal numbers of responses were received for 8, 9 and 10.
For the question scaled on 0 to 10 "How important has the time out been for you?" All responded 10, except two who responded 9.

Below are some comments received to the questions asking what impacts the DMT has had on their depression, helped face life challenges, made a difference in their life, etc

…"I feel that all people would benefit from letting loose a bit and clearing their minds. Life is hectic and it's so difficult to find the time and 'good ideas/creative ideas' to nurture ones self.

…"Helped me to realise I can change how I'm feeling with music and movement. Or even just help to endure difficult times. I have felt more relaxed after the session, which sometimes lasts for days"
…"Learnt to honour my feelings and ways to lift the spirit in very simple ways that don't require resources, money and babysitting"
…"The sessions have helped me to bring out my fun loving inner-child"
…"I spend much more time thinking about now, not so much the past or the future"
…"These sessions have helped me a lot. Now I feel more relaxed, enjoy music and dancing a lot. I have learnt ways to release my tension
…"Helped me to find within, a true sense of contentment and relaxation that I have never? truly found. Now I need to incorporate this into my everyday life"
…"I have learnt to recognise my feelings and accept them, try not to fight them and honour them"
…"Definitely helped me to become more aware of me and self-nurturing, and not so worried about what others think"
.... "Time to relax and be in tune with self and stop thinking about ALL the things that cloud my mind"
….. "I feel more energised, relaxed ad peaceful after the sessions. Meditation was most beneficial"
…"It has been a lot of fun, and of more benefit than anyone could imagine"
…. "Dance & Movement is very beneficial to the recovery of depression"

Summary

The interventions used in DMT with mother and baby/child groups work on many levels, and support relationship building, through helping the mothers (in some cases) to slow down and enjoy their child. It provides a space for the baby/child to be seen and enjoyed, thus promoting bonding. The interventions also work to promote self-esteem and confidence through education and role modeling. In addition there is a special level of mother nurturing that takes place during the session which ensures that at least for just a moment, the mother is the centre of attention and feels supported and taken care of. Achieving this with a new baby or child of any age, can be a real reward and provides a sense of rejuvenation in a mother's otherwise challenging phase of life.

The mother and baby/child DMT sessions provide a framework and opportunity for the experiences of potential space and face as mirrors etc. to occur, rather than them being forced through direct interventions. In this setting, there is a strong component of 'holding the space' for the participants, providing the experientials and education, and letting the natural mother and baby/child bond flourish in its own time, and in its own way.

The Mothers- Only sessions provided an opportunity for the women to develop their own 'sense of self' again. A PND survivor once expressed to me… "How can you have a relationship with another, if you don't have one with yourself!" This statement became the foundation of Wellness DMT work. To achieve this goal, participants were supported in becoming fully present, leaving the past behind and future to its own accord, if only for a short time. The women travelled on their own journeys of self-discovery, re-discovering old aspects of themselves that had become lost in the mothering journey, redefining themselves with a greater sense of contentment and relaxation.

It has been a great privilege to work with the women, children and staff of this community based PND Wellness program, and I thank them deeply for allowing me into their worlds.

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