

DYADIC MOVEMENT-BASED DRAMA THERAPY WITH CHILDREN WITH ADHD/ODD  
AND THEIR CAREGIVERS

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## Abstract

The relationship between caregivers and their children with psychiatric diagnoses such as attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) is often characterized by struggle. This case review describes the eight-week therapeutic process of four child-caregiver dyads who explored creative ways of connecting with each other through movement and dramatic play. Analysis of the process revealed several common themes that movement-based drama therapy exercises and rituals were well suited to address. Through embodied drama-based exercises, the dyads worked on sharing eye contact and enjoying being in close proximity to each other, sustaining cooperation, developing kinaesthetic attunement to each other, and their ability to share imaginative play. The value of ritual and repetition with a child-caregiver dyadic group is discussed, along with recommendations on how to facilitate closeness, cooperation and play between the caregivers and children.

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## Chapter 1. Introduction

The dynamic between a parent and child is one that plays out between two moving bodies. Ideally, this embodied relationship promotes emotional and physical regulation, secure attachment and attunement (Becker-Wiedman, Ehrman & LeBow, 2012); in reality of course, the relationship between a primary caregiver and her/his child can be complicated by many factors. Children with psychiatric diagnoses like attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) and their caregivers are groups for whom this primary dyadic relationship can become complicated.

I facilitated an eight-week movement-based drama therapy group consisting of four children with ADHD and/or ODD accompanied by a primary caregiver; I hoped to gain a better understanding of how drama therapy, with a focus on embodied processes, could help them. These four dyads were composed of eight individuals with diverse histories, relationships and struggles, united in an effort to connect with each other. The activities/exercises that I chose to facilitate in this group were inspired by the work of drama therapists Sue Jennings (2011) and Renee Emunah (1994), and dance movement therapist Suzie Tortora (2006). I was conceptually inspired by Bernard Guerney's (1964) "filial therapy" model, as well as attachment, drama and dance movement therapy theory.

This clinical case-review is based on my observations and clinical interpretations of the therapeutic process of the child-parent dyads in this group. I used my experience of facilitating the group, and the eight video-recorded movement-based drama therapy sessions as the basis for my analysis. Through this analysis I discovered therapeutic themes that were salient for each of the dyads: comfort with eye contact, or the shared gaze; duration and frequency of spatial proximity, or closeness to each other; shared play, or the ability to enter "playful states" (Jones, 2007) and share pleasure in imaginative enactment; cooperation, or the willingness to participate in the group activities and work collaboratively with their partner, and kinesthetic attunement, or the ability to show sensitivity and receptiveness to the other's physical expression.

### **Bias**

I came to this case review, as any researcher, with my own bias. My background training is in dance, and I believe in the healing power of movement. This heavily informs my work in drama therapy, as I am drawn to the "core process" of embodiment (Jones, 2007). I also believe in the healing power of shared positive experiences through physical play. I am a white,

cisgender woman who was raised in a middle-class home with my birth mother and father, in an individualist culture. Both of my parents worked outside of the home. This background cannot help but inform the lens through which I facilitated and analyzed the parent-child dyads in this group. Some of my core assumptions were as follows:

- Playfulness in parenting leads to increased pleasure in the dyadic relationship, which deepens the bond between child and caregiver
- Mutual respect and empathy are important aspects of a child-caregiver relationship
- A child should be able to differentiate and individuate from her/his parents, and develop pride in maturing and becoming more independent
- Ainsworth's (1993) secure attachment pattern is optimal for child development; attachment patterns are malleable over time, and with therapeutic input
- Our bodies are always communicating; it is preferable when verbal language and body-language are communicating the same thing

I tried to remain aware of my biases and personal reactions by taking time to be self-reflexive in the process notes that I wrote immediately following each session. In these notes I examined my countertransference, moments of discomfort, and blind-spots that had come up in the sessions. I further processed this material in individual supervision, and with the help of my co-therapist. I aimed to take this information into the planning and facilitation of the next session, keeping the focus on the needs of the clients.

I conducted this group at my practicum site, and had worked with one of the children in a drama therapy group prior to this caregiver-child dyad group. I facilitated the group with the help of a co-therapist, who was the head nurse and coordinator of the day program in child psychiatry. I was influenced and inspired by her therapeutic style: her focus on helping the dyads experience the joy of play while putting the issues from the rest of the day behind them; her expertise in handling opposition by 'going with it' and using humor. In the previous semester I had conducted a similar group of dyads, also composed of four children with ADHD/ODD accompanied by their primary caregiver; this helped to initiate me into the particular struggles of the parents and children in this program. Though I did use some ideas for activities from the previous group with the dyads that are the focus of this case review, the therapeutic process was as different as the individuals in the group. With the exception of the

first session, the plans for the remaining seven sessions were created with attention to images and themes that had arisen the previous week for the four dyads in the group.

I also came to facilitating this group with a bias toward the work of choreographer and dance/movement innovator Rudolf von Laban. I am particularly inspired by his four “effort factors,” which help to describe the “...dynamic quality... the feeling, tone [and] texture” (Hackney, 2003, p. 217) of human movement. The effort factors of *flow*, *weight*, *time* and *space* are described in terms of continua between two poles. The *flow* effort of movement ranges between *free*, which is “fluid” and “uncontrolled,” and *bound*, which is “controlled” and “...allows for clarity [and] boundaries...” (Hackney, 2003, p. 217). The *weight* effort ranges between *strong*, “powerful” and “forceful,” and *light*, which is “airy [and] delicate...” (Hackney, 2003, p. 217). The *time* effort covers the spectrum from fast, or “sudden,” to slow or “leisurely” (Hackney, 2003, p. 217). Lastly the *space* effort ranges between *direct*, “single-focused ... [and] pinpointed,” and *indirect*, or “multi-focused, ... seeing many different options at once” (Hackney, 2003, p. 217).

### **Structure of the Sessions and Use of Props**

Our movement-based drama therapy sessions were framed by a structure that included two opening rituals: the group check-in, followed by our warm-up dance. According to Yehudit Silverman, professor of Drama Therapy at Concordia University, the check-in in group drama therapy is a way for the group members to connect to each other, become attuned to their present state, and warm-up to the medium (personal communication, September, 2015). Our group check-in consisted of what Renee Emunah (1994) would call a “Mirror Exercise” (p. 150). Each participant would express the way they were feeling in the moment to the rest of the group through a movement and/or sound, which the group would then mirror back to them. This was always followed by our warm-up dance in which the dyads practiced accessing Laban’s effort qualities of *free/bound*, *light/heavy*, and *fast/slow* through movement improvisation. I created a music file with thirty-second clips of songs that were chosen to evoke each of the qualities. I inserted ten seconds of silence between each of the pieces of music, in which I encouraged the dyads to look at each other and try to hold their gaze until the next piece of music started.

The sessions always concluded with the same closing ritual, which I came to refer to as the “goodbyes.” In each session the dyads would work together to create a joint expression of “goodbye;” I would allot about five minutes for this process at the end of each session. This was



followed by our closing circle, in which the dyads would present their goodbyes to each other. I would also ask each parent and child if they had anything that they wanted to express to each other before leaving the group.

Our use of props in the eight sessions was very limited, as I wanted the focus of the sessions to be on the embodied relationship between the children and their parents. The one simple prop that we used many times throughout the series was a bed sheet, which I asked each of the parents to bring from home and store at the hospital in my care until the end of the group. This was used for a variety of activities that are described in the following chapters.

## **Chapter 2: Literature Review**

### **Children with ADHD and ODD**

Children who are diagnosed with externalizing disorders such as Attention-Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) have difficulties in many domains of their young lives (American Psychiatric Association, 2013). The caregivers of these children also suffer significant levels of stress as they attend to the care, safety and socialization of their children who do not fit the mould (Bromley Little, 1999; Bussing et al., 2003; Kashden et al., 2004; Rockhill, Violette, Stoep, Grover & Myers, 2013; Theule, Wiener, Tannock & Jenkins; 2012). Admittedly the relationship between a caregiver and child is built on a foundation of physical care/proximity, and motoric attunement/misattunement (Iocobini, 2008). When a child exhibits the “behavior problems” that come with diagnoses of ADHD and ODD, this primarily embodied relationship can become one in which the caregiver is compelled, for a variety of reasons, to control the child’s physical behavior. This dynamic, which plays out in movement, has potential to become a cycle of emotional dysregulation (Harnden, 2014). As embodied forms of psychotherapy, dance movement therapy and drama therapy have the potential to provide a healing opportunity for children with ADHD/ODD and their caregivers who struggle together.

When children are diagnosed with ADHD and/or ODD, they exhibit a range of externalizing behaviors that cause significant distress in their lives (American Psychiatric Association, 2013). According to Morrison (2014), author of *DSM-5 Made Easy: A Clinician’s Guide to Diagnosis*, children with ADHD often have poor performance in school as they struggle

to be able to sit still and focus; they are often unpopular with their peers as they are prone to say things that hurt others feelings, and have difficulty with interrupting peers and turn-taking. Children with ODD have a significant amount of trouble regulating both their emotions and behavior, which causes frequent conflict with authority figures such as teachers and primary caregivers (American Psychiatric Association, 2013). The afflicted children are "...often angry and irritable, tending toward touchiness and hair-trigger temper" (Morrison, 2014, p. 381).

Both ADHD and ODD manifest in "behavioral problems," and behaviors characteristic of ODD are found in 55% of children diagnosed with ADHD (Barkley, 2006). According to the American Psychiatric Association (2013), in order to add a diagnosis of ODD to ADHD, the attending psychiatrist must "...determine that the individual's failure to conform to requests of others is not solely in situations that demand sustained effort and attention or demand that the individual sit still" ("ODD: Differential Diagnosis," para. 2). When children have a comorbid diagnosis of ADHD and ODD, they tend to experience more severe psychosocial outcomes. Verlinden et al. (2015) found that externalizing behavior problems from children with ADHD and ODD at a young age increased their likelihood of being either a bully or a bully-victim in elementary school. Kuhne, Schachar and Tannock (1997) found that when ADHD and ODD are comorbid in a child, the symptoms of ADHD are more pronounced, and they are more socially isolated than those children with ADHD alone. Children with comorbid ADHD and ODD score higher on indices of depression and anxiety (Harada, Yamazaki & Saitoh, 2002), have more problems and less closeness with peers and teachers (Li et al., 2014), and lower self-esteem (Wang et al., 2014) than those with either diagnosis alone.

### **Caregivers of Children with ADHD and ODD**

As one might expect, caregivers of children with either an ADHD, ODD or comorbid diagnoses also experience significant levels of stress and distress. In a meta-analysis of 44 published and unpublished studies, Theule, Wiener, Tannock and Jenkins (2012) confirmed that "...parents of children with ADHD experience significantly more parenting stress than parents of children without ADHD" (p. 10). Caregivers of children with ODD experience the strongest intensity of caregiver stress and strain when compared with children with other single psychiatric diagnoses (Bussing et. al., 2003; Kashden et. al., 2004). Caregivers of children with comorbid diagnoses of ADHD and ODD experience the highest level of depression, burden of care (Rockhill et al., 2013) and stress (Bromley Little, 1999). Clearly both the children with these

diagnoses and their caregivers experience significant difficulties related to stress and mental-health.

### **Child-Caregiver Dyadic Relationship**

When the challenging behaviors and negative psychosocial outcomes of children with ADHD and ODD come together with the resulting stress and mental health difficulties of their caregivers, the result is often a tumultuous caregiver-child relationship. This relationship, however, is more than an additive product of two struggling individuals. As Tortora (2011) articulates, it is less useful to question how one half of the dyad is affecting the other, than to inquire, “How are they experiencing each other, and how is this experience co-created by each of them?” (p. 243). Children with diagnoses of ADHD and ODD are consistently engaging in oppositional and overly active behaviors that require their caregivers to exert control over their behavior. Danforth, Barkley and Stokes (1991) assert that the pattern of caregiver-child interaction in cases of ADHD and ODD is characterized by “Verbal direction, repeated commands, verbal reprimands, and correction...” (p. 711). Caregivers typically also display a marked lack of attention to appropriate and positive behavior when the child does exhibit it (Danforth, Barkley & Stokes, 1991). Burke, Pardini and Loeber (2008) echoed this in their finding that caregivers of children with ODD tended to withdraw from their children over time – in domains of discipline as well as positive communication. The co-created relationship between children with ADHD and ODD and their caregivers can often be one dominated by power-struggle and negative interactions.

As noted above, though literature about caregiver-child interactions tends to focus on verbal exchanges as a result of behavior, all personalities and relationships develop through and are affected by the moving body (White, 2009; Tortora, 2006; Stanton-Jones, 1992). Basic attachment theory emphasizes the role of physical interaction with the infant as the primary means of facilitating psycho-somatic development (Winnicott, 1988; van der Horst & van der Veer, 2008). Iacobini (2008) asserts that most caregivers naturally engage in mirroring of their baby’s movement or “motor synchrony,” and this helps to shape the growing child’s sense of self and understanding of others (p. 135). Indeed, the first communication between caregivers and babies is non-verbal. As Dr. Suzi Tortora (2006) articulates, “A nonverbal style of relating evolves as [caregiver] and child consciously and *unconsciously* learn to read the qualitative cues

of each other's body signals" (p. 44). The way a child and caregiver move together is a foundational aspect of their relationship.

In cases of children with ADHD and ODD, the relational style is one complicated by movement and embodied processes. Morrison (2014) describes children with ADHD as "motorically driven" (p. 33). As children with ADHD engage in hyperactive movement tendencies, their caregivers are often in a position of attempting to control and quiet their bodies. By their very nature, oppositional and defiant behaviors put the caregiver and child in an antagonistic relationship with one another where the caregiver – often in a frustrated state – attempts to control the child's body. One study that speaks to this fraught dynamic is Hobeck's (2014) case study of parallel drama therapy groups for children and parents in a child and family psychiatric unit. As she describes:

Often uneasy parental responses created a matrix of unhealthy and difficult reactions and behaviours in the children from rage, withdrawal, rejection or clinginess, and so further elicited parental frustration, confusion, anxiety, or anger, and so the difficult dynamic and patterns would continue to spiral. What was interesting were the mirror-like reflections, the cause and effect of one, often unconscious, reaction shaping the other. (p. 107)

What Hobeck (2014) describes is the actions and emotions of the dyad; implicit in this is the movement, and restriction of movement that accompanies such actions, reactions and emotions. Even in cases where caregivers are able to verbally regulate their own frustration with the child, they are simultaneously sending nonverbal messages that the child may read unconsciously loud and clear. These messages, if contradictory, can "...disorient communication and confuse the child's understanding of her immediate experience" (Tortora, 2006, p. 17). The physical relationship between children with ADHD and ODD and their caregivers is one often characterized by actions and reactions, manifesting in movement, that are laden with emotional dysregulation.

### **Drama and Dance Movement Therapy for Child-Parent Dyads**

As embodied forms of psychotherapy, drama therapy and dance movement therapy have great potential to address both the relational and attachment difficulties that children with ADHD and ODD and their caregivers experience. According to Malchiodi (2014), creative arts therapies are ideal for treating relational difficulties between caregivers and children because they use

sensory-based approaches and focus on nonverbal communication and emotional regulation. She points to dance movement therapy as a particularly effective modality for addressing attachment issues because of its concentration on the body. In dance movement therapy the client uses her/his body to communicate emotional and psychological struggle through the creative medium of dance. Through empathic mirroring and verbal reflection the therapist cultivates the client's understanding of her/his emotions, and promotes more adaptable interaction with others (Stanton-Jones, 1992). Dance movement therapy also uses dancing as a way to cultivate a positive relationship with the client's own body. Dancing can be pleasurable, soothing, freeing and expressive, which has therapeutic value in itself (Tortora, 2006). For children with ADHD and ODD who have maladaptive interactional patterns with their caregivers, struggle with affect regulation, and whose physical expression is frequently limited and policed by their caregivers, dance movement therapy can allow them to understand their own body as a source of expression and pleasure.

Drama therapy interventions are also well-suited to ameliorating attachment relationships (Malchiodi, 2014). Using the body and voice as its main instruments, drama therapy incorporates dramatic performance and movement to promote therapeutic expression, creativity, spontaneity and "... affect enhancement" (Gil & Dias, 2014). Drama therapist Phil Jones (2007) highlights the importance of embodiment by including it within his frequently cited 8 therapeutic core processes unique to drama therapy. Two of his other core processes, "role playing and personification," and "playing" also have a strong embodied component (Jones, 2007). The importance of embodiment in drama therapy is also echoed in Sue Jennings (2011) concept of EPR, or "embodiment, projection, role" (p. 17). In her work she describes the development of dramatic play in children, the first stage of which is embodiment (Jennings, 2011). Dance movement therapy and drama therapy overlap considerably in terms of technique, as both acknowledge embodiment to be a foundational aspect of their approach. Dance movement therapy often incorporates dramatic play, and drama therapy often utilizes expressive movement.

While individual therapy for both children with ADHD and ODD and their caregivers can be an important part of treatment, caregiver-child dyadic therapy has much potential to strengthen their relationship. One of the pioneers of child-caregiver dyadic therapy was Bernard Guerney (1964), who first described "filial therapy" in a formative article in 1964. In this groundbreaking approach caregivers and children attended group sessions together, with the goal

of teaching parents how to lead nondirective play sessions with their children (Guerney, 1964). For Guerney (1964) the goals of filial therapy were to teach the caregiver how to allow her/his child to lead the play within clear limits, to develop an understanding of and empathy for the child as an individual who is communicating through play, and to teach the caregiver to reflect the child's feelings and needs back to the her/him with full acceptance (Cornett & Bratton, 2015). According to Cornett and Bratton (2015) in their review of the research on filial therapy to date, there is significant empirical support for the benefits of this dyadic work, including "...decreasing child behavior problems... increasing parental awareness of and sensitivity to children's feelings and needs ... [and] decreasing relationship stress" (p. 128).

Literature on creative arts therapies interventions with parent-child dyads is limited. One notable contribution to the field is Lucille Proulx's (2003) *Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy: Interventions with Infants and Preschoolers*. In this work Proulx (2003) defines several goals for this art therapy intervention including: helping the parent to understand the child's developmental needs and recognize the child as an individual with valid concerns, supporting positive relations, and "...guid[ing] parents to begin to respond in ways that are supportive and productive" (p. 52). In the field of dance movement therapy, Dr. Suzi Tortora (2006) has developed an approach that is adaptable to working with caregivers and children called the "Ways of Seeing" technique. In this technique Tortora (2006) describes ways of helping caregivers become aware of both their own and their child's movement and non-verbal communication style. As expressed in the title of her comprehensive work, *The Dancing Dialogue: Using the Communicative Power of Movement with Young Children*, the goal of the "Ways of Seeing" approach is to facilitate a more empathic and connected relationship between the caregiver and child, based on an understanding of their nonverbal "relational dance" (Tortora, 2006). Also in the realm of dance movement therapy, Brock (2013) describes a possible intervention for caregiver-child dyads in cases where the child has witnessed domestic abuse. In the fields of psychodrama, both (Zerka) Moreno (1975) and Sokoloff (2007) postulate on the benefits of role-playing and role-reversal in the context of caregiver-child dyads as a means of increasing empathy and understanding of each other. While all five of these writers provide models of creative arts therapies interventions with parent-child dyads, there is a lack of substantial qualitative or quantitative data to support the efficacy of this work with any specific populations.

Both children with ADHD and ODD and their caregivers face significant challenges, and these challenges manifest in embodied ways within the relationship. The foundation of the caregiver-child relationship is built on physicality and movement-based interactions. When hyperactive and oppositional behaviors begin to manifest in children, this relationship can become dominated by control and non-verbal messages of frustration and stress. Embodied forms of creative arts therapies, coupled with a dyadic approach to therapeutic intervention has tremendous potential for creating a more understanding and empathic relationship, and for creating an opportunity for a positive shared experience for children with ADHD/ODD and their caregivers. While some have theorized on the positive outcomes of creative arts therapies interventions, the fields of drama therapy and dance movement therapy are in need of qualitative examinations of the impact of working with caregivers and children together.

### **Chapter 3. Methodology**

#### **Purpose**

Children with Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiance Disorder (ODD), and the adults that care for them face significant challenges. Their co-created relationship is often one characterized by emotional dysregulation and attempts to control external behaviors. These relational difficulties are embodied, and their physical manifestation is largely in movement. The purpose of this research was to review the process of a movement-based drama therapy group for children with ADHD and/or ODD and their caregivers, with the hope of gaining an understanding of how this modality can help the child-caregiver relationship.

#### **Methodology: Clinical Case Review**

Many features of this study were similar to those of a clinical case study, which Creswell (2013) describes as "... a qualitative approach in which the investigator explores a real-life, contemporary bounded system... over time, through detailed, in-depth data collection involving multiple sources of information... and reports a case description and case themes" (p. 97). The Concordia Department of Creative Arts Therapies "Art and Drama Therapy Research Handbook" (2015) sets this "qualitative case study research" methodology apart from a "clinical case review" methodology by way of the presence or absence of a specific research question.

Whereas case study research is “Designed to answer a specific research question, which has implications for the participant(s) that are beyond typical clinical intervention” (Department of Creative Arts Therapies, 2015, p. 3), the objective of a “clinical case review” is to “examine the therapeutic process ... [with] no expectations or interventions imposed upon clients beyond what occurs in a typical therapy process” (Department of Creative Arts Therapies, 2015, p. 7). The practical benefit of this methodology for a culminating research project is that it does not require approval by the University Human Research Ethics Board, which can be difficult and time-consuming to obtain when working with a vulnerable population (children).

Another benefit to the “case review” methodology for a neophyte therapist who has never worked with this clinical population before is that it provides the opportunity to follow the therapeutic process of the group as it unfolds. This has the potential to create a deeper understanding of the themes that arise within this context, from which a more specific intervention might be tested in a clinical case study in the future.

### **Clinical Setting and Forming the Group**

The participants for this group were recruited from a hospital day program in the child psychiatry division of a hospital. This program provides services for children with severe behavioral issues that interfere with their family life and ability to integrate into their schools. The head nurse of this program (who was also my co-therapist during the sessions) contacted parents of children in the program who she knew to be struggling with their dyadic relationship. To be included in the project, the child had to have a diagnosis or preliminary diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD), or both. Once the referrals were confirmed, I contacted each of the parents by phone to explain the purpose and nature of the group and this project. After this contact was made I sent home the consent form (refer to appendix A). I also arranged a meeting with all of the children in which I told them about the group and the fact that it would be filmed, gave an opportunity for them to ask questions, and asked if they would like to participate.

The group consisted of four children, three boys and one girl, accompanied by their mothers. The children ranged in age from five to eight years old; all of the children had a psychiatric diagnosis of ODD, one had a comorbid diagnosis of ADHD, and another had comorbid diagnoses of ADHD and ASD. The mothers ranged in age from 37 to 44, two of



whom were single moms, and three of whom worked outside of the home. The mothers were all Caucasian women; three of the mothers were born to immigrant parents.

I conducted eight weekly one-hour movement-based drama therapy sessions for these parent-child dyads in the lunch-room of the day hospital facility. I facilitated the group with a co-therapist, the head nurse and coordinator of the day-program; this enabled me to continue to facilitate the rest of the group when one dyad was struggling with behavior or resistance issues. If a child left the room unexpectedly, for example, my co-therapist was able to assist the parent in communicating with the child, and helped the dyad to reintegrate into the group. When this was not possible, she coached and counseled the parent and child outside of the session. When opposition was not an issue, my co-therapist participated in and helped to demonstrate the activities. I planned the exercises for the group around the relationship between the children and their caregivers, based on an attachment theory framework. The plans for the sessions were emailed to my co-therapist before the session to ensure that she understood how I intended the upcoming session to flow. These sessions were video-recorded.

### **Data Collection and Analysis**

Case study researchers often collect many different types of data including interviews, archival records, observations, documents, and audio-visual materials (Creswell, 2013). As a result of the limited 40-page parameter and time constraints around this culminating research project, I focused on the video recordings and my own process and progress notes as the main sources of data.

After each of the groups I watched the recordings and transcribed the interaction between each of the parents and their children for each of the activities, focusing on proximity to each other, touch, engagement with the exercise and each other, expressed emotion and kinesthetic attunement. I also noted their movement qualities according to Rudolf von Laban's efforts when they were prominent, categorizing both the child and his/her mom as strong or light, bound or free, direct or indirect, and fast or slow. From the transcriptions and analyses I used the process of categorical aggregation "...seek[ing] a collection of instances from the data, hoping issue-relevant meanings [would] emerge" (Creswell, 2013, p. 199). Through categorical aggregation I looked for changes in the above-described aspects of their dyadic interactions, and common themes among the dyads.

## Chapter 4. Analysis

### Eye contact and proximity

Eye contact and proximity are two elements of the dyadic relationships that we worked on in the group. The warm-up dance ritual was one intervention that I implemented in hopes of fostering a greater sense of closeness and comfort between the mothers and children, in addition to warming up to the medium of expressive movement. Between each of the six 30 second movement improvisations (inspired by the music) was a 10 second break of silence where I encouraged the dyads to look at each other and try to hold their gaze until the next piece of music started.

In the first and second sessions I noticed that this part of the warm-up seemed natural and comfortable for one of the dyads, and difficult, or at least foreign for the other three dyads. For Mason and mom, the eye contact was short-lived in the early sessions. After I would call out a reminder for the group, his mom would briefly bend down to Mason to try to catch his eyes, and after a moment Mason would engage with the shared gaze for a second or two while continuing to move, and then continue moving and focusing elsewhere, at which point his mom would also disengage. For Jason, the fact that this was a task that mom was attempting to get him to do seemed enough of a reason to avoid doing it, by crossing his arms and turning his head to avert his gaze. In contrast to Mason's mom, Jason's mom seemed eager to try to engage with the exercise of sharing a prolonged gaze, while it seemed that Mason's mom was content to just meet eyes with her son.

As the series continued, these two dyads displayed a shift in their ability or comfort with sharing eye contact. It happened that the warm-up dance for both of these dyads turned into a kind of child-led follow-the-leader for the duration of the musical pieces, but the more they practiced, the more the eye-contact "freezes" became a natural part of their dance/play. To enhance this aspect of play, my co-therapist spontaneously began taking imaginary photos of the dyads to encourage them to find stillness and focus with each other. By the last session, as the aspects of play and practice created a sense of familiarity, mastery and fun, Mason and mom, and particularly Jason and mom, were able to sustain eye contact for longer periods than when they began; Jason and his mom were able to hold their mutual gaze for the duration of the pauses.

Hanna and her mom showed the most improvement in their comfort/ability to engage in sustained eye contact during the warm-up dance. From the first session it was clear that shared

eye contact that was longer than a fleeting second was difficult for this dyad, especially Hanna. I noticed that even when I was giving instructions or reminders during the warm-up, while the other dyads might be interacting in various ways, with at least one of them turned to be facing their partner, both Hanna and mom would most often have their bodies turned toward me. While mom focused on her daughter during the musical pauses and tried various strategies to get her attention, through gentle touches on her arm, bending down playfully to try and catch her gaze, or putting her hands on her shoulders and lightly trying to turn Hanna to fully face her, Hanna seemed to actively avert her eyes by looking past her mom or stepping to the side. In some instances Hanna would even turn her back to her mom and walk away. At the beginning of the series this often resulted in her mom quickly averting her gaze in response. As they practiced the warm-up dance, Hanna showed increasing tolerance for sharing eye contact with mom, and by the last session both she and mom engaged in several prolonged “freezes” with a shared gaze, and generally appeared much more relaxed about the prospect of really looking at each other.

Given this response to shared eye-contact during the warm-up, it came as a surprise when this dyad showed so much enjoyment and engagement with an exercise that I will call “mommy-baby mirroring.” I prefaced this activity with a psychoeducational piece about the fact that when babies are very young, mothers and fathers will naturally mirror their facial expressions and sounds; I gave a demonstration of what this would look like with the group assistant by putting my head in her lap (as the baby), looking into her eyes and blowing raspberries and making faces, which she then copied. The whole group thought this looked pretty funny. I encouraged them to try it. Hanna and her mom began the play with no hesitation. As Hanna nestled herself in her mom’s arms and looked up at her, the pair engaged with what appeared to be not only comfort, but enjoyment in sustained eye contact while mom copied Hanna’s funny faces, both of them giggling in response to one another.

For Mason, this exercise seemed overwhelming. He began by putting his head in mom’s lap as per the directive, but after a few seconds of the mirroring, he began to inch away from her face, his head traveling down her outstretched legs toward her feet. As his mom tried to keep him engaged, he stood up suddenly, declaring the exercise “stupid,” and ran out of the room. The intensity of this face-to-face interaction appeared to spark an impulse to escape the situation. It took much coaxing by his mom and myself, and some amount of pulling by his mom to get Mason back in the room.

As this was happening, Hanna and mom continued play the mommy-baby mirroring game with obvious shared enjoyment. After a few minutes, while Mason and mom were out of the room, I suggested that they move on to the second part of the activity – a role-reversal. As Hanna moved into the sitting “mommy position” and her mom took her place as the baby with her head in Hanna’s lap, they both laughed. The dyad met this role-reversal with just as much engagement and sustained eye-contact. As I left the room to check on Mason and mom and then returned, the two kept going, gazing, mirroring, and giggling.

The dynamic between the children and their moms played out in different ways through the distance or closeness between them during the therapy sessions. For Aaron and his mom, the group was a time that they could spend together, just the two of them, and they took advantage of this through close proximity and physical affection in what seemed like every opportunity that they had. The closeness and affection between them seemed natural and mutual, but was sought or initiated most often by Aaron, and received warmly and reciprocally by mom. In our second session we played charades, and the second directive was for the dyads to show the group their favorite thing to do together. When it was their turn, Aaron told the group to back up because he and his mom were going to need a lot of space. What followed was a waltz-like partner dance, complete with spins (mom spun Aaron), dips, and close and coordinated footwork. They remained in contact the entire time. They matched this unbroken contact for the majority of the warm-up dances, most often facing each other with clasped hands as they moved through the different movement qualities; when they weren’t touching, they were within arm’s reach of each other.

His desire to be close to his mother even won out against Aaron’s opposition or resistance to following the group in many instances. On several occasions even when Aaron was resistant to engaging with the activity, his mom maintained her participation with the group and Aaron would come to stand close to her as she modeled appropriate cooperation.

Another dyad that appeared to seek close proximity to each other was Jason and his mom. During the warm-up dance Jason would often face his mom to dance with her; when he did traveling movement around the room, most of it was such that his mom could follow closely behind, and these explorations would frequently come back to a position/movement that included physical contact between them. When they were close, particularly when they were facing each

other, it would often progress into some form of cuddling or nuzzling. The warmth and affectionate connection between them was palpable.

On several occasions when this dyad was close, Jason spontaneously shared images of being held and protected like an infant. After an exercise involving the bed sheet that had resulted in less face-to-face engagement than I had hoped, I encouraged the children to take a moment to get “comfy cozy with mom.” Jason immediately gathered the sheet and sat on mom’s lap as she helped to wrap him in it and cradle him. He exclaimed excitedly, “I’m pretending to be a baby!” The pair began rocking gently together. In session five the group engaged in a short exploration of animal movement. When I suggested that they try to be birds, Jason curled up between mom’s legs as she stood over him and shared with the group that he was “a baby bird in an egg.” Again, mom seemingly instinctively, began rocking him back and forth in his egg position.

For the other two dyads, being in close proximity, like the sustained eye-contact, did not come naturally. This was especially evident for Mason, Hanna and their moms during the warm-up dance ritual. As soon as the music started, both children would turn away from, or move past their moms, mostly without looking back to see if mom was following. Thus for these two dyads the warm-up dance took on a child-led follow-the-leader form. Both Mason and Hanna often chose to do fast, large movement like running or skipping that their moms did not follow. When Hanna and Mason did have moments of producing more easily followed, slower and smaller movement, it would often follow that they would suddenly break into fast and free movement, increasing the distance between themselves and their mothers.

In the first few sessions, Hanna’s mother took an observer role when her daughter broke into big, fast and free movement. Instead of following her, she would stand in the middle of the room or on the outside, and follow with her gaze. During the slow music, Hanna would begin by walking at a normal, if not accelerated pace, and mom would keep her movement slow, creating an ever-increasing distance between them. When Hanna would catch her mother’s eyes when turning a corner or back on herself, mom would flex hands toward the floor and exaggeratedly mouth the word “slllloooooow;” Hanna always reacted to this by speeding up. As the sessions continued, and the reminders to follow their children’s movement as closely as possible were reinforced again and again, Hanna’s mom began to set her intention to stay closer to and follow

her daughter, even when she was fast and free. In the last session, the dyad stayed in much closer proximity to each other throughout the warm-up, at times even touching.

For Mason the warm-up dance seemed to be a time for him to cover as much distance, and use as much energy as possible. Like Hanna, as soon as the music would begin, Mason would disengage from his mom by turning away from her, often breaking into running, sometimes followed by knee slides on the ground. He also enjoyed experimenting with different jumps and spins, almost always traveling through space. His mom's response to his fast and free movement away from her was often for her to stay in one spot while she watched him from afar, or to follow his path (most often not engaging with the shape or content of his movement) with minimal energy at a far distance behind him.

In session seven, Mason discovered something fun. Perhaps feeling tired from his day at school, he lay down during the first piece of music and asked his mom to hold his feet. Though at first she objected and requested that he stand up, she was encouraged by my co-therapist to go with it, since there was no requirement that the movement be standing. As she took his feet and swayed with them, pulling him gently at first on his back and then as he lay on his stomach, Mason realized that if he pushed up with his arms, he could walk on his hands as his mom held his feet. For the rest of that warm-up, and again in the last session, Mason and mom were able to stay in quite close proximity, even in physical contact, while moving through space together in the wheelbarrow position.

The bed sheet also helped Mason and his mom to play in close proximity. It became one of Mason's favorite activities to lie on the bed sheet and have mom pull him around the room. Instead of moving quickly away from mom with her following far behind, the dynamic changed to mom controlling the path and using the most energy, and him trailing close behind on his "sleigh" or "train" – he informed us all which one he was riding on a case-by-case basis. It was following one such train ride that Mason, announcing that we had arrived at the jungle, climbed onto his mom's back and rode her as she galloped around the room, exclaiming that he was riding a cheetah.

### **Shared play**

To my delight, from the first session both Jason and Mason demonstrated an ability to enter into imaginal play of their own creation, and they were both eager to share their images

with their moms and rest of the group. This acted as a catalyst for many occasions of dyadic and group play that emerged and developed organically in the sessions. During the second session after the warm-up dance I had the dyads walk around the space together, intending to lead them through an improvisation about walking together in different kinds of weather. Soon enough and without prompting, all of the children found their way to the floor, experimenting with different ways of crawling and sliding around. I encouraged all of the adults to get on the floor and try their children's movement on. As he found his crab-walk, and I told the group that it was starting to rain, Jason shared that he was a hermit crab that was going to find his shell. As he curled up in child's pose, Jason's mom came to sit beside him and curl her body over his. After moments of pausing here, Jason continued his crab walks and narration about what he was doing. When he stopped to curl up a second time, I encouraged his mom to get over to him and be his shell again. It didn't take much more coaching before Jason's mom began to really follow his lead and embody the protective shell that he needed by coming to meet him. As the hermit crab and shell Jason and mom shared the same image, focus, and enjoyment in pretend play.

Another pre-planned activity that helped Jason and his mom engage in play together was "animal home." I asked the children to pick an animal that they wanted to be with their moms; they would be the baby animal and mom would be the mommy animal. Jason chose to be a baby spider. As they created their home with their bed sheet stretched over some chairs, Jason narrated the way that they would catch their food (his spider mommy made the sticky web where the bugs were caught, and he would take the bugs out so they could eat them together). They shared in eating their imaginary bug snack, and made imaginary spider beds in their home. When I narrated that there was something dangerous outside of their house, Jason ventured out to see what it was while his spider mom stayed in the house, and came back to curl up with her at home when he got scared. When Jason and his mom became spiders together, much like the hermit crab play, they created a shared world in which Jason used mom as a secure base to return to after exploring.

Jason and his mom also engaged in shared play as they developed their goodbyes together. In the third session as I encouraged the dyads to figure out a way to present their goodbye to the group, Jason began walking around mom in a circle, dragging his hand along her legs. She spontaneously started spinning, and then lit up with an idea that she bent down to share with Jason. As she crouched down, he walked around her pouring imaginary water on her; mom

rolled up slowly while spinning in the opposite direction, “growing” into a flower with arms open to the sky. When she was fully grown, Jason exclaimed “a big, beautiful flower!” In another of their goodbyes, which they enjoyed so much that they repeated in three consecutive sessions, Jason’s mom wrapped him in the bed sheet and helped him to fold down to the ground as a “cocoon.” As she spun his body around she narrated that he stayed inside his cocoon for two weeks, after which she uncovered him and he jumped up, flapping his arms excitedly as she put the sheet around his shoulders and created moving wings with it from behind him. They shared in these imaginative moments with observable excitement and joy. In the second to last session when I asked the moms to reflect on their experience in the group, Jason’s mom articulated that the most important thing she was taking away with her was “how much fun I have with him... a better connection with him.”

Mason was most engaged in the group when he was given the space to narrate and play out the images that came to him. Though Mason’s mom would often smile while she watched his excitement unfold, she sometimes needed encouragement to share in the images with him. When Jason started the hermit crab play, Mason was excited to contribute to the story and embodied the crab with conviction. Mason’s mom smiled as she watched the play happening, and followed the group as I encouraged the moms to be the shells for the crabs. In the third session, when Jason and Mason began the third incarnation of the hermit crabs and their shells, Mason’s mom appeared distracted, walking around the room and examining various things on the walls as the play began on the floor. As Mason curled up waiting for his shell, his mom got down to cover him, but only after I suggested that she do so. At one point when Jason suggested that the moms were now trees, Mason exclaimed that his tree was falling on him to break his shell. Mason’s mom was not on board with this idea, and told him that she would not do this. Mason responded by crab-walking away to a far corner of the room, where his mom followed him on foot.

The moments of play that Mason and his mom were able to share in the most involved the bed sheet. The first time the dyads used the sheets in session four, Mason was delighted to be pulled on the sheet by mom like his friend Jason, and when I asked what he was riding, he exclaimed that it was a sleigh. Again the sheet was an object that connected Mason and mom so that they were united with the same image. On session six, after Mason’s mom and I had been able to coax him back in the room following the baby-mommy mirroring game, Mason became



fixated on the fact that instead of being in the room with mom and the group, he wanted to go out in the hall and play with the train-set. In an attempt to reunite the group, I got out a bed sheet and suggested that the adults pull the kids on the train. This was very exciting to Mason. He jumped on board eagerly with Hanna, and the adults began to pull the kids around the room. Mason's mom was eager to participate. I asked Mason where our first destination would be, and he told us that we were going to the north pole. When we arrived, Mason got out and told us that he was Santa Clause, and named Hanna Mrs. Clause whose job it was to hand out candy canes. I became the first "child" to visit Santa, and his mom followed suit, sitting beside him and whispering her request in his ear, to which he replied "ho ho ho." Our second destination was the jungle, and Mason left the train with excitement, beginning by running around the jungle and calling out things that he was seeing. He spontaneously jumped on his mom's back, and as she trotted around the room with him he let us know that she had become his cheetah. When the bed sheet was transformed into a vehicle that mom could pull, she became part of Mason's imaginary world, which appeared to help both of them connect through play.

For Hanna and her mom, shared imaginary play was often a point of disconnect between them. This dyad's challenge to relate to each other through shared play became evident in the second session during charades. I asked the pairs to decide how to act out their "favorite thing to do together." While the other dyads conferred, Hanna and her mom appeared to get stuck and stopped talking to each other fairly quickly. When I came up to ask if they had decided on anything, Hanna was lying on her stomach close to mom, but not facing her, and mom sat beside her daughter ready to listen to her suggestion. Hanna wasn't sure. As I asked exploratory questions that I hoped might spark an idea, mom leaned in to listen and watch her daughter, but did not offer suggestions. Hanna looked at me exclusively during this interaction, and appeared to be quite at a loss. It took some time to figure out an activity that she enjoyed doing with her mom, and by the time she came up with "skiing," the rest of the group had been waiting and was anxious to present their ideas, without Hanna and mom being able to practice how they might show this to the group.

This pattern of becoming stuck on communication difficulties, and subsequent disengagement from sharing imaginary play resurfaced often with Hanna and mom. Much like Mason and his mom, one aspect that helped to unite this dyad during these times was the creation of a shared play environment using the bed sheet. For instance, during the "animal home"

activity, Hanna decided that they would play a mommy cat and a kitten. They used the chairs and bed sheet to create their home, which formed an element of common understanding. Hanna became very excited during this exercise, busying herself around the home. I encouraged the dyads to figure out where they would sleep and what they would eat, which also helped to create a shared context. The dyad engaged in this play enthusiastically. Although Hanna became invested in several tasks outside of the home without letting her mom in on what was happening, she was always able to return to home base where she and mom could meet in play. Interestingly, when I asked the dyads to report on what they had eaten together and what had happened when there was danger outside of the home, Hanna was eager to give a long, difficult to follow description; when I conferred with mom, she revealed that she did not know these things had been happening. Though it was difficult for Hanna and her mom to share imaginary play together, the element of a commonly understood home base helped them to remain reciprocally engaged.

As the sessions advanced, shared play appeared to become easier and more pleasurable for Hanna and her mom. The excitement that was generated by Mason and mom during the bed sheet train trip was infectious, and as it crescendoed at our last stop in Japan, Hanna jumped from the train energetically and began to follow Mason's furious movement (quickly gathering koalas into cages). Hanna's mom watched with observable pleasure. As the group's assistant asked Hanna what she was doing, Hanna grabbed her mom by the hand and led her around the room excitedly, exclaiming that she was "bringing the dinosaurs home." Hanna's mom was engaged and matched her daughter's energy in the task. When I asked mom where the pair was going in such a hurry, her mom shared happily that the two of them were "dinosaurs in a home." Even though the dyad did not share the exact same image during this play, they shared a part of the imaginary creation, and in the pleasure of this together.

For Aaron and his mom, their imaginative play had a subdued, private, and short-lived quality. While there were moments of shared images, Aaron seemed to have the most fun with his mom through physical play that included elements of risk and support. For instance, during the hermit-crab play, while Jason and Mason were off creating and acting out narratives, Aaron became invested in finding a way to crab walk until he was under his mom's crab position, and crab-walking together with her body suspended over his. They both giggled at the challenge, and perhaps at the silliness of the task that they were attempting. When Aaron and his mom

would plan their goodbyes, the result was consistently that of a physical feat, like mom helping him to jump really high, or him kneeling on mom's shoulders, rather than an imaginative image. When Aaron participated in the imaginative play shared by the rest of the group, he tended to take on a controlling role by, for example, telling the group that he was extinguishing the fire that they had been enjoying in their sheet-tent. During these moments Aaron's mom would remain in the dramatic reality of the group, rather than engaging with her son's new images that were contrary to those of the rest of the group.

### **Cooperation**

Without exception, the mothers in this group did not oppose my directives, suggestions, or instructions. Indeed, why would they? They made a commitment to come to the group, some of them had to leave work early, they had picked up their children from school and had successfully gotten them in the room; in a word, they were *invested* in cooperating and finding different ways to connect to their children. For Mason, Jason, Hanna and Aaron, this was not always the case. The moments of opposition or defiance appeared to be triggered by different things at different times for each of the children. One common element that appeared to negatively affect cooperation for Hanna, Jason and Mason was their moms' well-intentioned attempts to get them to adhere to specific rules or directives. This was also a learning curve for myself as a facilitator, in that I began to see that the more specific I became in my description of the activity, the more the moms would try to help their children to participate in this specific way, which seemed to lead to more distance between the dyads.

For two of the dyads, the sense of cooperation, and therefore mutual enjoyment, appeared to improve over the eight sessions. Mason's strong-willed desire to follow his own impulses became clear in the first session during the "goodbye practice." During the first practice, as the rest of the three dyads worked together with differing levels of interest and cooperation, Mason and his mom appeared to have a difficult time. Mason's first instinct was that he wanted to present a virtuosic scissor kick move to the group. As his mom tried to work together with him to create something more collaborative, Mason met her with resistance. After a few moments he walked over to a nearby chair and sat down, swinging his legs and squeakily exclaiming that he "[didn't] want to!" When she saw this, my co-therapist went over to the dyad and reassured them that even him sitting on the chair with his legs swinging as they were could be their

goodbye. When it came time to present, Mason went into the middle of the circle without his mom, and performed his scissor-kick alone, for which everyone (even mom) clapped.

Mason's instances of opposition/defiance toward my directives and working with his mom appeared to be prolonged when one of the adults was particularly intent on trying to get him to cooperate in a specific way. In several activities when Mason attempted to sit down or move on the floor, his mom's first instinct was to lift him up to standing (perhaps seeing that the rest of the children were standing), to which he would respond by going limp. When the directives for the mirror game were to switch so that his mom was the leader, Mason walked away from his mom, telling her that he didn't want to play the game.

At other times Mason became fixated on an idea that was totally different from the activity that the rest of the group was engaged in, which presented a challenge to myself as a facilitator as well as his mother. As the group went on, my co-therapist and I encouraged Mason's mom, especially during improvised movement and imaginal play, to allow him to move in the way that he wanted and to follow his suggestions as much as possible.

This dyad's goodbye practice and performance in session seven was a clear demonstration of how his mom's willingness to allow Mason's body to inform the interaction helped facilitate his cooperation. At Mason's suggestion, the pair began with their wheelbarrow movement, with mom holding his feet while he used his hands to walk forward; this was followed by his mom wrapping Mason in the sheet, and pulling him around in a circle. In stark contrast to the first goodbye practice and performance, by session seven Mason and his mom had found a way to present a shared image where Mason could showcase his strength while using his mom to support him. When I asked Mason's mom what it was like to be in the group with her son, she said that they had fun, and that "we were able to relax and not get into our little battles. It's nice to put all the rules aside and let him take the lead."

Jason and his mom had a similar trajectory in terms of Jason's improved cooperation. At first Jason presented some opposition to collaborating with his mom on certain activities, especially if she seemed intent on getting him to do something in a more specific way. She needed some encouragement at the beginning to allow him the space to express himself in the way that he was compelled to in the moment by, for example, making loud noises. In session three Jason appeared interested in making animal sounds as the group was warming up and improvising. On several occasions his mom bent down with a gentle "shhh" in an attempt to

quiet him, to which he would respond by repeating the noise louder and closer to her face. When my co-therapist and I reassured her that he could make noise, that it was part of what he was expressing, she seemed surprised. Jason's mom began to understand and adopt the permissiveness of the space quickly, which led to an equally fast reduction in opposition and defiance from Jason. As previously described, their goodbye performances were genuine embodiments of cooperation and collaboration.

Hanna expressed her resistance in a subtler and more passive way. Her engagement with the activity consistently improved when I would help her mom to accept her movement as it was, rather than trying to change it to meet her own expectations. This pattern was most evident for this dyad in the check-in during our opening circle. For the first four sessions, Hanna would "pass" for her turn in the check-in. On session five before Hanna's turn, she appeared to be playing by herself by kneeling behind her mom's legs and bouncing from side to side on her hands as her mom attempted to get her to join the circle. When it came to her turn, I suggested that she had already shown us how her body was doing, and wondered if she would like to repeat it. This gave her the permission she needed to show the group her own movement that her mom (in a well-intentioned attempt to get her to participate in the way the other children were) had attempted to quiet. In session eight, Hanna stood beside her mom wiggling and spinning in different ways; Hanna's mom again attempted to quiet this movement, to which Hanna responded by pulling away from her mom and spinning more. When it came time for Hanna to share her movement with the group, she took the opportunity to distance herself, holding her arms out to the side and spinning gently as she traveled around the circle. When her mom was able to show acceptance of this by mirroring it with the rest of the group, Hanna was able to stand beside her mom in a much more relaxed way, returning mom's hug upon her return.

Aaron's level of cooperation with his mom and the group was high in the first two sessions, but became more of an issue as the series progressed. It appeared that Aaron was most invested in participating if he was narrating the image for the group, or participating in an adult role. Indeed his mom appeared to be well versed in her son's strong-willed opposition, and rather than engaging in a battle of wills, she consistently chose to model cooperative participation, and welcome him into the activity if he chose to participate. In session three, Aaron sat in a chair in another room and claimed not to be able to get out of it. My co-therapist and I playfully carried him into the session, where he remained "stuck" in the chair as his mom

stood in the opening circle to do the check-in. During the play improvisation that followed, Aaron spontaneously got up from his chair and joined his mom who was engaging in the activity. After a few moments of walking and talking with arms linked, he returned to his seat. When one of the other children requested that we repeat the “human flower” activity which Aaron had originally helped to facilitate in the first session, he piped up excitedly and joined the group, sitting on his mom’s lap, rather than acting as a gardener watering their parents-turned-human-flower, as the other children were. Being one of the oldest and unquestionably the most assertive in the group, Aaron’s patterns of opposition and defiance with his mom were well established. From my perspective Aaron’s mom acted as a positive model for the other parents by allowing him to express himself in the way that he needed, and welcoming him warmly when he was ready to engage. In this way she facilitated the most participation possible from her challenging and strong-willed son.

### **Kinesthetic Attunement**

The four parent-child dyads all began the group with varying degrees of sensitivity and receptiveness to their partner’s physical cues and movement. Kinesthetic attunement between the moms and their children was one aspect of the relationship that we worked on in almost every activity in the group. I began each group by reminding the parents to “try on” their children’s movement as closely as possible. The group check-in ritual helped to frame each session with this as a primary focus. As each child let his or her body express what it wanted to in the moment, the parents would mirror this movement back, and vice versa, creating a first-person experience of the other’s impulses. During the warm-up dance I encouraged the parents to follow their children’s dances as accurately as they could manage. We practiced attunement through the two face-to-face mirroring exercises (the standing version and the “baby-mommy mirroring” activity), which were both met with adverse reactions from at least one of the child participants. We used the bed sheets, with the child holding onto one end and the parent holding onto the other while talking about emotions, to help the dyads feel the internal experience of emotion in the other.

Hanna’s mother had some difficulty in attuning to her daughter’s movement at the beginning of the group. During the warm-up dance Hanna’s mom, instead of following her daughter’s movement quality, attempted to help her express the effort quality that I had intended

more accurately, especially during the slow piece of music. When Hanna would move quickly and with a more free effort, her mother's first response was to stand in the middle of the room and follow her daughter with her gaze, perhaps with a mind toward her daughter's safety. In this way Hanna's mom was reluctant to show attunement to the full range of her physical expression. As she practiced mirroring her daughter throughout the series, Hanna's mom slowly became more receptive to "trying on" all forms of her daughter's movement. In session five I witnessed her crawl quickly on the floor, and rise just as quickly to skip and jump around the room with Hanna. In this session she showed her daughter that she was willing to embody not only the bound and controlled parts of her experience, but the free and spontaneous ones too.

The improvement in Hanna's mother's ability to attune to her daughter through movement was showcased in their goodbye practices and performances. As previously described, activities that required verbal communication and planning were difficult for this dyad. Quite early in the series Hanna and her mom realized that they did not have to speak in order to plan their goodbyes. They often engaged in quiet dances with each other, where Hanna's mom would lift her in an embrace and spin, or Hanna would slide through her mom's legs while they held hands and then walk back up to standing. By the final goodbye, this dyad did not need to confer or practice. They had developed their own repertoire of movements that they seamlessly improvised for the group. Hanna and her mom had developed a sensitivity to each other's physical cues that allowed them to dance together gracefully and spontaneously. In our last session Hanna's mom reflected: "I see the importance of stopping to spend some quality time with [Hanna]. I could find ways to listen and connect to her without words."

Jason's mom's ability to attune to his physical expressions improved at a rapid speed, perhaps as a result of her obvious investment in this element of the group experience. During the warm-up dance ritual and follow-the-leader exercises she displayed concentration on the task of "trying on" her son's movement, jumping like a grasshopper across the room, and moving like a "spaceman" (as Jason called it) in slow motion. She mirrored his effort quality and his body shape, as well as his speed, which seemed to be more difficult for some of the other moms. The mutual kinesthetic attunement between this dyad was demonstrated on many occasions when they were in contact and began to rock together gently. I witnessed this rocking frequently when they sat cuddled together in an embrace while watching other dyads perform their goodbyes, and several times in play when Jason embodied the hermit crab and the baby bird in an egg.

Jason's mom's attention and receptivity to his physicality was most brilliantly demonstrated during the goodbye performance in the final session. Jason had spent the majority of the session out of the room in conflict with his mother. Even with the guidance of my co-therapist, the conflict escalated to Jason physically aggressing against his mom. As a measure of containment, Jason was escorted to the "quiet room" where he continued to express his dysregulation. I had the privilege of witnessing the first moment of repair, when Jason had finally allowed his mom close to him for an embrace, still crying. I asked Jason in this moment if he would like to do his butterfly with his mom, and he nodded. The pair did not have to practice. His mother anticipated his movement, knowing exactly how he wanted this dance to feel. As his mom uncovered Jason from the sheet and allowed him to emerge as a butterfly, he jumped up and down lightly with a big smile. By sharing the experience of being physically attuned to one another through movement, Jason and his mom were able to dance their repair.

For Aaron's mother, kinesthetic attunement to her child came naturally; this was clearly evident whenever they danced together. During their warm-up dances, this dyad most often moved while facing one another with clasped hands. Their movements were fluid, and Aaron's mother often seemed to be able to anticipate his next step or impulse, all the while mirroring his effort quality. If he walked lightly on his toes toward her, she would walk backward on her toes in lightness. When they arrived for their fourth session, Aaron's mom informed me with graceful frustration that he had been unkind toward her when she picked him up from school, and she wasn't sure why. It was inspiring to watch this dyad in the warm-up dance in this session; during both strong and bound qualities, as Aaron used his whole body to push against mom with their hands clasped, she pushed in opposition. They engaged in this pushing, pulling dance with equal strength, and coordinated footwork. After both of these qualities (during the freeze with eye-contact), Aaron embraced his mom around her waist. Aaron's mother seemed to intuitively understand how to receive, accept, and mirror her son's movement expression, resulting in a feeling of attunement between them, and ultimately lessening the tension.

Aaron's mother's sensitive kinesthetic attunement to her son most often facilitated a more positive interaction between them, however this receptivity combined with her desire to accommodate him often resulted in her being physically uncomfortable while he expressed himself. This dynamic was demonstrated most clearly during their goodbye performances. In one session Aaron (a big child for his age), told his mom to lift him up high as he jumped. They



practiced four times, and each time Aaron told his mom that she had to make it higher, that they had to do more repetitions, and she struggled to oblige. Aaron managed to completely ignore, (and even cut his mom off to tell me “we’re finished!”) as she expressed that he was too heavy for this, and that he needed to help more by jumping. In another of their goodbyes, Aaron told his mom that he would ride on her back as she crawled on hands and knees, and at the end he would kneel on her back with his hands triumphantly in the air. As I watched them practice I noticed the clear discomfort in his mother’s face, though she attempted to smile her way through it. When I asked how it felt, she said “heavy,” but did not express any objections to her son.

While the focus for the other three dyads was on helping the parents to attune more to their children, with Aaron and his mom I intervened on a few occasions to help the child attune to his mother. During session four, the same session that had been preceded by Aaron’s bullying behavior toward his mother when she picked him up from school, I facilitated an activity with the bed sheets. With mom holding onto one end and Aaron holding onto the other, I directed them to show their partners how they were feeling by making waves with the bed sheet. Aaron jumped up and down with it and yanked it with strength toward himself while his mother received the vigorous waves on the other end of the sheet with light and free effort. As Aaron became more and more engrossed in creating large, tumultuous waves with the sheet, I asked him to feel, just for a moment, what his mom was feeling. After a few moments he was able to slow down, and watch his mom. He loosened his grip on the sheet, holding it in lightness, and followed her as she rocked it gently back and forth. For a few seconds, Aaron was able to attune to his mother’s dramatically opposing energy with awareness and sensitivity.

## **Chapter 5. Discussion**

### **Ritual and repetition**

In drama therapy literature ritual is recognized as a part of the therapeutic container for the medium (Jones, 2007). Renee Emunah (1994) asserts that “... primary dramatic processes are dramatic rituals” (p. 44). In her five-phase model she names “dramatic ritual” as the fifth and culminating step to a group drama therapy process. She also writes about the importance of an opening circle ritual that serves to unite the group and help them enter the drama therapy space together. Drama therapist Sue Jennings (2011) describes how a sense of ritual and repetition are an important part of what she terms “neuro-dramatic play.” According to Jennings (2011),

neuro-dramatic play is the play that happens between the mother and infant from the period in-utero until the baby is six months old; this play is what forms the basis for a healthy attachment relationship. The components of neuro-dramatic play can also be used as drama therapy interventions for individuals who did not experience this type of interaction with their caregiver as a baby. Ritual is one aspect of neuro-dramatic play that she contends helps to develop a sense of security and trust, the foundation from which a child can develop a sense of curiosity and exploration.

In our group I used a ritual check-in to help develop a sense of ease and familiarity within the group, and to remind the parents of the intention/focus of the next hour. During our group check-in, the group would mirror each participant's expressive movement and sound back to them. This helped the dyads to connect to each others' kinesthetic experience. This was also an important time for me to remind the mothers of the frame of the group: we were there to allow their children to express themselves through their bodies, and this expression need not be judged or corrected, but simply reflected. I would always remind them that this was a time to follow their children's movement as closely as possible, to develop an understanding of their children's experience by "trying on" (Tortora, 2006) their movement.

The warm-up dance and goodbyes were the two other rituals that we repeated every session. The warm-up dance was a time for the dyads to share different ways of moving, and gave me as a facilitator another opportunity to encourage the parents to follow, not try to change, their children's movement. Our closing ritual consisted of two elements: the goodbye practice, and the closing circle where we would do the goodbye performances. By the eighth session all of the dyads were very familiar with these rituals, which helped to punctuate the growth that had happened throughout the series. Both of these rituals helped to reinforce the frame of the sessions, encourage kinesthetic attunement between the dyads, and develop a sense of mastery for the dyads by the end of the series.

### **Facilitating Closeness**

In their work entitled *The Attachment Therapy Companion: Key Practices for Treating Children and Families*, Becker-Weidman, Ehrmann and LeBow (2012) state that in dyadic therapy focusing on the attachment relationship:

... comfort with developmentally appropriate forms of physical and emotional closeness (e.g., ability to make eye contact) may be a goal of therapy, but should not be a forced technique of treatment. Such closeness is better supported by gradual desensitization through playful encounters that do not overwhelm the [child]... (p. 54).

In our group warm-up dance ritual, the “eye-contact freeze” that I encouraged between each of the movement qualities helped to add an element of play to this challenge of meeting each others’ gaze. It also encouraged proximity in a playful way, as the children would often come running back to their moms during the “freeze,” whether they were able to sustain eye contact or not. The fun of this freeze-dance play led to the dyads practicing sustaining eye-contact without being aware that they were ‘working on’ anything. In drama therapy language, the “eye contact freeze” allowed the dyads to share a gaze with a safe distance. Interestingly, Becker-Wiedman and his colleagues go on to describe that if a dyad is forced into “practicing” closeness, the child’s coping mechanisms may become overwhelmed, “... unintentionally reinforce[ing] his defensive responses” (p. 54). I believe that this may be what happened to Mason during the “baby-mommy mirroring” activity. This exercise necessitated that he remain in close proximity with his mom, and sustain face-to-face contact. Though Hanna and her mom found humor and pleasure in this activity, I learned from Mason’s defensive reaction that it is important to provide options for activities that require as much closeness as this one. As drama therapist D. R. Johnson (2009) asserts, “In any case, to be seen, to be known, when it leads to being hurt, results in protective measures” (p. 93).

I intentionally did not include many exercises that necessitated touch, partly because I did not want to force it, but also partly because it happened very naturally between each dyad during ‘down-times’ in our sessions. During the closing circle, each of the dyads found ways of sharing closeness and physical affection with each other. The children mostly sat on their parents’ laps, and I would frequently catch the moms and children kissing or nuzzling each other spontaneously. In several sessions I had the dyads plan something together that they would share with or lead the group in. These were also times when the dyads tended to cuddle and sometimes rock together, the moms frequently stealing kisses on their children’s heads or playing with their children’s hair. The desire to be close to each other, for all of the dyads, was clearly evident during these times, and it was important to leave space for it to occur naturally in the group sessions.

## **Facilitating Attunement**

Becker-Weidman, Ehrmann and LeBow (2012) describe infant-parent attunement as: ...the “dance,” within secure caregiving-infant dyads in which there is a complementary and jointly experienced emotional sharing. By tuning into every subtle shift in the infant’s states, the caregiver feels with the infant instead of simply mirroring the infant’s expression. This powerful sense of being known by and sharing one’s reality with someone else forms the foundation of connection and trust. (p. 35)

The pattern of attunement and misattunement that develops between children and their primary caregivers becomes a relational dance that is repeated and reinforced over time (Tortora, 2006). The therapeutic value of kinesthetic attunement is a core concept in dance movement therapy. Totton (2003) and Tortora (2006) describe the use of mirroring as one of the unique gifts that dance movement therapy brings to the therapeutic process, particularly as it facilitates a strong therapeutic alliance and a better understanding of the client. When kinesthetic attunement is facilitated in a dyadic therapeutic context, parents and children have the opportunity to create corrective experiences, and share moments of “interactive repair” (Becker-Weidman, Ehrmann & LeBow, 2012).

Many of the activities in our group focused on facilitating attunement between the moms and their children. I used the mirroring check-in because I wanted the sessions to begin with each of the parents embodying their child’s movement, and the children embodying their parents’ movement. By “trying on” (Tortora, 2006) the movement of the other, both parent and child had the opportunity to have a kinesthetic encounter with their partner’s physical/emotional state, which I hoped would help them connect in an empathic way from the first moments of the therapy hour. I encouraged physical attunement during the warm-up dance, especially when the children would move away from their moms, as was often the case for Mason and Hanna. This provided another opportunity for the moms to embody their children’s experience, ideally gaining a felt sense of what it was like to be their children for a few minutes; at the same time the mothers were communicating to their children that they were interested, invested, and focused on them – in a word, attuned.

As previously mentioned, I attempted to facilitate two direct dyadic mirroring exercises that required the dyads to face each other; in this group both of these exercises elicited emotional reactions from more than one of the children, and this hindered their participation. The classic

standing, facing each other mirroring exercise (Emunah, 1994) introduced the concept of mirroring, again in a game format to help rally investment in the task. I encouraged the dyads to practice switching leaders so that they would be able to fool the other group members in determining who was leading, which was intended to give them a focus and challenge during the movement exercise. After one round of this exercise Mason became agitated and refused to play the game anymore, and Jason became distressed, feeling that his mother was making fun of him when she mirrored his movement. A similar phenomenon transpired when we attempted the “baby-mommy mirroring” with role-reversal. In this group the exercises that did not require the mothers and children to face each other directly were the most successful, perhaps because they provided more distance – physically and emotionally, from the intense face-to-face encounter required by mirroring.

When parents and children are physically attuned to each other, they develop a more empathic understanding of the other’s experience. For children with ADHD/ODD and their parents who face frequent, if not daily, difficulties with emotional regulation (expressed through moving bodies), encouraging empathic understanding of the other’s experience in an embodied way has potential to help the dyad connect. To echo Becker-Weidman, Ehrmann and LeBow’s (2012) assertion, “This powerful sense of being known by and sharing one’s reality with someone else forms the foundation of connection and trust” (p. 35). Through their aversion and opposition, Jason and Mason helped me to understand that attunement may be best encouraged, at least at the beginning of the therapy process, through less direct mirroring exercises.

### **Facilitating Play**

Jennings (2011) contends that play is a foundational element of a healthy attachment, hence her book title, *Healthy Attachments and Neuro-Dramatic-Play*. She unapologetically asserts, “I think it is important to state very clearly that the primary attachment figure needs to be able to play!” (p. 57). In our group I attempted to facilitate play between the parents and children as much as possible. Jones (2007) describes playfulness in drama therapy as “... the way a client can enter a state which has a special relationship to time, space and everyday rules and boundaries. This relationship is characterized by a more creative, flexible attitude towards events, consequences and held ideas” (p. 88). To this description, for the purposes of parent-

child dyadic work, I would add that play is especially effective if it includes an element of pleasure.

For most of the children in this group, play came naturally. Though it was easy for some of the moms to watch their children and appreciate the pleasure that they were experiencing from their creative enactments, it was more difficult for some of them to really share their children's "playful state." I encouraged shared play primarily through movement and embodiment. When their children were down on the floor being hermit crabs, I encouraged the moms to get down with them and embody their shells. When the children jumped across the room like grasshoppers, or ran speedily like cheetahs, I encouraged the moms to do the same. During this play the group members often smiled or laughed at the silliness or excitement of it all. The benefits of encouraging positive, playful encounters without the adornment of a prop are espoused by D.R. Johnson (2009) in his chapter, "Developmental Transformations: towards the body as presence," where he describes the philosophical and theoretical basis of his drama therapy method, *Developmental Transformations*. In *Developmental Transformations*, the primary therapeutic components are embodiment, play and "encounter:" two humans sharing a playspace by way of relating to each other (Johnson, 2009). By encouraging playful encounters that focused on the moving body, the parents and children had opportunities to share reparative experiences through physical encounters with each other.

The other way that I was able to encourage dyadic play was through the shared prop of the bed sheet. I encouraged the parents to bring in the biggest bed sheet that they had – which, when used to help create an environment, allowed for closeness, but room enough for both parent and child to move around. When the children were able to imagine the bed sheet as a sleigh, magic carpet, train, or animal home, their parents were more easily able to enter their imaginary reality, which led to many positive shared experiences. Restricting the use of props allowed the dyads to form attachments to images created with the bed sheet in previous sessions, which helped to develop continuity within the therapeutic process. The bed sheet was also a transitional object that the dyads returned home with when the group finished.

One of the thematic elements that I inserted into the dyadic play was having the mothers embody the "secure base." In secure attachments, the child experiences the parent as a safe and secure base from which to explore the world. As Becker-Weidman (2012) and his colleagues articulate, "In attachment theory terms: An alliance creates the secure base necessary for

exploration. Exploration leads to integration. Integration creates healing. This occurs in a cyclical and iterative process” (p. 61).

This theme arose partly organically in our second session when Jason called on his mom to become his hermit crab shell. The children spontaneously went back to this image in sessions two and three, without my prompting, during what was planned as a guided improvisation. As the hermit crab shells the mothers embodied, in a literal sense, the protective and secure base, and the hermit crab children were able to practice leaving this base to explore, and coming back when they were afraid or tired. By dramatizing the exploration and return to mom’s secure base, the dyads had the opportunity to experience a corrective experience through play. The fact that this image arose and was returned to organically, as opposed to being imposed by me, made it all the more effective.

Another activity that facilitated this secure base exploration was the “animal home” game, where the parents and children pretended to be baby and mother animals in a home together. While this dyadic play was happening I would narrate some element of danger or discomfort during which some of the children would spontaneously go back to their welcoming mothers. Often if it wasn’t a spontaneous response, the child was positively influenced by the play of the other children to go back to mom’s home base. Again, this activity allowed the children to experience, in an embodied way, the feeling of security with their moms in their animal homes, the excitement of leaving the secure base to explore, and the comfort of returning to their mothers. The mothers in turn were able to experience and embody their role of protector, allowing for exploration within a safe distance, and comforter upon the children’s return. As Jones (2007) asserts, one of the core therapeutic processes of drama therapy is “transformation,” or “... the changes in state which the client experiences through the enactments in drama therapy.... Everyday life experiences and ways of being are brought into contact with dramatic ways of perceiving and dealing with experiences. The life experiences can be transformed by this different dramatic reality” (p. 120-121). The children and their parents in this group had the experience of dramatizing secure attachment behavior, which, for some of the dyads, was an opportunity to embody a different way of being with each other, creating space for corrective experiences and therapeutic transformation.

## **Facilitating Cooperation**

For children diagnosed with oppositional defiant disorder, lack of cooperation with their parents is often a major source of struggle. One of the activities that helped to facilitate cooperation in our group was the goodbye ritual. The dyads had to find a way to work together in their practice time (I usually allotted about five minutes for this each session) to create a shared image that they would present to the group. While this creative collaboration didn't always go smoothly, by the seventh and eighth sessions, all of the dyads were able to practice together and present goodbyes to the group with little opposition, and indeed, mostly cooperation. The process of habituation seemed to be at work during this exercise, as the act of working together became a routine and expected part of the session. The dyads were also motivated by the aspect of performance; if they did not cooperate during the exercise, they would not have anything to present to the rest of the group during the closing circle. Conversely, their collaborative efforts were rewarded when they did present a goodbye with the group's attention and applause.

The mirroring and child-led movement interventions (like follow-the-leader), in addition to fostering kinesthetic attunement, also served to facilitate cooperation when the roles were reversed. Every once in a while I would suggest that the child follow their parent's lead; I made sure to keep these exercises sparse, short, and somewhat silly. In one session I had the dyads play "animal follow-the-leader," where the leader would choose the animal. It was interesting to watch as some of the children attempted to control their parent's animal choice or move in front of them. I noticed that when the moms in this group were able to be silly, their children seemed more likely to follow their lead. Their humor and sense of play helped to create distance for the children from the task of following their moms, so they did not become overwhelmed by their emotional reactions and urges to oppose, but rather became immersed in the game of following their moms.

The children's cooperation was hindered by a few factors. Being that the majority of the children struggled with attentional difficulties, the exercises that extended beyond their attention span resulted in reduced cooperation, and increased frustration for all parties. Similarly, any unnecessary restrictions on the children's movement, especially when the parent attempted to change the nature of the movement physically, also created opposition in the children. When, for example, any of the children decided to check-in or begin their warm-up dance from sitting and



their moms tried to lift them up, the children often responded by going limp. Keeping the exercises short, and encouraging the moms to allow their children complete freedom of movement (save the obvious safety restrictions) fostered the most cooperative participation in the group.

Lastly, I came to understand that my directives as a facilitator had an impact on how receptive the parents were to their children's play and movement explorations. I noticed that if I described an activity with more specificity, especially at the beginning of the group, the moms sometimes seemed to feel obliged to get their child to do the 'right thing,' which actually created more stress and opposition. When I described the animal follow the leader game, for instance, I specified that the leader (either the parent or child) would choose the animal to embody, and that they should pick a new animal every time. My intention here was to encourage the most creativity and range of movement possible. When Jason told his mom that they were going to be spiders for the second time, she repeated my directive and tried to get him to choose a different animal. Jason's response to this was "No. If I'm not going to be a spider I'm not playing." As the series progressed I tried to become more aware of the way I was describing the activities, so that the moms could feel a sense of permission to let their child explore in unexpected and spontaneous ways and *go with*, rather than against their impulses. When they were able to do this through movement and dramatic play, the result was often increased cooperation, and even enjoyment for both the mothers and children.

## **Chapter 6. Conclusion**

When I began facilitating this group of children with ADHD/ODD and their caregivers, I had a vague notion that movement-based drama therapy could help them connect to each other. I hypothesized that children with ADHD/ODD and their parents who struggle independently, and in relation to each other, could benefit from connecting emotionally, empathically, playfully, and in an embodied way. In an eight-week therapeutic process I combined the dramatic play element of drama therapy, the movement-focus of dance movement therapy, and the element of embodiment from both drama and dance into the planning and facilitation of this group of four mother-child dyads.

My analysis of this group revealed that proximity to each other, shared eye-contact, kinesthetic attunement, the ability to share imaginative play, and the child's level of cooperation were salient therapeutic themes for the participants.

The warm-up dance ritual helped to facilitate an increase in the dyads comfort/ability to share each other's gaze and helped some dyads enjoy closer proximity. It also gave the parents the opportunity to "try on" their children's movement, which communicated acceptance and encouraged them to attune to their children's embodied experience, as did the check-in ritual. The goodbye ritual assisted in garnering greater cooperation on a shared task by the end of the series, and gave an opportunity for some to engage in shared dramatic play with the element of performance. All of these exercises were repeated in every session, which helped the group members feel a sense of safety and familiarity in this short eight-week process.

The bed sheet prop proved useful in encouraging greater proximity for some dyads, and created a shared dramatic projection that assisted some mothers in entering their children's playful state. In Aaron's case the physical tension of holding the bed sheet between him and his mother seemed to help him attune to his mother's embodied experience, hopefully increasing his sensitivity toward her.

Facilitating open dramatic improvisation (which always began with a shared image) allowed me to help the children realize their imaginative images and playful enactments, while modeling, and encouraging the parents, to restrict them as little as possible. This was an appropriate time for the children to exercise their desires to take control, and a good opportunity for their moms to practice spontaneous kinesthetic attunement when the children did not give them another role. Over the series I observed improvement in the parents' spontaneity during play, their willingness to enter their children's dramatic reality, and the children's level of cooperation.

Movement activities like "animal home," in addition to encouraging shared play, allowed the moms to embody the "secure base" while the children practiced exploring and returning to mom for safety, mirroring a secure-attachment relationship. This secure attachment 'dance' can be embodied in many imaginative ways, and in future groups I would devote more time to playing games of this nature.

## **Personal Learning**

As a facilitator of this group I was challenged again and again to let go of my notion of what “should” be happening. Though I came in with the intention to encourage as much freedom of movement and imagination as possible, I was certainly not immune to beginning sessions with an agenda of how to facilitate the exercises, and how I intended to help the dyads. I learned that the directives for movement activities should be as open-ended as possible to facilitate a creative and permissive atmosphere. I also learned that I need to be as attuned as possible to what is emerging in the session, rather than fixated on the way I had imagined the exercise would look.

During this group I observed the importance of giving these children, who are often told that they need to stop doing what they are doing, stop fidgeting and moving around, and to behave in the way that everyone else is, the freedom to move however they wanted to. As adults in the therapeutic space, I started to conceptualize that we (the parents and I) needed to be as open as possible to what the children’s bodies were telling them to do – as long as it was channeled in a creative way. As I observed many times, if any of the adults attempted to intervene on the children’s intentions by restricting or changing their movement, the children tended to feel the impulse to oppose. Inevitably the dynamic became less pleasurable and more stressful as a result.

This group gave the dyads an opportunity to share affection and closeness in an organic way, without pushing it as a group agenda. As the child-parent dyads moved together in creative ways, they practiced attuning to each others’ bodily experience of the world. As the dyads practiced engaging in physical and imaginative play together, they shared experiences of creativity and pleasure as a form of interactive repair. In this creative, permissive, and playful environment, the parents and children had the opportunity to work together toward more consistent cooperation and understanding.

## **Limitations and Directions for Future Research**

This case review was limited in a number of ways. As with many case reviews, the sample size was small and the duration of the group was short. The selection, analysis and interpretations of the data were gathered through my own personal perceptions, which are by no means objective or value-free. As a result of these limitations, the findings of this case review are not necessarily generalizable. Future researchers may wish to pursue similar interventions

with greater sample sizes (though I would not suggest larger groups) that run for longer than eight sessions.

Moreover, this case review did not address cultural differences in parenting, body language and engagement with creative and embodied therapeutic interventions. This may prove to be a fruitful area of study that helps increase our understanding of how drama and dance movement therapy can be uniquely suited to individual dyads with diverse backgrounds.

Future researchers/therapists may also be interested in developing movement-based drama therapy programs for child-caregiver dyads who struggle with diagnoses and issues beyond child ADHD/ODD. Foster and adoptive families with attachment-related difficulties, parents with mental health diagnoses and their children, and dyads with either a parent or child on the Autism spectrum are other possible groups for whom such a program might be helpful.

In addition, the interventions used in this therapeutic process were less focused than they would have been in a case study, which seeks to determine the effect of a particular intervention on individual/group therapy. Future researchers/therapists may want to further specify and define movement-based drama therapy interventions based on more careful analysis of the movement patterns of the participants. Dr. Suzie Tortora's (2006) Movement Signature Impressions Checklist (MSIC) from her *Ways of Seeing* approach (appendix A) is a comprehensive tool that assesses the movement patterns of a child, individually and during interaction with his/her primary caregiver, using Laban's effort-shape language. As Tortora (2006) describes, "The *Ways of Seeing* [approach] ... looks to see how a child's nonverbal behaviors are communications or have the potential to communicate.... nonverbal assessment through the *Ways of Seeing* method focuses on how a child's behaviors reveal the nature of the child's engagement and exchange with the surroundings ..." (p. 384). By assessing each dyad's movement tendencies or "relational dance" prior to facilitating the group, the therapist/researcher would be able to tailor the exercises to the movement styles, personalities and needs of the dyads more specifically. This would allow future researchers to delve deeper into a case study that would assess the efficacy of movement-based drama therapy interventions.

I found that Laban's effort factors provided useful terminology, when practiced and reinforced through the warm-up dance, that helped the children and adults access qualities of movement that did not come naturally to them. One way that future drama therapy researchers might create more specific movement interventions is by combining Laban's effort factors with

Landy's (1991) role theory to create characters with deliberate movement qualities to work on particular themes. One example of this would be to create a character based on a particular emotion, for instance anger, and another character that represented an opposing emotion, for instance calm. Future researchers/therapists would need to take time to help the dyads define and practice the movement qualities of each character, and then engage in dramatic play and role-reversal based on the two characters as a way to help the caregiver and child empathize and connect with each other. This intervention may prove to be fertile ground for case study researchers who are interested in examining a more precise use of movement in child-caregiver dyad work.

I hope that this case review will inspire other drama and dance movement therapists in the future to create more specific interventions to be applied to child-parent dyad work in a case study, to gain a more in-depth understanding of how these creative arts therapies can help parents and children who struggle together.

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# Appendix

<b>Movement Signature Impressions Checklist</b>	
Name of child: _____	Date: _____
Age: _____ Date of birth: _____	Observer: _____
<b>I. Observational information</b>	
Parent(s) name and address: _____ _____	
Date(s) of observation/interaction: _____	
Note the setting (visual, auditory, and physical elements of the surroundings): _____ _____ _____	
Note the other sources of information used: _____ _____ _____	
Note the overall developmental level of the child (include sources):	
Motor:	
Gross motor:	
Fine motor:	
Communication:	
Nonverbal:	
Verbal:	
Expressive:	
Receptive:	
Social/emotional:	
Cognitive:	

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**II. Self-observational information** (the qualitative aspects of the observer's verbal and nonverbal responses as expressions of personal feelings and reactions to the child)

1. Which of my senses are responding to the child?
2. How does the child's developmental level, way of moving, and interacting in the environment make me feel?
3. What feelings, thoughts, or impressions is the child stirring in me and what parts of me are drawn out when watching the child?
4. What is the tension or relaxation level of my body, limbs, and facial expressions while watching the child?

**III. Movement signature impressions** (the range of movement qualities and elements observed during this assessment that the child uses to express himself or herself)

**A. Space analysis** [Focus on the child's sense of self and other—how the child uses his or her body space and the outside space to enable social interaction.]

1. Note the general impression of the child's relationship to outside influences and others and the child's awareness and active engagement with his or her surroundings.
2. Check the terms that describe the child's relationship to developmental space (i.e., gross motor development involving a progression through various spatial orientations).

Horizontal "communication":

Inclusion     Exclusion     Gathering     Scattering

Torso action

Narrowing     Widening

Vertical "I am ME":

Presence     Confrontation     Ascending

Descending     Throwing down     Reaching up

Torso action

Lengthening     Shortening

Sagittal "entering and withdrawing from world":

Forward     Backward     Retreating

Venturing out/  
advancing     Initiating     Terminating  
contact

Torso action  
 Concave                       Convex

3. Check the terms that describe the child's relationship with his or her kinesphere (i.e., the personal space around each individual).

Level changes:             Low     Middle     High

Reach space:             Near     Mid     Far

Direction:                 Front     Side     Back     Diagonal

4. Check the terms that describe the child's relationship with the general space (i.e., public space outside of self). Then fill in the blanks as indicated.

Level changes:             Low     Middle     High

Use of space:             All     Some     Small area

Direction:                 Forward     Side     Backward

Describe the location (Where?): \_\_\_\_\_

5. Check the terms that describe the child's relationship with the interpersonal space (i.e., interactive, changing distances between people in environment).

Touching     Overlapping     Separate individual kinespheres

6. Check the terms that describe the child's relationship with spatial pathways (i.e., floor patterns).

Winding     Linear     Arcing

Spoke-like     Circular

7. Describe at least one movement sequence exhibited by the child that portrays the qualities detailed in this section.

**B. Body and Shape analysis** [Focus on the child's body attitude toward space—his or her attitude toward defining personal space within the general space as well as the child's body shape relationships to self and the surroundings.]

1. Check the term that best describes the placement/movement of the child's limbs in relation to torso.

Proximal     Distal initiation

2. Check the term that best describes the child's Body part relationships.

Upper-lower     Left to right     Contralateral

3. Check the term that best describes the child's Body axis orientation in space.

Horizontal     Vertical     Sagittal     Diagonal

4. Check the term that best describes the child's spatial pulls.

One-Dimensional     Planar     Three-Dimensional     Combination

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5. Note the child's

Pattern of breath flow:

Particular body parts of which the child seems to be most aware:

Particular body parts that most attract your attention:

Most used parts of the body during movement:

Least used parts of the body during movement:

Body parts held:

Place of initiation of movement:

Simultaneous or sequential movement through parts:

Use of body as a whole or in parts:

Sense of symmetry or asymmetry:

Manner of shifting body weight:

6. Check the terms that best describe the shapes that the child's body makes.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Spiraling                   | <input type="checkbox"/> Arcing           | <input type="checkbox"/> Spoke-like        |
| <input type="checkbox"/> Concave torso               | <input type="checkbox"/> Convex torso     | <input type="checkbox"/> Flow within torso |
| <input type="checkbox"/> Lengthening torso           | <input type="checkbox"/> Shortening torso |  |
| <input type="checkbox"/> Shaping to objects/people   |   |  |
| <input type="checkbox"/> Gathering space toward self |   |  |
| <input type="checkbox"/> Pushing away from self      |   |  |

7. Check the term that best describes the child's most prominent Body-Shape relationships.

- |   |  |
|---|--|
| <input type="checkbox"/> Shaping (external) | <input type="checkbox"/> Shape-flow actions (internal) |
| <input type="checkbox"/> Both               |  |

8. Note the child's overall sense of connection, fluidity versus disconnection, and holding throughout the body in stillness and in motion.

9. Note the child's sense of propulsion, locomotion, mobility, stillness, energy intention, and motivation to move.

10. Describe at least one movement sequence exhibited by the child that portrays the qualities detailed in this section.

**C. Phrase analysis** [Focus on how the child clusters his or her actions together over a period of time, creating a sequence that has a flow, pulse, and rhythm as the actions start, continue, pause, and stop.]

1. Note some general impressions of the child, including expressivity, liveliness, fluctuations, sequencing, structure, dominant elements, and tempo.
2. Note the rhythm of the child's movement phrase: Is there exertion/recuperation sequencing? Does a complete phrase exist (i.e., initiation/preparation-main action-recuperation/recovery)? Describe.

3. Check the term that best describes the child's breath type rhythm.

Rhythmic     Arrhythmic     Free breath type rhythm

Check the terms that best describe the appearance of the child's rhythm of whole movement in relation to body.

Harmonious     Unharmonious  
 Within whole body     Within body parts

4. Check the type(s) of the child's rhythmic phrase.

Even (monotone)     Increasing  
 Impactive     Decreasing  
 Explosive     Increase-decrease  
 Swing     Vibratory  
 Resilient     Accented

5. Check the characteristics that affect how the child's phrase boundaries are determined.

Level/direction changes     Body parts  
 Postural shifts     Weight shifts  
 Effort     Dynamic shifts  
 Pauses     Stops  
 Intent of child's actions (e.g., Was task completed?)

6. Check the term that best describes the duration of the child's phrase.

Long     Short  
 Simple phases     Multiple phases  
 Pauses between phrases     Pauses during phrase

7. Check the term that best describes the transitions *between* phrases.

Smooth     Jerky  
 Even     Uneven  
 Enables recovery     Merges with recovery



8. Check the term that best describes the child's flow of movements *in* the phrase.

<input type="checkbox"/> Smooth	<input type="checkbox"/> Jerky
<input type="checkbox"/> Connected	<input type="checkbox"/> Unconnected

9. Describe at least one movement sequence exhibited by the child that portrays the phrasing qualities detailed in this section.

**D. Efforts used** [Focus on the variable qualitative aspects of movement exertion that create a feeling tone to movement within the four motion factors below.]

1. Check the terms that best describe the child's Effort qualities regarding

Time ( <i>when</i> decision):	<input type="checkbox"/> Quick	<input type="checkbox"/> Slow
Weight ( <i>what</i> intention):	<input type="checkbox"/> Strong	<input type="checkbox"/> Light
Flow ( <i>how</i> progression, precision):	<input type="checkbox"/> Bound	<input type="checkbox"/> Free
Space ( <i>where</i> attention):	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect

2. Check if the child's movements involve single Efforts or a combination of Efforts.

Single                                Combination

3. Note which Effort(s) predominate throughout the sequence.

4. Note the range of Efforts that are available in the child's movement repertoire (even if the Efforts do not predominate throughout the sequence).

5. Note how Efforts are used to create the phrase.

6. Describe at least one movement sequence exhibited by the child that portrays the Effort qualities detailed in this section.

**E. Movement metaphors** [Focus on the salient repeated movement sequences within a movement signature impression.]

Describe a repeated movement sequence, designating qualitative description separately from interpretation or subjective inference.

**IV. Interactional analysis** (i.e., Which elements of the child's movement style affect and contribute to the interactional dialogue and how.)

A. List the participants of the interaction being observed and their relationship to the child. Note if the person filling out the Movement Signature Impressions Checklist is also a participant in the interaction or is only observing the interaction of the child with other participant(s).

B. Answer the following questions while observing an interaction with the child:

1. What is the child stirring in me and which parts of me are drawn out when observing an interaction/interacting with the child?
2. What is the tension or relaxation level of my body, limbs, and facial expressions while observing an interaction/interacting with the child?
3. How do the elements of the immediate surroundings feel as I embody the child's nonverbal style? Does the presence of others feel inviting or does it feel too noisy and distracting?

C. Answer the following questions detailing general impressions of the participants' interactive styles:

1. Initial the terms that describe the participant's movements.

Time:  Quick                       Sudden                       Racing  
 Careful                               Slow

Weight:  Gentle                               Strong                               Light  
 Limp                                       Careful                               Heavy

Flow:  Tense                               Excited                               Relaxed  
 Neutral

Space:  Contained                               Large                               Small  
 Crisp                                       Opened                               Direct  
 Unfocused                               Meandering

2. Note the participants'

Energy level—tempo—Phrasing:

Use and quality of touch and holding style:

Body balance to provide a stable or mobile container for the child:

Use of Body Shape (i.e., directional, shaping, shape-flow) actions in relation to the child:

Voice tone:

Use of Effort:

Approach, initiating, and withdrawal of contact during interaction:

3. Note the amount of space between child and participant (e.g., at what point in the general space, kinespheric space, or interpersonal space, does the observer begin and end an interaction?).

D. Answer the following questions detailing general impressions of the child's interactive style:

1. Note how the child sequences from a place of self-soothing and calmness to attentive, active participation, excitement, and/or overstimulation, and then back to self-soothing and calmness.
2. As the child cycles through this sequence, does he or she elicit, invite, or reject an interaction by other(s)?
3. How does the child portray this nonverbally?

Body/facial expressions:

Use of Space:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to participant):

Effort:

E. Answer the following questions to describe the general interactional experience:

1. Phrasing

Check the terms that best describe the child's styles of Phrasing.

Synchronous       Compliant       Do not relate

Check the terms that best describe the participants' styles of Phrasing.

Synchronous       Compliant       Do not relate

Do the Phrasing styles enable the participants to prepare and recuperate during the movement interactions? If so, how?

Note the types of transitions during interactions.

Note the duration of the interactions.

Note the general activity level and the tempo.

List the Efforts used.

Are these Efforts (check one)

Same

Complementary

Opposing

## 2. Use of Space

Check the term that best describes the participants' level of active engagement/awareness of each other in space.

Constant

Some

Very little

No contact

List the levels of Space used.

Check the term that best describes the child's level of active engagement/awareness of the surrounding environment.

Constant

Some

Very little

None

Check the term that best describes the child's pathways.

Intersect

Follow

Do not relate

List the pathways.

## F. Key questions

1. How do the movements of the adult establish a holding environment through her use of Space—whether kinespheric, general, interactional, or pathways—Body levels, Phrasing, Shaping, and Efforts?

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to the other participants):

Effort:

2. How are the turn-taking sequences opened and closed through each participant's movements, focusing specifically on initiation, withdrawal, and resumption of contact via the use of Space, Body, Shape, Efforts, and Phrasing?

**Initiation of contact**

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to the other participants):

Effort:

**Withdrawal of contact**

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to other participants):

Effort:

**Resumption of contact:**

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to other participants):

Effort:

3. How do mirroring, attuning, and mismatch-and-repair cycles occur through body-movement dialogue, as observed by their qualitative use of Space, Body, Shape, Efforts, and Phrasing?

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to other participants):

Effort:

4. How does the adult attune to the child's style as reflected in the child's cues: Does the adult give room for the child's expression before intervening, or does the adult instead respond without attending to the child's style first? How is this expressed through the movement qualities of Space, Body, Shape, Efforts, and Phrasing?

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to other participants):

Effort:

5. How does the adult establish a "base of support" from which the child receives pleasure, understanding, and comfort when exploring the surroundings and when returning to the adult in times of perceived danger or discomfort? Describe how the adult and child's behaviors are portrayed through their movement qualities of Space, Body, Shape, Efforts, and Phrasing.

Use of Space (e.g., kinesphere, general, interactional, pathways):

Body:

Phrasing:

Shape (e.g., directional, shaping, shape-flow actions in relation to other participants):

Effort: